Work with a medical examiner or funeral directo		a coroner, medical examiner, or funeral	WSU Notice	e of Privac
Address workers' compensation, law enforcement, and other government requests:	We can use or share information abour • For workers' compensation claims • For law enforcement purposes or wit • With health oversight agencies for ac • For special government functions suc	h a law enforcement official tivities authorized by law	Your Rights Our Responsibi	This no may be this inf
Respond to lawsuits and legal actions:	We can use or share information abour administrative order, or in response to		Changes to the Terms of this Notice We can change the terms of this notice, and the change The new notice will be available upon your request, in o	
			Updated: 09/03/2024	
Information Act, RCW 70.02. provide greater protection in		x?cite=70.02) Laws in Washington	This Notice of Privacy Practices applies to the following organizations:	Cougar Health Servio 1125 NE Washington Washington State Ur
 When required by law, we with Mental health services record Sexually transmitted disease 		ecords for drug and alcohol abuse		Pullman, WA 99164
Our Responsib	We are required by law of your protected healt	to maintain the privacy and security h information.	Your Rights	When it comes to you section explains your
 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 duties and privacy practices described in this notice and give you a copy of it. 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. Washington State University does not discriminate or treat patients differently on the basis of age, race, 		Get an electronic or paper copy of your medical record:	 You can ask to see c and other health info We will provide a co within 15 days of you 	
color, national origin, sex, s provide reasonable accom	exual orientation, gender identity or express modations when necessary to communicate federal laws and University non-discriminati	sion, religion, or disability. WSU will with and treat patients effectively. WSU	Ask us to correct your medical record:	 You can ask us to co incorrect or incompl We may say "no" to y
Contact Us				15 days.
 Complaints and Appeals 	d on the U.S. Department of Health & Human s ations/complaints-and-appeals/index.html rams/hipaa/index.html	Services:	Request Confidential Communications:	 You can ask us to co phone) or to send m We will say "yes" to a
For additional questions or co Melanie O' Boyle, RN, BSN, Coordinator & Compliance C Washington State University Cougar Health Services P.O. Box 642302 Pullman, WA 99164-2302	Quality Assurance & Compliance	Non-Discrimination Policy For WSU's complete policy on non-discrimination please view Executive Policy 15	Ask us to limit what we use or share:	 You can ask us not t treatment, payment your request, and w If you pay for a serviask us not to share t operations with your requires us to share

Phone: (509) 335-6279 | Fax: (509) 335-6223

melanie.oboyle@wsu.edu | www.cougarhealth.wsu.edu





s notice describes how medical information about you y be used and disclosed and how you can get access to a information. **Please review carefully.**

nges will apply to all information we have about you. in our office, and below.

ervices ton St 9 University 64 Phone: (509) 335-3575 Fax: (509) 335-1684 https://cougarhealth.wsu.edu/home

your health information, you have certain rights. This our rights and some of our responsibilities to help you.

e or get an electronic or paper copy of your medical record information we have about you. Ask us how to do this. copy or a summary of your health information, usually your request. We may charge a reasonable, cost-based fee.

o correct health information about you that you think is nplete. Ask us how to do this. to your request, but we will tell you why in writing within

contact you in a specific way (for example home or office d mail to a different address. to all reasonable requests.

You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care. If you pay for a service or healthcare item out-of-pocket in full, you can ask us not to share that information for the purpose of payment to our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information:	 You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and healthcare operations and certain other disclosures 	In these cases, we never share your information, unless you give us written permission:	 Marketing purposes Sale of your information Most sharing of psy
	 (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months. 	In the case of fundraising:	We may contact you contact you again.
Get a copy of this privacy notice:	 You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly. 	Our Uses and Disclosures	How do we typically use or share your h
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 authority and can act for you before we take any action. 	Treat you:	 We can use your he who are treating yo Example: A doctor your overall health
File a complaint if you feel your rights are violated:	 You can complain if you feel we have violated your rights by contacting us directly. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights: 	Run our organization:	 We can use or shar your care, and cont Example: We use h treatment and servit
	U.S. Department of Health and Human Services Office for Civil Rights 200 Independence Avenue S.W. Washington, D.C. 20201 Phone: 1 (877) 696-6775 https://www.hhs.gov/	Bill for your services:	 We can use and sha from health plans an Example: We give i so it will pay for you
	• We will not retaliate against you for filing a complaint.	How else can we use or share your health info information in other ways - usually in ways that ca research. We have to meet many conditions in th purposes. For more information visit the U.S. Dep https://www.hhs.gov/programs/hipaa/index.h	
Your Choices.	For certain health information, you can tell us your choices about what we share. If you have a clear preference on how we share your information in	intps://thininis.gov/pi	ogramo, mpaa, macxine
	the situations below, talk to us. Tell us what you want us to do, and we will follow your instructions.	Help with public health issues and safety issues:	We can share your h Preventing disease Helping with produ
In these cases, you have both the right and the choice to tell us to:	 Share information with your family, close friends, or others involved in your case. Share information in a disaster relief situation. 	 Reporting adverse Reporting suspect Preventing or redu 	
	 Include your information in a hospital directory. If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is 	Do research:	• We can use or shar
	in your best interest. We may also share your information when needed to lessen a serious and immediate threat to health or safety.	Respond to organ and tissue donation requests:	• We can share inform

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you for fundraising efforts, but you can tell us not to n.

ally use or share your health information? We typically health information in the following ways:

health information and share it with other professionals you.

or treating you for an injury asks another doctor about Ith condition.

are your health information to run our practice, improve ontact you when necessary. The health information about you to manage your rvices.

share your health information to bill and get payment and other entities.

re information about you to your health insurance plan your services.

formation? We are allowed or required to share your contribute to the public good, such as public health and the law before we can share your information for these epartment of Health & Human Service - HIPAA .html

r health information about you for certain situations such as: se

duct recalls

se reactions to medications

cted abuse, neglect, or domestic violence

ducing a serious threat to anyone's health or safety

nare your information for health research.

ormation about you with organ procurement organizations.