



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Pioneer Family Practice is committed to protecting the privacy and security of your health information. This Notice of Privacy Practices explains how we may use and disclose your protected health information (PHI) in accordance with the Health Insurance Portability and Accountability Act (HIPAA) and other applicable federal and state laws.

PIONEER FAMILY PRACTICE'S RESPONSIBILITIES

We are required by law to maintain the privacy and security of your protected health information and to provide you with this notice explaining our legal duties and privacy practices.

We are required to:

- Maintain the privacy and security of your health information
- Follow the terms of this notice currently in effect
- Notify you if a breach occurs that may compromise your information
- Comply with applicable federal and state privacy laws, including HIPAA

For more information see: [Notice of Privacy Practices | HHS.gov](#)

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Treatment: To provide, coordinate, or manage your medical care with other healthcare providers.

Payment: To bill and receive payment for the services you receive, including submitting claims to your insurance company.

Healthcare Operations: To operate our practice, including quality improvement, staff training, licensing, accreditation, and administrative activities.

Communication: We may contact you by phone, voicemail, mail, text message, or secure patient portal regarding appointments, healthcare information, or billing.

Use of Technology and Telehealth: Pioneer Family Practice may use electronic systems such as electronic health records, telehealth services, and secure patient portals to support patient care and clinic operations. These systems include safeguards designed to protect your health information in accordance with HIPAA and applicable federal and state laws.

Individuals Involved in Your Care: With your permission, we may share information with family members or others involved in your care.

Business Associates: We may share your health information with third-party service providers who assist us in operating our practice, such as billing companies, electronic health record vendors, or IT providers. These organizations are required by law to protect your health information.

Other Uses Required or Permitted by Law: We may disclose health information when required or permitted by law, including for public health reporting, abuse or neglect investigations, law enforcement requests, health oversight activities, or to prevent serious threats to health or safety.

Notice of Privacy and Practices: Continued

Special Privacy Protections: Some health information, including mental health records, substance use disorder treatment records, HIV/AIDS status, genetic information, or other sensitive health information, may have additional protections under federal or state law.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the right to:

- Request access to or copies of your medical records
 - Request corrections to your medical records
 - Request restrictions on certain uses or disclosures of your information
 - Request confidential communications
 - Receive a list of certain disclosures of your health information
 - Request a paper copy of this Notice of Privacy Practices at any time
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PHOTOGRAPHY AND SECURITY CAMERAS

Security cameras may be used in public areas of the clinic to help maintain safety and security. Cameras are not used in private areas such as examination rooms or restrooms. Patients and visitors should not take photographs, videos, or recordings within the clinic without permission.

BREACH NOTIFICATION

If a breach occurs that compromises the privacy or security of your protected health information, we will notify you as required by HIPAA and applicable federal and state laws.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice of Privacy Practices. Any changes will apply to all information we maintain. The updated notice will be available in our office and upon request.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Pioneer Family Practice or with the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

CONTACT INFORMATION

If you have questions about this notice or wish to exercise your rights, please contact:

Pioneer Family Practice, PLLC
5130 Corporate Center Ct SE
Lacey, WA 98503-5957
Phone: (360) 413-8600
Fax: (360) 413-8822