



Whidbey Dizziness & Balance, PLLC Notice of Privacy Practices

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.

PATIENT RIGHTS

When it comes to your health information, you have the right to:

[Request an electronic or paper copy of your medical record](#)

You can request, in writing, a copy of your medical record. We will provide this information within 30 days of your request. The first request is free of charge. Subsequent requests will be charged a reasonable, cost-based fee.

[Request to correct your medical record](#)

You can request, in writing, to correct health information about you that you think is incorrect or incomplete. We may deny your request with a reasonable explanation in writing within 60 days.

[Request confidential communications](#)

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a specific address. We will comply with all reasonable requests.

[Ask us to limit what we use or share](#)

You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and may decline to do so if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will comply unless a law requires us to share that information.

[Get a list of those with whom we've shared information](#)

You can request a list (called an "accounting") of the times we've shared your health information, who we shared it with, and why for up to 6 years prior to the date you make the request. We will include all the disclosures except for those about treatment, payment, health care operations, and other certain 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.



Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

You can file a complaint if you feel we have violated your rights. We will not retaliate against you for filing a complaint. You may do this by:

- | | |
|-----------|---|
| Writing: | U.S. Department of Health and Human Services Office for Civil Rights
200 Independence Ave SW
Washington, D.C. 20201 |
| Calling: | 1-877-696-6775 |
| Visiting: | www.hhs.gov/ocr/privacy/hipaa/complaints/ |

PATIENT CHOICES

Along with rights, you have choices about what we share. If you have a clear preference for how we share your information in the situations described below, tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information



USES & DISCLOSURES

We typically use or share your health information in order to:

Treat you

We can use your health information and share it with other professionals who are treating you.

Operate our practice

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

We are allowed or required to share your information in other ways that contribute to the public good, such as public health and research. We have to meet certain conditions in the law before we can share your information for these purposes. For more information refer to the [U.S. Department of Health and Human Services Health Information Privacy](#).

Inform public health and safety

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Conduct research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including the Department of Health and Human Services to demonstrate with federal privacy law.



Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- for workers' compensation claims
- for law enforcement purposes or with a law enforcement official
- with health oversight agencies for activities authorized by law
- for special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

RESPONSIBILITIES OF WHIDBEY DIZZINESS & BALANCE

We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing. You may change your mind at any time and must let us know in writing. For more information refer to the [U.S. Department of Health and Human Services Notice of Privacy Practices](#).

Other Information About This Notice

This notice is effective on: May 1, 2022

Chief Privacy Officer is: Brooke Lindsley

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.