
CITY OF SPOKANE
SUMMARY OF PRIVACY PRACTICES

Summary of Privacy Practices

This Summary of Privacy Practices summarizes how medical information about you may be used and disclosed by the CITY OF SPOKANE or others in the administration of your claims, and certain rights that you have. For a complete, detailed description of all privacy practices, as well as your legal rights, please see the full version of the HIPAA Notice for the City of Spokane by accessing the intranet:

SharePoint
(click on) Human Resources
(click on) Employee Benefits
(click on) Notice of Privacy Practices

You may also obtain at the following website: www.cityofspokanebenefits.com/

(see page two for website navigation instruction)

Our Pledge Regarding Medical Information

We are committed to protecting your personal health information. We are required by law to (1) make sure that any medical information that identifies you is kept private; (2) provide you with certain rights with respect to your medical information; (3) give you a notice of our legal duties and privacy practices; and (4) follow all privacy practices and procedures currently in effect.

How We May Use and Disclose Medical Information About You

We may use and disclose your personal health information without your permission to facilitate your medical treatment, for payment for any medical treatments, and for any other health care operation. We will disclose your medical information to employees of the City of Spokane for plan administration functions; but those employees may not share your information for employment-related purposes. We may also use and disclose your personal health information without your permission as allowed or required by law. Otherwise, we must obtain your written authorization for any other use and disclosure of your medical information. We cannot retaliate against you if you refuse to sign an authorization or revoke an authorization you had previously given.

Your Rights Regarding Your Medical Information

You have the right to inspect and copy your medical information, to request corrections of your medical information and to obtain an accounting of certain disclosures of your medical information. You also have the right to request that additional restrictions or limitations be placed on the use or disclosure of your medical information, or that communications about your medical information be made in different ways or at different locations.

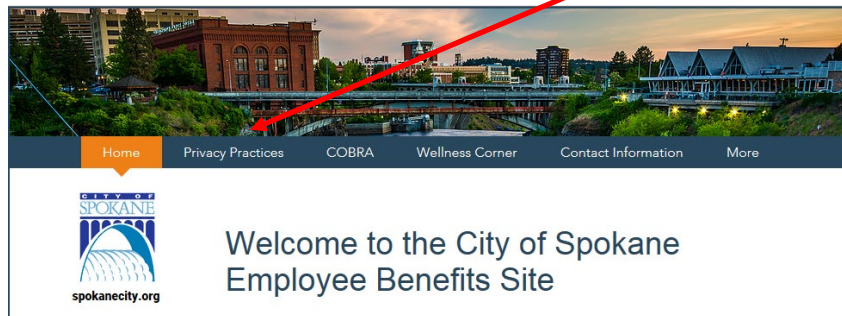
How to File Complaints

If you believe your privacy rights have been violated, you have the right to file a complaint with us or with the Office for Civil Rights. We will not retaliate against you for making a complaint.

Go to: <https://www.cityofspokanebenefits.com/>

Login using password citspo (lower case)

Click on “Privacy Practices”



Click on “Notice of Privacy Practices”