



Notice of Privacy Practices

(Effective July, 2025)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

International Community Health Services (ICHS) respects your privacy. We are required by law to keep your PHI private, to give you this Notice, and to follow the terms of the Notice of Privacy Practices currently in effect. We will not disclose your protected health information (PHI) to anyone else unless you tell us to, or unless the law allows or requires us to do so. We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website at www.ichs.com.

Uses and Disclosures. We may use or disclose your PHI without your written permission for treatment, payment, and health care operations.

Treatment: We may use or disclose your PHI to provide you with medical treatment. We may disclose your PHI to doctors, nurses or other members of our health care team who are treating you. This will help them stay informed about your care and provide treatment to you. For example, a doctor treating you for an injury asks another doctor about your overall health condition.

Payment: We may use or disclose your PHI so that we can determine coverage for services you receive at ICHS. For example, we may need to give your medical information to your health plan to request payment for medical services.

Health Care Operations: We may use and share PHI for our health care operations, such as quality improvement activities, training programs, accreditation, certification, licensing or credentialing activities. For example, we may use PHI to review our treatment and services and to evaluate the performance of our staff.

Permitted or Required By Law. We are allowed or required to share your information in ways that contribute to the public good, such as public health and research. We have to meet many conditions before we can use or disclose your PHI for these purposes.

Public Health and Safety Issues: We may disclose your PHI in certain situations, such as, preventing disease, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence.

Health Oversight Activities: We may disclose your PHI to a health oversight agency for activities authorized by law. These activities include audits, investigations, inspections, or other activities necessary for the oversight of the health care system, government benefit programs, and ensuring compliance with government regulatory programs and civil rights laws.

Response to Lawsuits and Legal Actions: We may disclose your PHI in response to a court or administrative order, or in response to a subpoena, discovery request, or other lawful process.

Law Enforcement: We may disclose your PHI for law enforcement purposes to a law enforcement official if certain conditions are met. These include: 1) in response to a court order, court-ordered warrant,



or summons issued by a judicial officer 2) to locate or identify a suspect or missing person 3) to provide information about the victim of a crime, if we are unable to obtain consent due to emergency circumstances 4) information about death that may have resulted from criminal conduct 5) in response to a medical emergency, if necessary to report a crime, and 6) to report criminal conduct on the ICHS premises.

Coroners, Medical Examiners, and Funeral Directors: We can share health information with a coroner, medical examiner, or funeral director when an individual dies. This may be necessary to identify a deceased person or determine the cause of death. We may also disclose PHI to funeral directors as necessary to carry out their duties with respect to the deceased.

National Security and Intelligence Activities: We may disclose your PHI to authorized federal officials for lawful intelligence, counter-intelligence, and other national security activities authorized by law.

Workers' Compensation: We may disclose your PHI to the extent necessary for workers' compensation or similar programs established to provide benefits for work-related injuries or illnesses.

Organ and Tissue Donation: If you are an organ donor, we may share your PHI with organ procurement organizations as necessary to facilitate organ or tissue donation and transplantation.

Comply with the Law: We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Without Your Permission, But You May Object. For certain health information, you can tell us your choices about what we share. If you have a preference for how we share your information in the situations described below, let us know what you want us to do, and we will follow your instructions.

Family and Other Persons Involved In Your Care: We may use or disclose PHI to notify, or help to notify, a family member, your representative, or another person responsible for your care of your location, your general condition, or your death. If you are present, we will give you an opportunity to object. In the case of a medical emergency, we will disclose PHI based on your preferences, if known to us, and in your best interest.

Fundraising: We may use PHI to contact you in an effort to raise money for our operations. We may also disclose PHI to a foundation that is related to us so that the foundation may contact you in an effort to raise money for its operations. Any fundraising communications with you will explain how you may opt out of receiving any further fundraising communications.

Disaster Relief Efforts: We may share your protected PHI with a public or private entity authorized by law or its charter to assist in disaster relief efforts for coordinating notification of family members of your location, general condition, or death.

Health Information Exchange: We participate in one or more health information exchanges (HIEs) and may electronically share your PHI for treatment, payment, and healthcare operations purposes with other participants in the HIEs. HIEs allow your health care providers to efficiently access and use your pertinent medical information necessary for treatment and other lawful purposes. If you do not opt-out of this exchange of information, we may provide your health information to the HIEs in which we participate in accordance with applicable law. In order to opt-out, you must complete and submit a Health Information Exchange Opt-Out form. Upon receipt of your request, your PHI will continue to be used and disclosed in accordance with this Notice and the law, but will no longer be available electronically to otherwise authorized providers through our HIE(s).



With Your Written Permission. In the following situations we will never share your information unless you give us written permission.

Minors: Generally, in the case of a minor patient, the patient's PHI may be released only with the consent of the patient's parent or legal guardian. However, a minor who is authorized by law to consent to health care without parental consent, may exercise the rights of the patient related to information about the health care service to which the minor lawfully consented.

Marketing Purposes or Sale of PHI: We must have your written permission before using or sharing PHI for marketing or the sale of PHI.

Psychotherapy Notes: If we maintain any psychotherapy notes about you, we must have a signed authorization to use or disclose psychotherapy notes, unless the psychotherapy notes are used or disclosed:

1. By the provider who originated the notes for treatment purposes.
2. ICHS may use or disclose, without an individual's authorization, the psychotherapy notes, for our own training, and to defend ourselves in legal proceedings brought by you, for HHS to investigate or determine compliance with the Privacy Rules, to avert a serious and imminent threat to public health or safety, to a health oversight agency for lawful oversight of the originator of the psychotherapy notes, for the lawful activities of a coroner or medical examiner, or as required by law.

Your Individual Rights. You have the following rights regarding your PHI that we maintain about you:

Right to this Notice: You have the right to receive a paper copy of this Notice. You may ask for a copy from any ICHS front desk staff or Patient Service Representative. You may also obtain a copy of this Notice on our website at <https://www.ichs.com/patient-forms>.

Right to Inspect and Obtain a Copy: You may request to see or receive a copy of your PHI that ICHS maintains in a designated record set. All requests must be submitted in writing. We may charge a fee for the cost of supplies, copying, and sending the records you request.

In limited circumstances, we may deny your request. If your request is denied, we will provide a written denial explaining the basis for the denial, and how you may request a review of the denial (if applicable). We will comply with the outcome of the review.

Right to Request an Amendment: You have the right to ask us to correct your health information that you think is incorrect or incomplete. Your request must be submitted in writing and must explain why the information should be amended. We may deny your request under certain circumstances.

Right to an Accounting of Disclosures: You may request an accounting of disclosures of PHI made by us in the last six years. We will include all disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Right to Request Restriction: You have the right to request that we restrict the use or disclosure of your PHI for treatment, payment or health care operations, disclosure to persons involved in your health care or payment for health care, or disclosure to notify family members or others about your general condition, location, or death. You must submit your request in writing. We are not required to agree with your request if it would affect your care.



Right to Request Confidential Communications: You have the right to request that we contact you in a specific way or send mail to a different address. For example, you can ask that we only contact you at work or by mail. You must submit your request in writing. We will not ask you for the reason for your request. We will accommodate all reasonable requests.

Choose Someone to Act For You. If you have given someone medical power of attorney, durable power of attorney, or if someone is your legal guardian, that person can exercise your rights and make decisions about your health information. You may also sign an *Authorization to Use/Disclose Health Care Information* form which gives us permission to share your information with others. We will make sure the person has the proper authority and can act for you before we take any action.

Our Responsibilities. We are required by law to maintain the privacy and security of your protected health information. We must adhere to the following:

1. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
2. We must follow the duties and privacy practices described in this Notice and give you a copy of it.
3. We will not use or share your PHI other than as described in this Notice unless you sign an *Authorization to Use/Disclose Health Care Information* form. If you sign an authorization, you may revoke your authorization at any time by letting us know in writing.

Complaints. If you believe your privacy rights have been violated, you may file a complaint with ICHS or the Secretary of the U.S. Department of Health and Human Services. You will not be penalized for making a report, and the quality of your care will not be impacted by making a complaint.

You may submit a report by contacting ICHS:

- **By phone:**
 - ICHS Compliance Hotline at 1.855.515.0143
- **In writing:**
 - ICHS Compliance Officer
PO Box 3007
Seattle, WA 98114-3007

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services at:

Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F HHH Bldg.
Washington, D.C. 20201
(800) 368-1019
<http://www.hhs.gov/ocr/privacy/hipaa/complaints/>