



NOTICE OF PRIVACY PRACTICES

Purpose

Tran Urgent Care & Wellness Center (TUCWC) is required by Federal and State law to protect the privacy of your health information (“Protected Health Information”). This Notice of Privacy Practices (“Notice”) tells you how Tran Urgent Care & Wellness Center may use and disclose information about you. It also describes your rights and our obligations with respect to your Protected Health Information. We are also required by law to comply with the terms and privacy practices stated in our Notice that is currently in effect.

Our Privacy Obligations

Tran Urgent Care & Wellness Center is required by the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) to maintain the privacy of Protected Health Information and to provide our patients with this Notice, outlining our legal duties and privacy practices with respect to their Protected Health Information. Tran Urgent Care & Wellness Center has established this Notice, including implementing and maintaining the various policies and procedures described herein, as an overall program in accordance with HIPAA guidelines. In this Notice, patients are referred to as “you” or “your,” and Tran Urgent Care & Wellness Center and its workforce are referred to as “we” or “us.”

Our Responsibilities

1. We are required by law to maintain the privacy and security of your Protected Health Information.
2. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
3. We must follow the duties and privacy practices described in this Notice and give you a copy of it.
4. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Uses and Disclosures of Health Information without Your Authorization

Tran Urgent Care & Wellness Center is permitted by federal privacy law to use and disclose your Protected Health Information for treatment, payment, healthcare operations, and other purposes permitted or required by law. We may use and disclose your Protected Health Information without your authorization for the following purposes:

1. **Treatment:** We may use and disclose your Protected Health Information for treatment purposes. For example, we may use your Protected Health Information to treat your injury or other condition and disclose your Protected Health Information, including diagnostic test results, to physicians and other health care providers involved in your care.
2. **Payment:** We may use and disclose your Protected Health Information to obtain payment for health care services we provide. For example, we may disclose your information to your health plan to receive payment for the services provided to you.
3. **Health Care Operations:** We may use and disclose your Protected Health Information for our health care operations. These activities include, for example, monitoring the quality of our patient care services, reviewing the competence or qualifications of clinic professionals, conducting training programs, performing accreditation, certification, licensing and credentialing activities, and other business and administrative functions.
4. **Washington State Prescription Drug Monitoring Program:** We may use your Protected Health Information to access Washington State's electronic Prescription Drug Monitoring Program (PDMP) database before prescribing you "controlled" (Schedule II through V) drugs.
5. **Communications About Our Products and Services:** We may use and disclose your Protected Health Information to contact you about our products and services which we believe may be of interest to you.
6. **As Required by Law:** We must disclose your Protected Health Information when required to do so by any applicable federal, state or local law. For example, we are required to report child abuse or neglect and must provide certain information to law enforcement officials in domestic violence cases.
7. **Health Oversight Activities:** We may disclose your Protected Health Information to a health care oversight agency for activities that are authorized by law, such as audits, investigations, inspections, and licensure activities. For example, we may disclose your Protected Health Information to agencies responsible for ensuring compliance with the rules of government health programs such as Medicare or Medicaid.
8. **Research:** Under certain conditions permitted by law, we may use or disclose Protected Health Information for research purposes. For example, Protected Health Information may be used to develop a study.
9. **Disclosures to Business Associates:** We may disclose your Protected Health Information to other companies or individuals, known as "business associates," who need your information to provide

services to us. For example, we may use another company to perform billing services on our behalf. We will disclose your Protected Health Information only after a business associate has agreed in writing to safeguard that information. Our business associates also are required by law to protect the privacy of your Protected Health Information.

10. Judicial and Administrative Proceedings: Under certain circumstances, we may disclose your Protected Health Information in the course of a judicial or administrative proceeding in response to a court order, subpoena, or other lawful process.

11. Fundraising: We may use certain information to contact you about fundraising efforts for Tran Urgent Care & Wellness Center. If you receive such a fundraising communication, you will be provided an opportunity to opt-out of receiving such communications in the future.

12. Law Enforcement; Threats to Health or Safety: We may disclose your Protected Health Information to the police or other law enforcement officials as required by law or in compliance with a court order, warrant, subpoena, summons, or similar process authorized by law. Under certain circumstances, we also may disclose Protected Health Information to law enforcement officials when the information is needed to: identify or locate a missing person or a suspect, fugitive, or material witness; determine whether an individual has been a victim of a crime; determine if a death resulted from criminal conduct; or investigate suspected criminal activity on our premises. We may also disclose Protected Health Information if necessary to prevent or reduce the risk of a serious and imminent threat to the health or safety of an individual or the general public.

13. Workers' Compensation: If you seek compensation for a work-related illness or injury, we may disclose your Protected Health Information as necessary to comply with requirements of workers' compensation or similar programs that provide benefits for work-related injuries or illness without regard to fault.

14. Public Health and Safety: We may disclose health information about you for certain situations, including preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, and preventing or reducing a serious threat to anyone's safety.

15. Coroners, Medical Examiners and Funeral Directors: We may disclose health information consistent with applicable law concerning deceased patients to coroners, medical examiners and funeral directors to assist them in carrying out their duties.

16. Organ and Tissue Donation: We may disclose health information consistent with applicable law to organizations that handle organ, eye or tissue donation or transplantation.

17. Military, Veterans, National Security and Other Government Purposes: If you are a member of the armed forces, we may release your health information as required by military command authorities to the Department of Veterans Affairs. We may also disclose medical information to authorized federal officials for intelligence and national security purposes.

18. Correctional Institutions: If you are an inmate, we may disclose information necessary for your health and the health and safety of other individuals in the institution or its agents.

Uses and Disclosures with the Opportunity to Give Your Preference

For the following situations, if you have a preference on how you would like your Protected Health Information used and disclosed, please let us know:

1. Personal Representatives; Minors; Persons Involved in Your Care or Payment for Your Care: We may disclose Protected Health Information about you to your authorized personal representative, as defined by applicable law, or to an administrator, executor, or other authorized person responsible for your estate. As permitted by federal and state law, we may disclose Protected Health Information about minors to their parents or guardians. We may disclose your Protected Health Information to a person involved in your care or payment for your care, such as a family member or close friend, as designated by you or as we identify using our best efforts. If you do not want us to use or disclose your Protected Health Information in these ways, you must notify us using the contact information at the end of this Notice.

2. Disaster Relief Efforts: In certain cases as permitted by law, we may release information to an entity assisting in a disaster relief effort so that they may notify your family members of your location and general condition. If you do not want us to disclose your protected health information for this purpose, you must communicate this to your caregiver so that we do not disclose this information unless done so in order to properly respond to the emergency.

If you do not tell us your preference, we may go ahead and 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.

All Other Uses and Disclosures of Protected Health Information

We will ask for your written authorization before using or disclosing your Protected Health Information for any purpose not described above. Specific examples of such types of uses include

(i) most uses of your health information for marketing purposes and (ii) disclosures of your health information that constitute the sale of your health information. You may revoke your authorization, in writing, at any time, except that a revocation will not affect any use or disclosures we have made in reliance on your authorization.

Your Rights

You have the following rights with respect to your Protected Health Information. To exercise any of these rights, please contact us.

1. Right to Access Your Protected Health Information: You or your authorized or designated personal representative has the right to inspect and copy your Protected Health Information maintained by us.

We may deny access to certain information for specific reasons, for example, where state law prohibits such patient access. Protected Health Information that is maintained electronically may be accessed in an electronic format. We may assess a reasonable, cost-based fee for production of records.

2. Right to Request Restrictions on Uses and Disclosures: You have the right to request restrictions on our use and disclosure of your Protected Health Information. While we will consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction. If we do agree to a requested restriction, we will notify you in writing. If you have paid for services out-of-pocket in full, you may request that we not disclose information related solely to those services to your health plan. We will say “yes” unless a law requires us to share that information.

3. Right to Choose How We Communicate with You: You have the right to request that we communicate with you about your Protected Health Information by alternative means or to an alternative address. Your request must be in writing and must specify the alternative means or location.

4. Right to Correct or Update Information: If you believe the Protected Health Information or billing information we maintain about you contains an error, you may request that we correct or update your information. Your request must be in writing and must explain why the information should be corrected or updated. We may deny your request under certain circumstances. If your request is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be maintained with your records.

5. Right to Review Your Information in the Washington State Prescription Drug Monitoring Program: You have a right to access your information in the PDMP through the Washington State Board of Pharmacy. If you wish to obtain a copy of your own data transmitted to the PDMP, please complete the form available at: https://www.Washington State.gov/pacific/dora/PDMP_Patient_Report.

6. Right to Request an Accounting of Disclosures: You may request in writing a list, or accounting, of certain disclosures of your Protected Health Information made by us or our business associates for purposes other than treatment, payment, healthcare operations, and certain other activities. The first list will be provided to you for free, but you may be charged for any additional lists requested during the same year.

7. Notification of a Breach: You will receive notification of breaches of your unsecured Protected Health Information as required by law.

8. Paper Copy of Notice: You have the right to receive a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a paper copy of our Notice at any time simply by asking for one at any facility, by contacting us using the information below.

9. 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 the authority and can act for you before we take any action.

Health Care Providers Covered by This Notice

This Notice applies to Tran Urgent Care & Wellness Center and its personnel, volunteers, students and trainees. This Notice also applies to other health care providers that come to Tran Urgent Care & Wellness Center to care for patients, such as physicians, physician assistants, therapists and other health care providers who are not employed by Tran Urgent Care & Wellness Center. These health care providers will follow this Notice for information they receive about you from Tran Urgent Care & Wellness Center, but these providers may follow different practices at their own offices or facilities.

Questions and Complaints

If you want more information about our privacy practices pertaining to Protected Health Information, have general questions or concerns, or believe your privacy rights have been violated, you may file a complaint at Tran Urgent Care & Wellness Center by calling or by written complaint:

Tran Urgent Care & Wellness Center
Attn: Privacy Officer
710 South 38th Street, Suite B
Tacoma, WA 98418
Phone: (253) 719-7767
Fax: (253) 330-8646
Email: info@tucwc.com

You may also file a complaint with the U.S. Department of Health and Human Services (HHS): Office for Civil Rights U.S. Department of Health and Human Services 200 Independence Ave. S.W. Room 509F HHH Bldg. Washington, DC 20201 OCRComplaint@hhs.gov

We cannot, and will not, retaliate against you for filing a complaint. Nor will we require you to waive the right to file a complaint with HHS as a condition of receiving treatment from Tran Urgent Care & Wellness Center.

Nondiscrimination

Tran Urgent Care & Wellness Center complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Changes to Privacy Practices

We reserve the right to change the terms of this Notice and to make the provisions of the new notice effective for all health information that we maintain. If we change the terms of this Notice, the revised notice will be made available upon request and posted in prominent locations at Tran Urgent Care & Wellness Center, and will be effective for all Protected Health Information we maintain, including information created or received prior to implementation of the new notice. You have the right to obtain a paper copy of this notice from us even if you have agreed to receive the notice electronically.

Patient Printed Name: _____ Patient Signature: _____

Relationship (if not patient): _____ Date: _____