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East Adams Rural Healthcare

Effective	07/2013
Approved	09/2026
Last Revised	09/2026
Expiration	09/2028

Owner	Elizabeth Passmore: IT Manager
Department	Compliance

Notice of Privacy Practices

POLICY STATEMENT

East Adams Rural Healthcare ("EARH") is committed to safeguarding the privacy and confidentiality of patients' Protected Health Information ("PHI"). This policy establishes EARH's Notice of Privacy Practices ("Notice" or "NPP") and outlines how PHI may be used and disclosed, EARH's legal duties with respect to PHI, and the rights of individuals regarding their health information. This policy is governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the HIPAA Privacy Rule (45 CFR Parts 160 and 164), applicable Washington State law, and other applicable federal requirements. Where federal and state privacy laws differ, including RCW 70.02 (Uniform Health Care Information Act), EARH applies the law that affords the greatest protection to patient privacy.

EARH will provide this Notice to patients and will comply with the terms of the Notice currently in effect.

SCOPE

This policy applies to:

- East Adams Rural Healthcare
- All workforce members, including employees, medical staff members, students, volunteers, trainees, and contractors
- All locations and departments of EARH
- All forms of PHI, including paper, electronic, and oral information

DEFINITIONS

- **Protected Health Information (PHI):** Individually identifiable health information maintained or transmitted by EARH in any form.
- **Designated Record Set:** Medical records, billing records, and other records used by EARH to make decisions about individuals.

- **Business Associate:** A person or entity that performs functions or services on behalf of EARH that involve the use or disclosure of PHI.

POLICY

EARH shall:

1. Maintain the privacy of PHI as required by law.
2. Provide individuals with a Notice of Privacy Practices describing permitted uses and disclosures of PHI and individual rights.
3. Advise Patients No mobile information will be shared with third parties or affiliates for marketing or promotional purposes. Text messaging originator opt-in data and consent; this information will not be shared with any third parties.
4. Follow the terms of the Notice currently in effect.
5. Revise and redistribute the Notice when a material change is made to privacy practices.

LEGAL DUTIES

EARH is required by law to:

- Maintain the privacy of PHI.
- Provide individuals with the Notice of Privacy Practices.
- Notify affected individuals following a breach of unsecured PHI.

EARH reserves the right to change the terms of its Notice and to make the revised Notice effective for all PHI it maintains. The current Notice of Privacy Practices will be made publicly available on EARH's website and in physical locations.

PERMITTED USES AND DISCLOSURES WITHOUT AUTHORIZATION

When using or disclosing PHI, EARH limits information to the minimum necessary to accomplish the intended purpose, except where the minimum necessary standard does not apply under law.

EARH may use and disclose PHI without an individual's written authorization for the following purposes, consistent with law:

Treatment:

To provide, coordinate, or manage health care and related services, including information sharing among providers involved in a patient's care.

Payment

To bill and collect payment for health care services, including disclosures to health plans and other payers.

Health Care Operations

For activities such as quality improvement, performance evaluation, accreditation, licensing, auditing, credentialing, training, and administrative functions.

Business Associates

To business associates performing services on behalf of EARH, provided they agree to protect PHI.

Individuals Involved in Care or Payment

To family members, friends, or others involved in a patient's care or payment for care, unless the patient objects, or as permitted by law when the patient is incapacitated or unavailable.

Facility Directory

Limited information may be included in a facility directory for inpatients unless the patient objects.

Appointment Reminders and Health-Related Communications

To contact patients regarding appointments, treatment alternatives, or other health-related benefits or services.

Fundraising

Limited PHI may be used for fundraising purposes. Patients have the right to opt out of fundraising communications at any time.

Required or Permitted by Law

As required or permitted by federal, state, or local law, including for:

- Public health activities
- Health oversight activities
- Law enforcement purposes
- Judicial or administrative proceedings
- Workers' compensation
- Research activities
- Preventing or lessening serious threat to health or safety

Health Information Exchanges (HIEs) and Shared Electronic Records

EARH may participate in shared electronic health records systems and health information exchanges to support continuity of care.

Special Protections for Substance Use Disorder Records

Certain substance use disorder (SUD) records may be subject to additional protections under 42 CFR Part 2. When applicable:

- SUD records may not be used or disclosed for treatment, payment, or health care operations without specific written consent, except as permitted by law.
- Use or disclosure in legal or governmental proceedings requires written consent or a court order that meets 42 CFR Part 2 requirements.
- When multiple laws apply, EARH will follow the law that provides the greatest privacy protection.

USES AND DISCLOSURES REQUIRING AUTHORIZATION

Written authorization is required for:

- Most uses and disclosures of psychotherapy notes
- Marketing purposes. Communications related to treatment, care coordination, case management, or health-related services are not considered marketing under HIPAA and do not require authorization.
- Sale of PHI
- Any other use or disclosure not otherwise permitted by law
- Individuals may revoke an authorization in writing, except to the extent action has already been taken in reliance on the authorization.
- Patients may consent to receive communications from Dr. Connect via text message, email, and telephone. Dr. Connect will not share mobile information with third parties or affiliates for marketing or promotional purposes. The foregoing provisions expressly exclude text messaging originator opt-in data and consent information. Such opt-in data and consent information will not be shared with any third parties or affiliates for any purpose.

Individuals have the right to:

- Inspect and obtain copies of their PHI
- Receive an electronic copy of electronic records and request third-party transmission
- Request restrictions on certain uses and disclosures, including self-pay restrictions

- Request confidential communications
- Request amendments to their PHI
- Receive an accounting of certain disclosures
- Receive a paper copy of the Notice
- Be notified of breaches of unsecured PHI

Requests to exercise these rights must be submitted in writing and will be processed in accordance with applicable law.

EARH will respond to requests for access, amendment, accounting of disclosures, and other individual rights within the timeframes required by federal and Washington State law. Detailed procedures governing response timelines and processing requirements are addressed in applicable Health Information Management and Release of Information policies.

COMPLAINTS AND NON-RETALIATION

Individuals may file complaints regarding privacy practices with EARH or with the U.S. Department of Health and Human Services. EARH prohibits retaliation against any individual for filing a complaint.

RESPONSIBILITIES

- Privacy Officer: Oversees implementation of this policy, responds to privacy complaints, and ensures compliance.
- Workforce members: Must comply with this policy and applicable privacy procedures.
- EARH will make a good-faith effort to obtain written acknowledgment of receipt of the Notice of Privacy Practices. Failure to obtain acknowledgment does not prevent treatment and will be documented in accordance with policy.

CONTACT INFORMATION

Privacy Officer: Elizabeth Passmore

Phone: 509-659-1200 ext. 1307

Email: epassmore@earh.org

REFERENCES

- HIPAA Privacy Rule, 45 CFR Parts 160 and 164
- HITECH Act
- 42 CFR Part 2 (as applicable)
- Washington State privacy and health information laws

All Revision Dates

09/2026, 08/2026, 01/2019, 01/2019, 02/2018, 07/2013

Attachments

NPP on Letterhead 1.20.docx

NPP Training Slides 2026.pptx

Approval Signatures

Step Description	Approver	Date
CEO	Todd Nida: CEO	09/2026
Director of Nursing	Connie Barnes: Director of Nursing	09/2026
Compliance Officer	Elizabeth Passmore: IT Manager	09/2026