PLASTIC SURGERY
NORTHWEST

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. THIS NOTICE ALSO DESCRIBES YOUR RIGHTS AND SOME OBLIGATIONS PLASTIC SURGERY NORTHWEST HAS REGARDING THE USE AND DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice is effective as of June 2026. For purposes of this Notice, "PSNW" or "we" means Plastic Surgery Northwest, including Spa Pavone, and Northwest Breast Center.

PSNW'S PLEDGE AND RESPONSIBILITIES REGARDING YOUR PROTECTED HEALTH INFORMATION

We understand that information about you, including your medical and behavioral health information, is personal. We are committed to protecting your protected health information, or "PHI," as required by federal and state law. PHI includes information we create or receive that identifies you and relates to your health, health care, or payment for care provided at a PSNW facility by PSNW staff, your personal physician, or other providers involved in your care. This includes your medical records and personal details such as your name, Social Security number, address, and phone number.

- 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 privacy practices described in this Notice and provide you with a copy.
- We will not use or disclose your protected health information except as described in this Notice unless you give us written permission. If you do, you may revoke that permission at any time by notifying us in writing.

For more information see: Notice of Privacy Practices | HHS.gov

WHO WILL FOLLOW THIS NOTICE

This Notice describes the practices of PSNW and that of:

- Any health care professional authorized to enter information into your medical record at any PSNW facility.
- All departments and units of PSNW.
- All PSNW employees and personnel including contracted or agency staff.
- Other health care providers who have agreed to follow and abide by the "joint notice of privacy practices" terms described below.

JOINT NOTICE OF PRIVACY PRACTICES

In addition to the individuals listed above, certain independent practitioners, including members of the employees of PSNW, Spa Pavone, and Northwest Breast Center, have agreed to follow this Notice as a joint notice of privacy practices for care provided at PSNW facilities, as permitted by federal privacy law. These practitioners may access your protected health information when necessary for treatment, payment, or health care operations related to care provided in the joint setting at PSNW facilities. They may also maintain separate Notices of Privacy Practices for care provided outside PSNW facilities, such as in a private physician's office. We encourage you to ask non-PSNW practitioners about any separate privacy notices that apply at their offices or other facilities.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

Unless indicated otherwise, you may exercise your privacy rights by submitting a written request to:
Plastic Surgery Northwest
530 S Cowley St.
Spokane, WA 99202

For more specific instructions on what information to include in a written request, contact our front desk by phone (509) 838-1010.

YOU HAVE A RIGHT TO:

Get an electronic or paper copy of your health record.

- To request an opportunity to inspect and/or obtain an electronic copy your protected health information, visit www.plasticsurgerynorthwest.com/patient-resources to obtain a copy of the authorization request (release of information) form or contact us at (509) 838-1010.
- We will provide the requested information within 15 days of your request. You may be charged a reasonable, cost-based fee with your request.
- In certain limited circumstances, we may deny your request to inspect and/or copy your protected health information. You may request that the denial be reviewed.

Ask us to correct certain protected health information – If you feel that information, we have about you is incorrect or incomplete you can request an amendment to such information.

- If we deny your request, we will provide a written explanation within 60 days.

Request an accounting of certain disclosures —You may Seek an accounting of certain disclosures by asking us for a list of the times we have disclosed your PHI. Your request must be in writing and give us the specific information we need in order to **respond to your request. You may request one list per year at no charge. These lists will not include disclosures to other organizations** that might pay for your care provided by Plastic Surgery Northwest.

Request restrictions – You may request in writing that we limit the way we use and disclose your protected health information.

- You also have the right to request a limit on the protected health information we disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend.
- Request confidential communications – You may request in writing that confidential communications about medical or behavioral health matters be made in a certain way or at a certain location.
    - For example, you can ask that we only contact you at work or by mail to an alternative address.
- We will accommodate all reasonable requests. You do not need to give a reason, but your request must state how or where you want us to contact you.
- Ask us to limit what we use or share - You may ask us not to use or share certain protected health information for treatment, payment or our operations.
- We are not obligated to approve your request, as all requests are subject to review and may be denied if they are deemed to impact your care.

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 protected health information.

- We will ask the person to show proof of this authority to act for you before we take any action.

Receive a paper copy of this notice – You can request a paper copy of this Notice at any time from any PSNW employee, even if you have agreed to receive this notice electronically.

USES AND DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION BY PSNW

Your Choices: For certain protected health information, you can tell us your choices about what we share. If you have a clear preference for how we share your protected health information in the situations described below, talk to us. 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 protected health information with your family, close friends, or others involved in your care
- Share protected health information in a disaster relief situation

If you are unable to communicate your preferences, for example if you are unconscious, we may share your protected health information if we believe it is in your best interest. We may also disclose your information when necessary to help prevent or reduce a serious and imminent threat to health or safety.

In these cases, we will not share your protected health information unless you give us written permission (signed consent):

- Marketing purposes where remuneration is received
- Limited information about you may be used to support communication about available products or services.
- If you do not wish to receive such materials, you may opt out

PSNW typically will use or share your protected health information in the following ways:
Treatment: We may use and disclose your protected health information to provide you with medical treatment and services and share it with other professionals who treat you.

- This use and disclosure may be for continuity of care or to doctors, nurses, technicians, health care students, or other health system personnel who are involved in your care.
- We may use and disclose your protected health information to different departments to coordinate activities such as prescriptions, lab work and x-rays and to other health care providers who may be involved in your medical care, such as long-term care facilities, other hospitals or clinics, or remote health care providers such as the services offered by telemedicine providers who may reside in other communities, including communities outside of Washington and Idaho.

Payment: As permitted by law, your protected health information may be used or disclosed to secure payment from health plans and other responsible entities.

- This includes billing for treatment and services you receive at a PSNW facility.
- In addition, we may use or disclose your protected health information to collect payment or to obtain prior approval for treatment and services.

Health system operations: We can use and share your protected health information to run our business, improve your care, and contact you when necessary.

- Running our business includes activities such as scheduling, infection control, administering the health plan, and the creation of de-identified data.
    - De-Identified Information. We may use your health information, or disclose it to a third party whom we have hired, to create information that does not identify you in any way. Once we have de-identified your information, it can be used or disclosed in any way according to law without your authorization or consent, including but not limited to, research studies, and other advanced technologies, and health care/health operations improvement activities.
- We may also use and disclose your protected health information to other individuals (such as consultants and attorneys) and organizations that help us with our business activities.
- We may also use your protected health information for internal purposes, like ensuring the quality of care, identifying training needs, reviewing outcomes, sending patient satisfaction surveys, and other administrative activities.
- We may also disclose your protected health information to Business Associates, or companies that provide a service to us or on our behalf and have provided satisfactory assurances that they will protect your protected health information.

PSNW may also use your protected health information in the following ways:
Public Health and Safety Issues – We may disclose your protected health information to agencies, when necessary, to support public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only
    - make this disclosure when required or authorized by law.
- Preventing or reducing a serious threat to anyone's health or safety

Workers' Compensation – We can use or share protected health information about you for workers' compensation claims.

Government Requests and Law Enforcement – We can use or share protected health information about you:

- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and Presidential protective services
- In limited circumstances, for law enforcement purposes or with a law enforcement official Lawsuits and Disputes – We may disclose your protected health information in response to a court or administrative order, subpoena, discovery request, or other lawful process, if you are involved in a lawsuit or a dispute.

Contacting You – PSNW may contact you about your health care using the addresses, phone numbers and email addresses that you provide us. This may include using an automated phone dialing system, pre-recorded or synthetic voice messages, texting, or email. When we contact you in this manner, you will be given the opportunity to opt out of receiving similar communications going forward.

- Our messages may include, but are not limited to, information about appointment reminders, discharge planning, billing, prescription reminders, and regulatory notices provided in lieu of first-class mail. Because any texts and emails would not be encrypted, there is a risk that someone else could read or access these messages. We therefore take steps to limit the amount of protected health information that they contain. If you do not wish to receive these types of text or email messages, please let us know, and we will honor your request.

Treatment Alternatives – We may use or disclose protected health information to tell you about or recommend possible treatment options or alternatives.

Health-Related Benefits and Services – We may use or disclose protected health information to tell you about health-related benefits, services, or medical education classes.

Inmates – We may disclose your protected health information to a correctional facility or law enforcement official, if you are an inmate or in custody.

Incidental Disclosures – Certain incidental disclosures of your protected health information may occur as a byproduct of lawful and permitted use and disclosure of your protected health information. Reasonable safeguards are in place to minimize these disclosures.

Serious and imminent threats – We may share your protected health information when needed to lessen a serious and imminent threat to the health or safety of you, the public, or another person.

OTHER SENSITIVE INFORMATION AND PATIENT RECORDS

Certain types of protected health information may have additional protection under state (Washington, Oregon, Idaho) or federal law. For example, protected health information about mental health, HIV/AIDS and genetic testing results is treated differently than other types of health information. To the extent applicable, PSNW would need to get your written permission before disclosing these categories of information to others in most circumstances.

OTHER USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

Other uses and disclosures of your protected health information not covered by our current Notice or applicable laws will only be made with your written permission. You may revoke any permission by submitting a request in writing to the PSNW Office. If you revoke your permission, we will no longer use or disclose your protected health information for the reasons covered by your written authorization unless required by law. You understand that we are unable to take back any uses or disclosures we have already made, while your permission was in effect, and that we are required to retain our records of the care that we provide to you.

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CHANGES TO THIS NOTICE

PSNW 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, at our facilities, and on our web site.

QUESTIONS AND COMPLAINTS

If you have general questions about this Notice, please contact us
by phone: (509)838-1010
or email: info@plasticsurgerynorthwest.com.
If you believe your privacy rights have been violated, you may file a complaint at:
Plastic Surgery Northwest
530 S Cowley ST
Spokane, WA 99202
If we cannot resolve your concerns, you also have the right to file a written complaint by sending a letter to:
U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue,
S.W., Washington, D.C. 20201,

calling 1-877-696-6775, or
visiting **https://www.hhs.gov/hipaa/filing-a-complaint/index.html.**
We will not retaliate against you for filing a complaint and the quality of your care will not be jeopardized.