220 UNITY STREET * BELLINGHAM, WA 98225
1616 CORNWALL AVENUE * BELLINGHAM, WA 98225
1500 NORTH STATE STREET * BELLINGHAM, WA 98225
6060 PORTAL WAY * FERNDALE, WA 98248

NOTICE OF PRIVACY PRACTICES

This notice describes how health information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

Unity Care NW respects your privacy and we understand that your personal health information is very sensitive. We will not use or disclose your information to others without your authorization, except as described in this Notice of Privacy Practices or required by law.

The law protects the privacy of the health information we create and obtain in providing our care and services to you. For example, your protected health information includes symptoms, test results, diagnoses, treatment, health information from other providers, and billing and payment information relating to these services.

Your Privacy Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your health record

- You can ask to see or get an electronic or paper copy of your health record and other health information we have about you. Ask us how to do this.

We will provide a copy or a summary of your health information, usually within 15 days of your request. We may charge a reasonable, cost-based fee. UCNW may waive this fee for patients who demonstrate financial need.

Ask us to send an electronic or paper copy of your health record to a third party

- You can ask us to send an electronic or paper copy of your health record and other health information we have about you to another party, such as a doctor or an attorney. Ask us how to do this.

Ask us to correct your health record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- 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 health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or 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 health care operations, and certain other disclosures (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.

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.

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 this authority and can act for you before we take any action

If you are under 18, you have the right to get certain services at Unity Care NW without parental involvement or consent. *

- Sexually transmitted diseases (age 14+)
- Birth control services (any age)
- Mental health services (age 13+)

- Substance abuse services (age 13+)

If you have any questions, we encourage you to talk to your health care provider.

*See Revised Code of Washington: RCW 70.24.110; RCW 9.02.100(1); RCW 71.34.530; RCW 70.96A.230

Use and Disclosure of Substance Use Disorder Records Subject to 42 CFR Part 2
If applicable, your substance use disorder ("SUD") records are protected by federal law under 42 C.F.R. Part 2 ("Part 2"). This law provides additional confidentiality protections for SUD records and may require your explicit written consent for certain uses and disclosures.

Disclosure of SUD records subject to Part 2 generally requires your written consent, except in limited circumstances permitted by law, including but not limited to:

- Medical emergencies, to the extent necessary to treat you
- Reporting crimes on program premises
- Reporting suspected child abuse or neglect to appropriate state or local authorities
- Certain fundraising communications, for which you will be provided an opportunity to opt out

Each disclosure made with your consent must include either a copy of the consent or a clear explanation of the scope of the consent and must be accompanied by a written notice containing the language required by 42 C.F.R. § 2.32(a).

If SUD records subject to Part 2 are disclosed to us or our business associates for treatment, payment, or healthcare operations, such information may be further used or disclosed without your written consent to the extent permitted by HIPAA and consistent with the limitations described in this Notice.

Prohibition on Redisclosure of Part 2 Records
Substance use disorder records subject to 42 C.F.R. Part 2, or testimony relaying the content of such records, may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless permitted by your written consent or a valid court order issued in accordance with applicable law.

A court order authorizing disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before such records are used or disclosed.

File a complaint if you feel your rights are violated
- You can complain if you feel we have violated your rights by contacting the Privacy Officer at the address at the end of this notice or by calling 360-788-2663.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/hipaa/filing-a-complaint/index.html**
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.
In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a facility directory, if applicable

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 in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:
- Marketing purposes other than with insurance plans offering you information about coverage.
- Sale of your information
- Most sharing of mental health records, substance abuse records, and records related to sexually transmitted diseases.

In the case of fundraising:
- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?
We typically use or share your health information in the following ways:

Treat you
We can use your health information and share it with other professionals who are treating you.
Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization
We can use and share your health information to run our practice, improve your care, and contact you when necessary. This may include phone calls and text messages to phone numbers you provide, emails, and mail through the US Postal Service.
Example: We use health information about you to manage your treatment and services, remind you about upcoming appointments, and offer you services related to your care at UCNW.

Bill for your services
We can use and share your health information to bill and get payment from health plans or other entities.
Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

Help with public health and safety issues
We can share health information about you for certain situations such as:
- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research
We can use or share your information for health research.

Comply with the law
We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests
We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director
We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests
We can use or share health information about you:
- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions
We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Other
Unity Care NW (UCNW) is part of an organized health care arrangement including participants in the Oregon Community Health Information Network (OCHIN). A current list of OCHIN participants is available at http://www.community-health.org/partners.html. As a business associate of UCNW, OCHIN supplies information technology and related services to UCNW and other OCHIN participants. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and assess clinical benefits that may be derived from the use of electronic health record systems. OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your health information may be shared by UCNW with other OCHIN participants when necessary for health care operations purposes of the organized health care arrangement.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- 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.

For more information, see: https://www.hhs.gov/hipaa/for-individuals/index.html

Mobile Phone Texting Terms of Use

Unity Care Northwest uses text messaging to communicate with patients for purposes such as appointment reminders, billing notifications, and care coordination. You are not required to opt in as a condition of receiving care. Participation is voluntary. However, opting out may prevent us from sending you timely updates regarding your care.

We collect mobile phone numbers to communicate with patients via SMS and/or RCS text messages for purposes such as appointment reminders, billing notifications, and care coordination. Your privacy is a priority. Your mobile number will not be sold or shared with third parties or affiliates for marketing or promotional purposes. We will not use your number for unrelated marketing without your express written consent.

In addition:

- Message frequency may vary
- Message and data rates may apply
- Carriers are not liable for delayed or undelivered messages.
- Text messages sent via SMS and RCS channels are not fully secure and may not be HIPAA-compliant; however, we take reasonable precautions to safeguard your privacy by restricting the content of these messages to non-sensitive notifications. Any messages containing detailed Protected Health Information (PHI) will be sent via a separate, secure messaging channel.
- You may opt out of receiving text messages at any time by replying "STOP." You will receive a final confirmation text to verify you have opted out. No further messages will be sent. If you would like to rejoin, you can authorize us to restart by texting "START."
- For help, reply “HELP” or contact us at 360-676-6177 and/or [patient support email e.g. support@example.com].

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site at **www.UnityCareNW.org**

EFFECTIVE DATE: 06/22/2026

CONTACT INFORMATION:

Privacy Officer
Unity Care NW
1616 Cornwall Avenue, Suite 205
Bellingham, WA 98225
(360) 788-2663

ATTENTION: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 360-676-6177 (TTY: 711) or speak to your provider.