

CASCADE MEDICAL

You have the right to complain to Cascade Medical if you believe your rights to privacy have been violated. Please contact us about your complaint at:

Cascade Medical
ATTN: Privacy Officer
817 Commercial St
Leavenworth, WA 98826

or by calling:

509-548-5815

All complaints will be investigated.
You may also file a written complaint with the
Director, Office for Civil Rights of the U.S.
Department of Health and Human Services.



CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

817 Commercial Street
Leavenworth, WA 98826
Hospital: (509) 548-5815
Clinic: (509) 548-3420
Physical Therapy: (509) 548-3421

For additional information about this Privacy Notice,
please contact:
Privacy Officer, 509-548-5815



CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

NOTICE OF PRIVACY PRACTICES Cascade Medical

THE FOLLOWING NOTICE DESCRIBES
CASCADE MEDICAL'S HIPAA PRIVACY
PRACTICES, HOW YOUR MEDICAL
INFORMATION MAY BE USED AND
DISCLOSED, AND HOW YOU CAN ACCESS
THIS INFORMATION. PLEASE REVIEW
THE INFORMATION CAREFULLY.

Effective Date: May 2025

Permissible Uses and Disclosures Without Your Written Authorization

- **Treatment:** Your healthcare information may be used and disclosed for treatment purposes. For example, we may release your healthcare information to other healthcare professionals for the purpose of providing you with quality healthcare.
- **Payment:** Your healthcare information may be used and disclosed for purposes of determining coverage, billing, claims management, and reimbursement. For example, we may release your healthcare information to your insurance provider for the purpose receiving payment for providing you with needed healthcare services.
- **Health Care Operations:** Your healthcare information may be use and disclosed for our health care operations. For example, we may use your healthcare information to evaluate the performance of our staff.
- **Appointment Reminders and Healthcare Notifications:** You may be contacted by Cascade staff to remind you of any appointments, healthcare treatment options or other health services that may be of interest to you.
- **Required or Permitted by Law:** Your healthcare information may be use and disclosed when we are required or permitted to do so by law. For example, we may disclose your healthcare information to appropriate authorities if we reasonably believe that are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. In addition, we may disclose healthcare information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others. Other disclosures permitted or required by law include the following: disclosures for public health activities; health oversight activities including disclosures to state or federal agencies authorized to access healthcare information; disclosures to judicial and law enforcement officials in response to a court order or other lawful process; disclosures for research when approved by an institutional review board; disclosures for workers' compensation claims, and disclosures to military or national security agencies, coroners, medical examiners, and correctional institutions.

Permissible Uses and Disclosures That May Be Made Without Your Authorization, But For Which You Have An Opportunity to Object.

- **Family and Other Persons Involved in Your Care.** We may use or disclose your healthcare information to notify or assist in

the notification of (including identifying or locating), a family member, your personal representative, or another person responsible for your care, of your location, your general condition, or death. If you are present, then we will provide you with an opportunity to object prior to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose healthcare information consistent with your prior expressed preference that is known to us, and in your best interest as determined by our professional judgment.

- **Disaster Relief Efforts.** We may use or disclose protected healthcare information to a public or private entity authorized by law for certain disaster relief efforts purposes.
- **Fundraising.** You may be contacted by Cascade for the purposes of raising funds to support Cascade's operations. You may opt out of receiving such communications by calling or by following the directions provided on the fundraising materials.

Uses and Disclosures Requiring Your Written Authorization

- **Psychotherapy Notes.** If we obtain your psychotherapy notes, we must have your written authorization prior to disclosing your psychotherapy notes, subject to exceptions under applicable law.
- **Marketing Communications; Sale of Healthcare Information.** We must obtain your written authorization prior to using or disclosing your healthcare information for marketing or the sale of healthcare information, consistent with the related definitions and exceptions under applicable law.
- **Records Subject to 42 CFR Part 2.** To the extent that we are considered a legal holder of substance use disorder treatment records received from programs subject to 42 CFR Part 2, we must have your written consent prior to certain uses and disclosures of such information, subject to applicable law.
- **Washington State Privacy Protections.** In accordance with Washington State law, we will not share your healthcare information with entities from other states for the purpose of enforcing out-of-state laws that impose penalties or liability related to healthcare services that are lawful in Washington.
- **Redisclosure.** Healthcare information disclosed for any of the purposes provided under applicable law may be subject to redisclosure by the recipient of that information and, if so, would no longer be protected by the limitations provided above.
- **Other Uses and Disclosures.** Uses and disclosures other than those described in this Notice will only be made with your written authorization.

Your Individual Rights: If you are authorized to consent to your own healthcare, you may also exercise the rights below. This includes individuals 13 and older who can consent mental health treatment under Washington law. If another person is legally authorized to make healthcare decisions for the patient, they may exercise these rights in accordance with applicable law.

- **Right to Inspect and Copy.** You may request access to your healthcare information maintained by Cascade to inspect and request copies of the records. All requests for access must be made in writing. Under limited circumstances, we may deny access to your records. We may charge a cost-based fee for the costs of copying and sending you any records requested.
- **Right to Alternative Communications.** We will accommodate any reasonable written request for you to receive healthcare information by alternative means of communication or at alternative locations.
- **Right to Request Restrictions.** You have the right to request a restriction on healthcare information we use or disclose for treatment, payment or health care operations. You must request any such restriction in writing addressed to 817 Commercial St., Leavenworth, WA 98826. We are not required to agree to any such restriction you may request, except if your request is to restrict disclosing healthcare information to a health plan for the purpose of carrying out payment or health care operations, the disclosure is not otherwise required by law, and the healthcare information pertains solely to a health care item or service which has been paid in full by you or another person or entity on your behalf.
- **Right to Accounting of Disclosures.** Upon written request, you may obtain an accounting of disclosures of healthcare information made by us in the last six years, subject to certain restrictions and limitations.
- **Right to Request Amendment.** You have the right to request that we amend your healthcare information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.
- **Right to Obtain Notice.** You have the right to obtain a paper copy of this Notice by submitting a request to 817 Commercial St., Leavenworth, WA 98826 or 509-548-5815.
- **Breach Notification.** You have the right to be notified of any breach of your unsecured healthcare information, according to requirements under federal law.