[PATIENT LABEL

HealthPoint Xarun Caafimaad oo dugsiga

DIIWAANGALINTA BUKAANKA

Magaca Ugu danbeeya	Magaca Koobaad	Magaca Dhexe

Nambarka Social Security	Taariikhda Dhalashada	Jinsiga Dhalashada	Jinsiga Hadda
		☐ Lab ☐ Dhadig	☐ Lab ☐ Dhadig

Aqoonsiga Jinsi

☐ Jinsi Dheeri ah ama Nooc kale
Fadlan _____

☐ Madooaayo inaan Shaaciyo
☐ Dhadig
☐ Naag nin Noqoty

☐ Labebshe
☐ Lab
☐ Nin Naag noqday

Dookha Galmada

☐ Qof Ragga iyo Dumarkaba Ukacsada
☐ Madoonaayo inaan Shaaciyo
☐ Ma Aqaano

☐ Naag Naagaha Jecel, Qaniis ama Qof dadka ay iskujinsiga yihiin ugalmooda

☐ Qof toosan ama Nin/Naag jecel dadka ay kala jinsiga yihiin

☐ Waxkale
Fadlan sheeg _____

Magaca Aad jeceshahay

☐ Madoonaayo inaan sheego
☐ Asaga, asagga, kiisa

☐ Ayada, Iyadda, Waxeeda
☐ Ayaga, Ayagga, Waxooda

☐ Ze, Hir
☐ Magac kale

Ciwaanka Boostada			Ciwaanka Gurigga (haduu kaduwanyahay kan kore)		
Magaalada	Gobalka	Nambarka Boostada	Magaalada	Gobalka	Nambarka Boostada

Xaaladaada Guurka:

☐ Doob
☐ Xaasle

☐ Lamaane leh
☐ Laga dhintay

☐ Lafuray
☐ Sharci ahaan Kalatagay

Luuqadee ayaad kuhadashaa? Fadlan sheeg _____

Macluumaadka Lagaalasoo xariiraayo

Taleefanka Bukaanka _____
☐ Gurigga ☐ Kan Gacanta ☐ Maalintii

Ciwaanka Emailka: _____

Taleefanka Waalidka/Masuulka _____
☐ Gurigga ☐ Kan Gacanta ☐ Maalintii

Cida Ugu Haboon ee Lasoo wacaayo
☐ Wicitaanka Taleefanka ee taleefanka gacanta ☐ Emailka/Barta Waalidka Boostada ☐ Taleefanka Maalintii ☐ Taleefanka Gurigga

Kajawaabida su'aalahaan waxay kacaawin karaan HealthPoint inay maalgalin uhesho adeegyada.

Matahay qof naafo ah ama curyaan ah? ☐ Haa ☐ No

Ma waxaad tahay qof soo galooti ah? ☐ Haa ☐ No

Wadarta guud ee dadka gurigaaga kunool (dadka kuada nool iskuguriga kuna tiirsan isla isha dhaqaale) _____

Wadarta guud ee caruurta kayar da'da 18 sano oo kunool grigaaga _____

Midkee kamid ah dookhyadaan soosocda ayaa si sax ah uqeexaaya gurigaaga?
☐ Shaqsi
☐ Qof Dumar ah Oo Gurigga Msuul ka ah
☐ Nin aan Xaaslahay oo Gurigga Masuul ka ah
☐ Guri ay joogaan Labo Waalid

Hadda makashaqaysaa qayb katirsan milatariga, ayna kujiraan Ilaalada Qaranka iyo Ciidanka Kaydka? ☐ Haa ☐ Maya

Matahay qof xubin ka ah qoyska oo ciidanka milatariga kujira ama horay dalka ugusoo dagaalamay?
☐ Maya
☐ Haa, xaaska ama lamaane
☐ Haa, cunuga
☐ Haa, qofkale oo qaraabada igu tiirsan kamid ah

Ma waxaad tahay qaxooti? ☐ Haa ☐ No

Fadlan dhamaystir labada dhinacba ee fookaan.

Matahay qof aan hoy haysan ama hooy kumeelgaar ah kunool?

☐ Laba jibaarmaaya ☐ Kunool Guri Taageero ah oo Rasmi ah ☐ Hooy
☐ Maahi hoy la'aan ☐ Wadada
☐ Midkale ☐ Guryaha Dawlada ☐ Kumeelgaar

Xili un kamid ah 2 sano ee lasoo dhaafay, shaqada beerta xiliyeedka ama soogalootigu ma ahayd isha ugu muhiimsan ee dhaqaalahaaga ama dhaqaalaha qoyskaaga?

☐ Kama shaqayn beer
☐ Haa, waan kashaqeeyay beerta shaqada soogalootiga
☐ YHaa, waan kashaqeeyay shaqada beerta ee xiliyeedka

Ma ubaahantahay turjumaan?

☐ Haa
☐ Maya

Waa maxay isirkaagu ama asalka dhalasho ee qoyskaagu? (Tigsaar dhamaan meelaha kuhaboon)

☐ American Indian/Alaskan Native/ ☐ Madow/African American/ ☐ Native Hawaiian
☐ Qoomiyadaha kale ee Pacific Islander
☐ Asian ☐ Waan diiday inaan sheego ☐ Cadaan

Ma waxaad tahay Hispanic ama Hispanic-Latino(a)?

☐ Haa, waxaan ahay Hispanic ama Hispanic-Latino(a)
☐ Ma ihi Hispanic ama Hispanic-Latino(a)

Horay malagaaga saaaray adeegyada aan direeska looxiran ee Wadanka Maraykanka?

☐ Haa
☐ Maya

Waa maxay Caymiskaaga Rasmiga ah ee Caafimaadku? ☐ Provider One/DSHS ☐ Nooc kale
☐ Anaa Iskadhiiba ☐ Caymis Gaar looleeyahay _____

Waa maxay qarashka bishii soogala qoyskaaga?

$ _____ bishiiba

Nmbarka ID ga Ardayga	Dugsiga

Xariirka Degdega ah Must be age 18 or older

Magaca Ugu danbeeya	Magaca Koobaad
Nambarka Taleefanka	Xariirka kala Dhaxeeya bukaanka

Hadii qofka bukaanka ah kayaryahay da da 18:

Magaca Ugu danbeeya ee Waalidka/Masuulka			Magaca Koobaad ee Waalidka/Masuulka
Nambarka Social Security	Taariikhda Dhalashada	Jinsiga Dhalashada ☐ Lab ☐ Dhadig	Xariirka kala DHexeeya Bukaanka ☐ Waalidka ☐ Masuulka ☐ Qofkale
Ciwaanka Boostada			
Magaalada	Gobalka	Nambarka Boostada	Taleefanka
Caymiska Qorshaha Caafimaadka:	Tirada Xeerka		Tirada Kooxda

Waxaan fasaxayaa faafin macluumaad kasta oo caafimaad oo muhiim u ah kashaqaynta codsiyadayda
Waxaana fasaxayaa bixinta qarashaadka gunyinka caafimaadka lana siiyo bixiyaha adeegyda ee kucad foomka/waraaqda codsiga.
Waxaan aqoonsanayaa in daryeelka aan kahelo HealthPoint ay kujiri karaan booqashooyin ay lasocdaan dadka deegaanka iyo ardaydu labadaba oo daryeelkooda uu maamulaayo adeeg bixiyaha aa kormeeraha shaqada kujira.
Waxaan xaqiijnayaa in macluumaadka kor kuqoran yahay mid sax ah oo toosan ilaa inta aan ogahay.

Saxiixa bukaaka ama masuulka _____ **Taariikhda:** _____

HealthPoint School-Based Health Center (Xarunta Cafimaad ee Dugsiga Kutaala *HealthPoint*)
Ogolaanshaha Adeegyada Caafimaadka

HealthPoint School-Based Health Centers (SBHC), oo kutaala xaruno ay leedahay degmada dugsigu, waa inay heshaa ogolaanshaha saxiixan ee waalidka ama masuulka sharciga ah kahor intaysan adeegyo siin ardayga, marka laga reebo xaaladaha marka sharciyada heer federaal iyo/ama gobal ay ardayga siinayaan inuu qaato daawada noocaas ah asagoon fasax kahaysan waalidka/masuulka. Hadii ardaygu kadiiwaangashan yahay dugsiga laakiin uusan kadiiwaan gashanayn xarunta Daryeelka Caafimaadka laga bixinaayo, wuxuu ardaygu siiwadan karaa qaadashada adeegyada Kalkaalisada Dugsiga. Waxaan halkaan kacodsanayaa aana kafasaxayaa in:

Magaca Ardayga: _____ Taariikhda dhalashada: _____
Koobaad Labaad Sadexaad BISHA/MAALINTA/SANADKA

uu kaqaadan karo adeegyada daryeelka caafimaadka shaqaalaha HealthPoint. Adeegyada waxaa kujiri kara, laakiin aan kukoobnayn, daryeel caafimaad o joogto ah, daryeelka caafimaadka dabiiciga ah, talobixinta caafimaadka dhimirka, ciyaaraha jirka, daryeelka kahortaga, baarista iyo daawaynta xanuunada daran iyo dhawaacyada, daawooyinka, talobixinta dhanka nafaqada, talaalka, baaritaanada dhiiga, bixinta iyo maaraynta sawirada, iyo baaritaanka ilkaha. Ogolaanshaha ayaa sidoo kale lasiiyaa ugudbinta cunuga daryeelka iyo, hadii loobahdo, gadiidka xaalada degdega ah oo loogu qaado dhakhaatiirta, khubarada caafimaadka, isbitaalada, xarumaha caafimaadka ama wakaaladaha daryeelka caafimaadka hadba sidii ay muhiim u arkaan shaqaalaha HealthPoint. Fasaxu ma ogolaanaayo in adeegyada labaxsho ayadoon ardayg ogolaan, ilaa inuusan awoodin maahee inuu fasax baxsho ardaygu.

Waxaa intaan siidheer, waxaa lafasaxayaa:
In lasiiyo koobiga diiwaanada ciyaaraha jirka iyo talaalada ardayga;

Si ay adeeg bixiyaasha SBHC ugu qoraan ardayga daawooyinka xanuun baabi'iyaasha (sida ibuprofen, acetaminophen (Tylenol), antacids, iwm.) iyo daawooyinka looqoro ardayga;

In diiwaanada waxbarashada cunugayga ee kujira kaydka degmada dugsiga lasiiyo SBHC. Diiwaanada waxbarashada waxaa kujira, laakiin aan kukoobnayn: magaca ardayga, magaca dugsiga, taariikhda xaadiristiisa, buundooyinka iyo natiijada uu keenay, layliyada soosocda, layliyada kamaqan, natiijooyinka imtaxaanka, Qorshahiisa Waxbarashada Qaaska ah (IEP) iyo armaha dhanka anshaxa oo dukumiintiyada kuqoran. Waxaan fahmayaa in ujeedada laga leeyahay wadaagida diiwaanadaan ay tahay in kooxda daryeelka caafimaadka cunugaga macluumaad laga siiyo barnaamijka aqooneed iyo kobaca cunuga. Shaqaalaha SBHC ayaa lashaqayn doona dugsiga, qoyska iyo ardayga si ardayga looga caawiyo inuu guul kagaaro dugsiga.

Si ardayga kor kuxusan uhelo adeegyada caafimaadka ee xarun kasta oo ay leedahay HealthPoint laga baxsho oo kuqoran liiska hoose (si looyareeyo baahida looqabo in markale ladiiwaangasho hadii ardaygu ubaahdo inuu adeegsado xarun dhanka caafimaadka oo dugsiga kabaxsan ooyna leedahay HealthPoint).

HealthPoint Auburn: (253) 735-0166	HealthPoint Federal Way: (253) 874-7634	HealthPoint SeaTac: (206) 277-7200
HealthPoint Bothell: (425) 486-0658	HealthPoint Redmond: (425)882-1697	HealthPoint Kent: (253) 852-2866
HealthPoint Renton: (425) 226-5536	HealthPoint Tukwila: (206) 439-3289	HealthPoint Midway: (206) 870-3590
HealthPoint Auburn North: (253) 351-3900	HealthPoint Tyee: (206) 277-7210	HealthPoint Evergreen: (206)835-2615
HealthPoint Renton High: (425) 424-6310	HealthPoint Cynthia A. Green: (206) 839-3540	

WAALIDKA/MASUULKA, fadlan magacaaga kusaxiix si aad umuujiso inaad heshay, fahantay aadna ogolaanayso mid kasta oo kamid ah qodobada soosocda:

_____ Ogaysiiska Talaabooyinka Arimaha Sirta ah: Waxaan helay Ogaysiiska Talaabooyinka Arimaha Sirta ah ee HealthPoint kaasoo qeexaaya sida macluumaadka caafimaad ee cunugaga loo adeegsan karo loolana wadaagi karo adeeg bixiyaasha kale ee daryeelka caafimaadka yo sida aan kugali karo macluumaadka cunugayga. Waxaad kahelaysaa halkaan:
http://www.healthpointchc.org/content/files/NoticeofPrivacyPractices_Eng_8.5x11_2.21.18.pdf
http://www.healthpointchc.org/content/files/NoticeOfPrivacyPractices_SP_12-2013.pdf

_____ Bayaanada Macluumaadka Talaalka: **Waxan fahansanahay** inaan macluuaadka Talaalka ooneen uga heli karo bartahttps://www.cdc.gov/vaccines/hcp/vis/current-vis.html Waalidka/Masuulka waxaa lagugula taliayaa inay akhriyaan bayaanada VIS.

_____ Diiwaanada Talaalka: Waxaan u ogolaanayaa HealthPoint inay codsato ayna hesho diiwaanada talaalka ee cunugayga ayna kacodsato kalkaalisada dugsiga iyo/ama shaqaalaha kale ee dugsiga ama Washington State Immunization Registry (Diiwaanka Talaalka ee Gobalka Washington).

_____ Ikhtiyaari: Waxaan u ogolaanayaa HealthPoint iyo sawir qaadaheedainay sawir kaqaadaan ama muuqaal kaduubaan aniga iyo/ama caruurtayda ujeedooyin dhanka suuqgaynta ah si ay umuujiyaan faaiidooyinka SBHC. Waxaan sidoo kale ufasaxayaa HealthPoint xaqa ay ku adeegsan karaan kuna daabici karaan sawirada/muuqaalada anigga iyo/ama caruurtayda laga qaaday.

_____ Kaliya waxaa Loogu Talagalay Qaybtaan Ardayda Dugsiga Dhexe: Waxaan ardaygayga ufasaxayaa inuu xarunta dugsiga katago si uu u aado balamaha xarunta Caafimaadka ee Dugsiga kutaala taasoo kutaala xarun kale oo dugsigu leeyahay oo dugsigiisa udhaw. Waxaan fahansanahay in nidaamka maritaanka iyo/ama qasbida in la adeegsan karo si looxaqiijiyo inay fasalka kulaabtaan ardaydu.

Si waafaqsan sharciga gobalka iyo/ama federaalka, marka ogolaansho lasiiyo daryeel, macluumaadka daryeelka caafimaadku waa kuwo qarsoodi ah. Waxaa jiro arimo dhawr ah oo lasoo reebaayo. Tusaale ahaan:
Marka bukaanku ogolaansho kubaxsho faafinta saxiixan ee macluumaadka:
Marka bukaanku sheego jiritaanka halis keeni karta dhibaato degdeg ah oo naftiisa ama dadka kale uu ugaysto.
Marka bukaanku qabo dhibaato caafimaad oo dhimasho keenaysa uuna kayaryahay da'da 18 sano jir.
Markay jirto sabab si looga hortago xadgudub ama dayacaad.
Xanuunada faafa qaarkood waxaa qasab ah in loosheego saraakiisha caafimaadka dawlada.

Saxiixa Ardayga: _____ Taariikhda: _____

Saxiixa Waalidka/Masuulka: _____ Taariikhda: _____

Magaca iyo Xarirka Kala dhaxeeya Cunuga Masuulka Waajibaadku kasaaranyahay (qor): _____

Diiwaangalintu way siijiraysaa ilaa inta qofka ladiiwaangashay uu arday kayahay dugsiga degmada ee Highline ama Renton. Ardayga ama masuulka ayaa dooran kara inay kabaxaan ogolaanshaha xiligay doonaan. Fadlan laxariir Iskuduwaha Caafimaadka si aad macluumaad dheeri ah uhesho.

MACLUUMAAD MUHIIM AH OO DHEERI AH

HealthPoint School-Based Health Centers waxay kula talinayaan arday kasta inay kaqaybgaliyaan waalidiintooda ama masuuliyiintooda go'aanada quseeya daryeelkooda caafimaadka markasta ooy suuragal tahay. Sida uu qabo sharciga Gobalka Washington, dhalinta ayaa si madax banaan uraadsan kara daryeel caafimaad o dhanka xubnaha taranka laxariira xiligay doonaan ayagoon latashan waalidka/qofka masuulka ka ah. Sdoo kale, laga bilaabo da'da 13, dhalinta ayaa si madax banaan uqaadan kara talooyinka dhanka joojinta daroogada iyo khamriga iyo talo bixinta dhanka caafimaadka dhimirka ayagoon waalidkood/qofka masuulka ah latashan. Laga bilaabo da'da 14, dhalinta ayaa si madax banaan uqaadan kara baaritaanka iyo/ama daawaynta xanuunada HIV iyo STI. Maadaama ay dhalintu qaadan karaan daryeelkaan si madax banaan, ogolaanshahooda shari ahaan waa loobaahanyahay si loofaahfiyo macluumaadka kusaabsan uurka iyo caabuqyada galmada la iskugu gudbay. Ogolaanshaha ardayda da'doodu tahay 13 iyo kasii wayn iyo waalidka/masuulka ogolaanshaha siinaaya ardayda 12 jirka iyo kayar jirta ayaa loobaahanyahay sharci ahaan si loofaafsho macluumaadka kusabsan khamriga iyo daroogada ama talobixinta caafimaadka dhimirka.

Pediatric Patient Questionnaire

For children 12 months and older

NAME:

DOB:

INTERPRETER NEEDED? ☐ NO ☐ YES, _____

a. Medications/Allergies

List any **allergy(ies)** and **reaction(s)** you have: ☐ NONE _____

List any medications you are currently taking: ☐ NONE

Medicine:	**Dose:**	**How often:**	3.		
1.			4.		
2.			5.		

b. Personal Health History

Have you ever had or are you being treated for any of the following conditions?

ADHD	☐ NO ☐ YES	Eczema	☐ NO ☐ YES	Depression/Anxiety	☐ NO ☐ YES
Food allergies	☐ NO ☐ YES	Broken or dislocated bone	☐ NO ☐ YES	Blood clots	☐ NO ☐ YES
Seasonal allergies	☐ NO ☐ YES	Reflux/GERD	☐ NO ☐ YES	Mental illness	☐ NO ☐ YES
Anemia	☐ NO ☐ YES	Head injury	☐ NO ☐ YES	**Learning/ Developmental delay**	☐ NO ☐ YES
Asthma	☐ NO ☐ YES	Headaches	☐ NO ☐ YES	Autism	☐ NO ☐ YES
Bleeding disorder	☐ NO ☐ YES	Hearing problems	☐ NO ☐ YES	Vision problems	☐ NO ☐ YES
Breathing problems	☐ NO ☐ YES	Ear infection	☐ NO ☐ YES	Snoring at night	☐ NO ☐ YES
Concussion	☐ NO ☐ YES	Prematurity	☐ NO ☐ YES	Other: _____	
Heart Problems	☐ NO ☐ YES	*How early?* _____			
Constipation	☐ NO ☐ YES	Seizures	☐ NO ☐ YES		
Diabetes	☐ NO ☐ YES	Kidney/Urinary tract infection	☐ NO ☐ YES		

When you exercise do you have problems with:

Passing out or feeling like you will pass out	☐ NO ☐ YES
Chest pain or discomfort	☐ NO ☐ YES
Heart skipping beats or racing	☐ NO ☐ YES
Feeling lightheaded or more short of breath than expected	☐ NO ☐ YES
Feeling more tired or short of breath than your friends	☐ NO ☐ YES

Have you ever had surgery:

To remove your tonsils and/or adenoids	☐ NO ☐ YES
To remove your appendix	☐ NO ☐ YES
On your teeth (dental surgery)	☐ NO ☐ YES
To place ear tubes	☐ NO ☐ YES
List any other type of surgeries you had:	☐ NONE

_____

c. Females Only

Have you had a period? ☐ NO ☐ YES

If yes, what age did you start having periods? _____

Please list any problems or concerns about your periods: NONE _____

_____

HealthPoint

d. Family History

Were you adopted ☐ NO ☐ YES

Has anyone in your family ever had *(please provider information for biological parents and siblings only).*

ADD/ADHD	☐ NO ☐ YES	Deafness	☐ NO ☐ YES	**Sudden death**	☐ NO ☐ YES
Asthma	☐ NO ☐ YES	Diabetes	☐ NO ☐ YES	Sickle cell disease	☐ NO ☐ YES
Cancer	☐ NO ☐ YES	High cholesterol	☐ NO ☐ YES	Bleeding disorder	☐ NO ☐ YES
Heart Problems	☐ NO ☐ YES	Strabismus/Lazy eye	☐ NO ☐ YES	Blood clots	☐ NO ☐ YES

1. Has any family member or relative died of heart problems or had unexplained or unexpected sudden death before the age of 50 (including drowning, unexplained car accidents, or sudden infant death syndrome)? ☐ NO ☐ YES
2. Does anyone in your family have a pacemaker, implanted defibrillator, or heart rhythm problem? ☐ NO ☐ YES
3. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning? ☐ NO ☐ YES

e. Social History

Tobacco use (including vape): ☐ NO ☐ YES ☐ FORMER Smokers in family: ☐ NO ☐ YES Smoking allowed in the home: ☐ NO ☐ YES

Mother's Name: _____ Birthdate: _____ Age: _____ Living: ☐ NO ☐ YES

Father's Name: _____ Birthdate: _____ Age: _____ Living: ☐ NO ☐ YES

Does child attend Daycare? ☐ NO ☐ YES

Primary residence: ☐ Mother ☐ Father ☐ Other, _____ Secondary residence: ☐ Mother ☐ Father ☐ Other, _____

Mother's occupation: _____ Father's Occupation: _____ # of siblings: _____

Any concerns about relationships with family/friends/other? ☐ NO ☐ YES

Home type: ☐ Apartment ☐ House ☐ Condominium ☐ Mobile Home (trailer)

Do you drink tap water? ☐ NO ☐ YES

Do you use a helmet when you ride your bike, skate, or skateboard? ☐ NO ☐ YES ☐ N/A

Do you use a car seat? ☐ NO ☐ YES ☐ N/A Do you use a seat belt? ☐ NO ☐ YES

Do you have the following at home:

Carbon monoxide detector ☐ NO ☐ YES

Smoke detector ☐ NO ☐ YES

Firearms ☐ NO ☐ YES

How many hours per day do you spend: Playing sports/exercising? ____ Watching Television? ____ On the computer/internet? ____

f. Dental Health

How many times a day do you brush your teeth? _____

How many times a week do you floss your teeth? _____

Have you seen a dentist in the past year? ☐ NO ☐ YES

Thank you for taking the time to tell us about your health history.

HealthPoint

HealthPoint
Your Community Health Center

NOTICE OF PRIVACY PRACTICES

THIS NOTICE EXPLAINS HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND GIVEN OUT. IT ALSO EXPLAINS HOW YOU COULD GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

HealthPoint respects your privacy. We understand that your personal health information is very sensitive. We will not give out your information to others unless you tell us to, or unless the law allows or requires us to do so.

We are required by law to keep your protected health information (PHI) private, to give you this Notice, and follow the terms of this Notice. We also have the right to change our practices. If we make changes to this Notice, you will receive the updated Notice upon your next visit. If we change this Notice, we will post the revised notice in the waiting area of our office and on our web site at www.healthpointchc.org.

PHI is any information that includes your personal information, as well as health and billing information. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

I. USING AND RELEASING PROTECTED HEALTH INFORMATION

A. Without Your Written Permission. We have the right to use and share your health information for the following reasons:

1. Treatment: Information obtained by a nurse, physician, or other member of our health care team, recorded in your medical record, may be used to help decide your future care. We may also share information to others providing you care. This will help them stay informed about your care.

2. Payment: We request payment from your health insurance plan. Health plans need information from us about your medical care. Information shared with health plans may include your diagnoses, procedures performed, or future recommended care.

3. Health Care Operations: We may use and share PHI for our health care operations, such as quality improvement activities, training programs, accreditation, certification, licensing or credentialing activities. For example, we may use PHI to review our treatment and services and to evaluate the performance of our staff.

4. Required or Permitted by Law: We may share PHI when we are required or permitted to do so by law. For example, we may release PHI to proper authorities if we believe that you are a possible victim of abuse, neglect, or domestic violence. We may also share PHI necessary to stop a serious threat to the health or safety of you or others. Other releases could include: public health activities; requests from state or federal agencies; law enforcement; court order or other lawful process; approved research; workers' compensation claims; military or national security agencies, coroners, medical examiners, and correctional institutions.

B. Without Your Permission, And You May Object.

1. Fundraising: We may use PHI to contact you in an effort to raise money for our operations. We may also release PHI to a foundation that is related to us so that the foundation may contact you in an effort to raise money for its operations. Any fundraising communications with you will include a description of how you may opt out of receiving any further fundraising communications

2. Family and Other Persons Involved in Your Care. Unless you object, we may share your PHI with a family member, relative, close friend, or any other person you identify is involved in your medical care. We may share information to notify the person of your location general condition or payment related to your care.

3. Disaster Relief Efforts. We may share your protected PHI to a public or private entity authorized by law or its charter to assist in disaster relief efforts for coordinating notification of family members of your location, general condition, or death.

C. Needs Your Written Permission.

1. Psychotherapy Notes. We must get your permission to use or release psychotherapy notes, unless the psychotherapy notes are:
(1) By the creator of the psychotherapy notes for treatment purposes,
(2) For our own training programs in which mental health students, trainees or practitioners learn to improve their counseling skills,
(3) To defend ourselves in a legal proceeding initiated by you,
(4) To a health oversight agency for oversight of the creator of the psychotherapy notes,
(5) To a coroner or medical examiner; or
(6) To prevent or lessen a serious and imminent threat to the health or safety of a person or the general public.

2. Minors. We will follow Washington State law when using or sharing PHI of minors. Minors who receive health care services related to HIV/AIDS; STDs, mental health treatment, alcohol/drug testing, and treatment or reproductive health may request that another person receive that information on their behalf. If the minor does not give permission in writing to anyone, we will only release that information to the minor.

3. Marketing Communications: Sale of PHI. We must have your written permission before using or sharing PHI for marketing or the sale of PHI, consistent with the related definitions and exceptions set forth in HIPAA.

Other Uses and Releases. Any requests for information besides those described in this Notice will need your written permission. For example, you will need to sign a permission form before we can send PHI to your life insurance company or to your attorney. You may revoke your permission at any time by providing us with written request.

II. YOUR INDIVIDUAL RIGHTS

A. Right to Inspect and Copy. You may request to see your medical records and billing records in order to inspect and/or request copies of the records. All requests to view records must be made in writing. Under limited circumstances, we may deny access to your records. We may charge a fee for the cost of copying and sending records you request.

B. Right to Alternative Communications. You may request in writing to receive PHI by alternative means of communication or at alternative locations.

C. Right to Request Restrictions. You have the right to limit PHI we use or share for treatment, payment, or health care operations. You must request limitations in writing addressed to **Michelle A. Matt, HIPAA Privacy Officer**. We are not required to agree to limitations you request, **unless** your request is to limit releasing PHI to a health plan for payment or health care operations and that PHI directly relates to a health care item or service that you or another person or entity on your behalf paid in full.

D. Right to Accounting of Releases. You may request in writing an accounting of releases of PHI made by us in the last six years, subject to certain restrictions and limitations.

E. Right to Request Amendment: You have the right to request that we amend your PHI. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.

F. Right to Obtain Notice. You have the right to obtain a paper copy of this Notice by submitting a request to **Michelle Matt, HIPAA Privacy Officer, at (425) 277-1311 ext. 11151** at any time

G. **Right to Receive Notification of a Breach**. We are required to notify you if we discover a breach of your unsecured PHI, according to requirements under federal law.

H. Questions and Complaints. If you have questions about your privacy rights, or are concerned that we have violated your privacy rights, you may contact **Michelle Matt, HIPAA Privacy Officer, at (425) 277-1311 ext. 11151.** You may also file a written complaint with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. We will not retaliate against you if you file a complaint with the Director or with our office.

III. EFFECTIVE DATE

A. Effective Date. This Notice is effective on **September 23, 2013**.