

**Rebel Med NW Privacy Policy**  
**5401 Leary Ave NW STE 202, Seattle, WA 98107**

**Privacy Policy**

Patient confidentiality is of primary concern at Rebel Med Northwest. Rebel Med Northwest is required by law to maintain the privacy of your health information, to provide you with a notice of its legal duties and privacy practices, and to follow the information practices that are described in this notice. This notice explains how your health information may be used and/or disclosed, and you have a right to request and receive a paper copy of this notice.

Your records will never be released to any recipient without a formal, signed request from you or your designated legal representative. All of our staff will treat your records as confidential information. Rebel Med Northwest will not use or disclose your health information except as disclosed in this notice.

We will use your health information to provide treatment to you. For example, nurses, physicians or other members of your healthcare team will record information in your record and use that information: to determine a course of treatment, tests, therapies, and medications; to carry out treatment and to understand and evaluate your response to treatment. We may also disclose your health information to people who may be involved in your medical care after you leave Rebel Med Northwest, such as family members and other health-care providers.

We will use your health information for payment. For example, a bill may be sent to you or your insurance company. The information on or accompanying the bill may include information that identifies you, your diagnosis, dates of service, procedures, and supplies used.

We may also use or disclose your health information without your consent to meet special reporting requirements, to facilitate continuity of care, or for public-health reasons. Some examples include; the Food and Drug Administration to report adverse events, reports on communicable diseases, reports to employers for work-related illness or injuries, reports on abuse, neglect or domestic violence, to avert a serious threat to health or safety or to prevent serious harm to an individual, as required by law, or in response to a subpoena or court order.

**Special Authorizations**

Federal and state laws that provide special protections for certain kinds of personal health information (such as information about sexually transmitted and other communicable diseases, drug and alcohol abuse, certain mental-health services) call for specific authorizations from you to disclose information. When your personal health information falls under these special protections, we will secure the required authorizations from you to comply with those laws.

**Your Rights**

You have individual rights over the use and disclosure of your personal health information, including the rights listed below.

Receive confidential communications: You have the right to receive confidential communication by alternative means or locations. This includes an alternative mailing address or e-mail address.

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Inspect and copy: You have the right to request, in writing, access to or a copy of your health information.

Request corrections: You have the right to request, in writing, that we correct information in your record that you believe is incorrect or add information that you believe is missing.

Know about disclosures: You have the right to request and receive a list of instances where we have disclosed information for reasons other than treatment, payment or related administrative purposes.

Our Mission at Rebel Med Northwest is to provide our patients with high quality personalized medical care. Patient confidentiality is an essential part of our overall dedication to patient care and customer service. If you have any questions or concerns, we will do our very best to address them. Please feel free to contact our office manager.

It is our privilege to care for you and your family, and we appreciate your trust and support.

**Acknowledgment of Privacy Practices:**

**By clicking the checkmark, I acknowledge I have read the above information. By signing electronically, I hereby acknowledge and understand the privacy policies available to me or if applicable as guardianship/parent of child/adult.**