

**Inland Northwest Surgery Center, PLLC
dba Family Foot Center
526 N Mullan Rd, Spokane Valley, WA 99206**

SUMMARY OF NOTICE OF PRIVACY PRACTICES

Notice of Privacy Practices

We understand that health information about you and your health is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records of your care generated by this office, whether made by your personal doctor or others working this office. This notice will inform you about the ways we may use and disclose health information about you. We also describe your rights to the health information we keep about you and describe certain obligations we have regarding the use and disclosure of your health information.

We are required by law to:

- Make sure that health information that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to health information about you.
- Follow the terms of the Notice of Privacy Practices that is currently in effect.
- Notify individuals of a security breach that comprises the privacy of their protected health information.

How we may use and disclose health information about you

- For treatment
- For payment
- For health care operations
- For appointment reminders
- As required by law
- Public Health risks
- Health oversight activities
- Lawsuits and disputes
- Law enforcement
- Coroners, health examiners and funeral directors
- To avert a serious threat to health and safety
- As required by the Military or Veterans Administration
- National security
- Inmates
- Workers' Compensation

Certain uses and disclosures of your protected health information require an individual authorization, including uses and disclosures for marketing purposes and disclosures that constitute a "sale" of protected health information. No uses or disclosures may be made without an individual authorization for a purpose that is not explicitly described in this notice.

Your rights regarding health information about you

- Right to inspect and copy
- Right to amend
- Right to an accounting of disclosures
- Right to request restrictions
- Right to require us to withhold from any health plan/insurer information pertaining to treatment that your pay out of pocket in full for.
- Right to request confidential communications
- Right to opt out of receiving any fundraising communications
- Right to a paper copy of this notice (full notice is available upon request)

Changes to Notice of Privacy Practices

We reserve the right to change this notice.

Questions and complaints:

If you believe that your privacy rights have been violated, you may file a complaint with us. All complaints must be in writing:

Inland Northwest Surgery Center, PLLC
HIPAA Compliance Officer
Trena Lundstrom
526 N Mullan Rd
Spokane Valley WA 99206-2408

If you think we may have violated your privacy rights, contact the person named above.

You may also submit a written complaint to the U.S. Department of Health and Human Services at the following address:

Office for Civil Rights
U.S. Department of Health and Human Services
2201 Sixth Avenue Ste 900
Seattle, WA 98121-1831

We will not retaliate in any way if you choose to file a complaint. The effective date of this Notice is January 4, 2021.

Acknowledgment of Receipt of this Notice-

We will request that you sign this form acknowledging you have received a copy of this notice. This acknowledgment will become part of your records.

Patient or legally authorized individual signature

Date

Print Name if signed on behalf of the patient

Relationship to patient