





In _____ circumstances, the following uses and disclosures of PHI will require that you sign a written authorization for: (1) uses and disclosures of psychotherapy notes; (2) uses and disclosures of PHI for marketing purposes; (3) uses and disclosures of PHI where WSU receives payment in exchange for disclosing such PHI; and (4) any other uses and disclosures of PHI not described in this Notice.

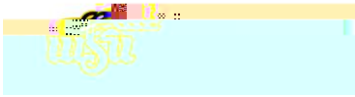


the department and physician(s) who provided you services, and your treatment outcome information in contacting you in an effort to raise funds in support of WSU and other non-profit entities with whom the University is conducting a joint fundraising project. We may also disclose this information to a related foundation or to our business associates so that they may contact you to raise funds for us and other non-profit entities with whom the University is conducting a joint fundraising project. For example, you may get invitations to fundraising events or other types of mailing for University events, affiliated programs, and other joint fundraising programs.

7. *Facility Directory.* If you are a patient at a WSU facility, we may list your name, general condition (, fair, critical), and location in our directory, unless you ask us not to. We may disclose this information to anyone who asks for you by name.
8. *Clergy.* We may disclose the information in our facility directory and information that you choose to provide us regarding your religious affiliation to members of the clergy for use and disclosure in their religious activities.
9. *Individuals Involved in Your Care or Payment for Your Care* We may disclose PHI to a person, such as a family member or friend, who is involved in your medical care or helps pay for your care, such as a family member or friend but we will do so only as allowed by state or federal law (with an opportunity for you to agree or object when required under the law), or in accordance with your prior authorization. We also may notify such individuals about your location or general condition, or disclose such information to an entity assisting in a disaster relief effort.
10. *Research* Under certain circumstances, as an academic institution, we may use and disclose PHI for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication or treatment to those who received another, for the same condition. Before we use or disclose PHI for research, the project will go through a special approval process in conjunction with the WSU Institutional Review Board or other authorized privacy board to obtain a waiver of authorization under HIPAA. This process evaluates a proposed research project and its use of PHI to balance the benefits of research with the need for privacy of PHI. Additionally, WSU may disclose PHI for purposes preparatory to research such as permitting researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes if (i) WSU receives certain required representations from the researcher, and (ii) the researcher does not remove any PHI from WSU during the course of the review. We may also use or disclose your PHI for research purposes if your authorization has been obtained when required by law, or if the information we provide to researchers is "de-identified."



12. *Business Associates.* We may disclose PHI to the business associates that we engage to provide services on our behalf if the information is needed for such services. For example, we may use another company to perform billing services on our behalf. Our business associates are obligated by law and under contract with us to protect the privacy of PHI. Our business associates are not allowed to use or disclose any PHI other than as specified in our contract with them.
13. *Organ and Tissue Donation.* If you are an organ donor, we may release PHI to organizations that handle organ procurement; organ, eye, or tissue transplantation; or to an organ donation bank, as necessary, to facilitate organ or tissue donation and transplantation.
14. *Military and Veterans.* If you are a member of the armed forces, we may release PHI as required by military command authorities. We also may release PHI to the appropriate foreign military authority if you are a member of a foreign military.
15. *Workers' Compensation.* We may disclose PHI as authorized by and to the extent necessary to comply with laws relating to workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
16. *Public Health Risks.* We may disclose PHI for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; track certain products and monitor their use and effectiveness; if authorized by law, notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and conduct medical surveillance of our facilities in certain limited circumstances concerning workplace illness or injury. We also may release PHI to an appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence; however, we will only release this information if the patient agrees or when we are required or authorized by law.
17. *Health Oversight Activities.* We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure of our facilities and providers. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
18. *Lawsuits and Disputes.* If you are involved in a lawsuit or a dispute, we may disclose PHI in response to a court or administrative order. We also may disclose PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
19. *Law Enforcement.* We may release PHI if asked by a law enforcement official as follows: (a) in response to a court order, subpoena, warrant, summons or similar process; (b) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (c) about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; (d) about a death we





You have the following rights, subject to certain limitations, regarding PHI that we maintain about you:

- a. *Right to Inspect and Copy.* You have the right to inspect and receive a copy and/or tell us where to send a copy of PHI that may be used to make decisions about your care or payment for your care, including information kept in an electronic health record.
- b. *Right to Amend.* If you feel that PHI that we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is maintained by or for us. You must tell us the reason for your request. We may deny your request for an amendment to your record. We may do this if your request is not in writing or does not include a reason to support the request. We also may deny your request if you ask us to amend information that:

- we did not create;
- is not part of the records used to make decisions about you;
- is not part of the information which you are permitted to inspect and/or receive a copy of; or
- is excluded from coverage under the law.

- c. *Right to an Accounting of Disclosures.* You have the right to receive an accounting of disclosures of your PHI that we made for the purposes listed below:

