



MultiCare 

Notice of Privacy Practices
Conditions for Treatment
Financial Disclosures
Patient's Rights Materials
Financial Assistance

Quick reference guide and frequently asked questions

Q. Do you want to schedule an appointment, connect with your provider or review your bill online?

A. Consider signing up for MyChart. Ask at registration for a link to be emailed to you or visit multicare.org/mychart.

Q. Do you need help signing up for health insurance or understanding your insurance options?

A. Contact MultiCare's Patient Financial Navigation Team at 833-936-0515.

Q. Do you need more information about financial assistance or to see if you qualify?

A. See pages 32-33

Q. Do you need copies of your own medical records?

A. See page 15

Q. Do you have a care concern?

A. See page 15

Q. Do you have a privacy concern?

A. See page 16

Q. Do you have questions about your bill or need to update your insurance?

A. See pages 18-21

Q. Do you have questions regarding how your claim was processed?

A. Please contact your insurance. Common reasons for denials include: the service was not covered by your plan; your insurance needs coordination of benefits or accident information; you were not covered by your plan at the time of service.

Collecting new patient information

To meet Washington State Department of Health requirements and to provide equitable care to all our patients, MultiCare Health System will ask questions that may be new to you.

You are not required to answer these questions.

While reporting demographic data to the state is mandatory for hospitals, patient participation is voluntary.

You get to decide: It's up to you whether you answer these questions. We must ask these questions to be compliant with Washington state law (HB 1272), but you are not required to answer them. For questions you do not wish to answer, you can reply with a decline/pass answer. Your answers are voluntary.

We want everyone to feel safe answering questions and declining to answer questions.

Why we ask: Your answers to these questions will assist in identifying and addressing health disparities in Washington state.

If you believe Washington State's Engrossed Second Substitute House Bill (E2SHB) 1272 (WAC 246-455-025) violates your rights or you have specific questions regarding this law, please contact your legislative representative or Washington State Department of Health at CHARSGeneral@doh.wa.gov.

If you believe MultiCare is noncompliant with this law or your rights have been violated at MultiCare due to discriminatory action or bias, please contact MultiCare's Privacy and Civil Rights Office at compliance@multicare.org or 866-264-6121.

Below are some questions you will be asked during scheduling/registration:

What is your legal sex? Female – Male – Gender X – Unknown

What was your sex at birth? Female – Intersex – Male - Unknown

What is your gender identity?

Agender	Female	Non-binary
Bigender	Gender Fluid	Transgender Female/Male to Female
Chose not to disclose	Gender not listed	Transgender Male/Female to Male
Cis or Cisgender	Genderqueer	Two Spirit
Demiboy	Male	Woman or Feminine/Femme
Demigirl	Man or Masculine/Masc	Unknown



Notice of language availability | Free interpreter services: If you speak a language other than English, MultiCare offers interpreter services at no cost to you. To learn more about this free service, scan the QR code or visit [multicare.org/interpreter](https://www.multicare.org/interpreter).

What pronouns do you use?

He/Him/His	She/Her/Hers	They/Them/Theirs
Name as pronoun	Unknown	Any/all
Choose not to disclose	Not listed	

What is your race?

Afghan	Guamanian or Chamorro	Nepalese
Afro-Caribbean	Hmong	North African
Afghan	Indian	Oromo
Afro-Caribbean	Indigenous-Latino/a or	Other race
Alaskan Native	Indigenous-Latinx	Pacific Islander
American Indian	Indonesian	Pakistani
Arab	Iranian	Patient declined to answer
Asian	Iraqi	Puerto Rican
Bamar/Burman/Burmese	Japanese	Romanian/Rumanian
Bangladeshi	Jordanian	Russian
Bhutanese	Karen	Samoa
Black or African American	Kenyan	Saudi Arabian
Central American	Khmer/Cambodian	Somali
Cham	Korean	South African
Chicano/a or Chicanx	Kuwaiti	South American
Chinese	Lao	Syrian
Congolese	Lebanese	Taiwanese
Cuban	Malaysian	Thai
Dominican	Marshallese	Tongan
Egyptian	Mestizo	Ugandan
Eritrean	Mexican/Mexican American	Ukrainian
Ethiopian	Middle Eastern	Unknown to patient
Fijian	Mien	Vietnamese
Filipino	Moroccan	White or Caucasian
First Nations	Native Hawaiian	Yemeni

Hispanic ethnicity?

No – Non Hispanic	Unknown to patient	Yes – Mexican, Mexican
Patient declines to answer	Yes – Another Hispanic, Latino or Spanish origin	American, Chicano/a
Unable to collect information	Yes, Cuban	Yes – Puerto Rican

What is your language?

Aguacateco	Hmong	Other communication method
Amharic	Hungarian	
Arabic	Ilocano	Pashto
Armenian	Italian	Patient declined to respond
Awakatek	Japanese	Polish
Bangla	Kanjobal	Portuguese
Bengali	Karen	Portuguese (Brazilian)
Bosnian	Khmer/Cambodian	Punjabi
Braille	K'iche'	Romanian/Rumanian
Bulgarian	Kinyarwanda	Russian
Burmese	Korean	Salish
Cantonese	Kosraean	Samoan
Chalchiteco	Kurdish	Sign Languages
Chamorro	Kurindi (Rundi)	Somali
Chuukese	Lakota Sioux	Spanish/Castilian
Creole	Lao	Swahili/Kiswahili
Czechoslovakian	Lingala	Swedish
Dari	Lithuanian	Tactile
Dutch	Malay	Tagalog
English	Mam	Tamil
Farsi (Persian)	Mandarin	Telugu
Fijian	Marathi	Thai
Filipino/Pilipino	Marshallese	Tigrinya
Finnish	Mienh	Tongan
Flemish	Mixteco	Trique
French	Moldovan	Turkish
German	Nahuatl	Ukrainian
Greek	Nepali	Urdu
Gujarati	Norwegian	Vietnamese
Haitian Creole	Oromo	Yakama
Hebrew	Other	Zapotec
Hindi		

Disabilities?

Brain Injury	Mental Health Disability	Patient declined to respond
Chronic Medical Condition	Neurocognitive Disability	Physical Disability
Developmental Disability	Not applicable	Unknown
Hearing Impaired	(no disability or condition)	Vision Impaired
Intellectual Disability	Not listed	Wheelchair

Acknowledgment of conditions for treatment and financial disclosures

The undersigned Patient and/or Patient's Representative hereby acknowledges receipt of MultiCare Health System's Handout entitled "Notice of Privacy Practices, Conditions for Treatment, Financial Disclosures, Patient's Right Materials, Financial Assistance," Version 87-9158-0L (Rev. 2/26), referenced here as the Handout.

Consent for care: I agree to care and treatment by MultiCare Health System ("MultiCare") that may include examinations, tests, imaging studies, labs, anesthesia, and medical or surgical treatments provided by both MultiCare employed and MultiCare affiliated physicians, surgeons and other licensed independent practitioners involved in my care. Care may be delivered via secured audio video platforms or secure, asynchronous internet-enabled platforms. Additional documents and consent forms may be required for specific procedures. I understand I have the right to ask questions about my care at any time, and to be involved in my care decisions.

Notice to maternity patients: My authorization for my care and the care of my baby will apply to care I receive today as well as future care related to my present pregnancy, up to and including my delivery and stabilization services thereafter.

Risks of treatment – no guarantee of results or cure: No promise or guarantee of results or cure has been made to me. I know there are risks related to surgical, medical, or diagnostic procedure(s). These risks include, but are not limited to the potential for infection, blood clots in veins and lungs, bleeding, allergic reactions, and death.

Photographs for treatment, diagnosis, and/or identification: For diagnosis and treatment purposes, I allow images such as photographs to be taken and used. This includes video and electronic monitoring or recording methods. These images may be used to add to written information about my illness or injury. Some images are used once and immediately discarded when no longer needed. Others may be kept as part of my medical record, at the option of my treatment providers. Photographs of me may also be taken for identification purposes.

Video and audio recording for security and safety purposes: MultiCare performs audio/video recording in all public areas to protect the security and safety of patients and employees. Security personnel may audio/video record in patient care areas when responding to an active security event. Security will advise they are audio/video recording unless emergency circumstances prevent them from doing so. Release of recordings for security and safety purposes will only be allowed with a lawful court order.

Images or recordings of health care providers: I understand I must obtain the permission of all health care provider(s) and any other individuals present before I can take photographs or video of any members of my care team. I also understand I cannot record conversations by any means without first obtaining the permission of all persons being recorded. At no time may I take photos or recordings of other patients or their information.

Non-employed physicians and providers: I understand there are physicians or other licensed providers who practice at MultiCare who are not employed by MultiCare.

These individuals are independent providers and are not employees or agents of MultiCare. These include, but are not limited to: anesthesiologists, radiologists, emergency medicine, pathologists, hospitalists/internists, neonatologists, and PICU physicians. It also includes MultiCare Hospital (Allenmore, Auburn, Capital, Covington, Deaconess, Good Samaritan, Navos, Tacoma General, Valley, and Yakima Memorial) emergency department physicians and providers, as well as some telehealth providers. I understand these providers use their own independent judgment in their medical care and treatment. MultiCare does not control the medical care and treatment given by these providers. I understand that MultiCare has provided me with a list of all independent providers or groups who provide care to me, together with their contact information within this handout (Understanding Your Bill section). I understand that I may receive separate bills for services provided by those parties.

Financial agreements: I agree to pay MultiCare for care at its regular rates and terms applicable to my care and any applicable health insurance coverage I have. I permit MultiCare to appeal any denial received from my insurance company. If a third party payer will not pay, I agree to pay for the services given, subject to any applicable contractual or governmental regulations. If a third party caused my injuries, I understand that MultiCare may file a medical services lien as permitted under RCW 60.44.010. (This lien attaches only to a portion of the proceeds of any settlement between me and the party that caused me harm.) If my bill is sent to a lawyer or collection agency, I will pay all reasonable attorneys' fees and costs, together with interest and any amounts otherwise found to be owing. Information about the estimated charges for health services is available upon request. I understand I have the right to request this information.

Notice of Interpreter Services: We provide all communications aids and services FREE OF CHARGE for both patients and their companions. I acknowledge that those services were reviewed and offered to me at the time of check-in.

Agents and contractors: Whenever "MultiCare" is referenced herein, that term is intended to include its employees, officers, agents, attorneys, first and third party liability and claims agents, third-party claims administrators and collection agencies, as well as their agents or employees, to receive any information that MultiCare would otherwise be entitled to receive.

Medicare: MultiCare's insurance and patient billing processes are consistent with the requirements established by CMS. If I am a Medicare participant, I understand that I need to pay for services that are not covered by the Medicare Program. This may include, but is not limited to, cosmetic surgery, dental care, take-home and "over the counter" medications, private duty nurses, services not medically needed, personal items, services covered by car or liability insurance, or where a third party is otherwise responsible for any accident or injury leading to my need for care, as well as any services not otherwise covered by Medicare. If I remain in the hospital at any time after it has been determined that Medicare-covered services are no longer medically necessary, I understand that I will be personally responsible for paying for such services after I am decertified as a Medicare-covered patient.

Co-insurance: There may be a co-insurance for care given related to my Medicare or other insurance benefits. I know I will need to pay a higher co-insurance for services provided by a hospital based clinic or department. If these services were given in a non-hospital based setting, my co-insurance would be lower.

Assignment of benefits; permission to allow MultiCare to determine, apply and obtain benefits, information and payment: I permit payment from insurance or other third-party payors to go to MultiCare directly. I permit MultiCare, in MultiCare's sole judgment, to determine, apply for and obtain benefits, and get paid from, any and/or all available payor sources until my bill is paid in full. I understand and agree that, to the extent necessary to receive payment or reimbursement for services provided at MultiCare, I authorize MultiCare to access any applicable accident reports, industrial injury (workers compensation) reports and/or police, fire or other first responder reports or investigations related to my treatment or injury, as well as any records of any claims, lawsuits, insurance claims or investigations that pertain to my medical care and treatment, or the circumstances leading to same, together with any applicable consumer and/or credit reports pertaining to me. I further authorize any applicable Federal, State or Local government or administrative agency to fully and completely release any and all of my records and/or incident information they have about me, pertaining to my care or the circumstances leading to my need for care, upon request by MultiCare.

MultiCare will review your record for potential eligibility to the PACE program; if you are found to be potentially eligible, a PACE team member will reach out to you to review the program.

Phone, email, text messaging authorizations: I grant permission and consent to MultiCare to contact me using any email addresses or phone numbers associated with me, including wireless (cell) numbers, for any purpose related to my care, including the availability of services at MultiCare. I also represent that I am the owner or a customary user of the phone number(s) provided and have authority to grant the permission and consent to contact described herein. This consent and permission includes (1) to leave answering machine and voicemail messages for me, and include in any such messages information required by law (including debt collection laws) and/or regarding amounts owed by me; (2) to send me text messages or emails using any email addresses or cellular device numbers; (3) to send me paperless billing by email or text notifications; (4) to use pre-recorded/artificial voice messages and (5) use of an automatic dialing device (an "auto dialer") in connection with any of these communications. I understand that I am not required to accept messages in these formats as a condition of receiving services at MultiCare. I understand that I have the option to "opt out" of receiving such emails or text messages, which I may exercise at any time by following the opt out option contained in the message or notifying MultiCare in writing to discontinue such communications using those pathways. I understand that opt out processes may take up to ten (10) business days to go into effect. Unless I have opted out, communications may continue after the expiration of this consent form.

Email containing protected health information; MyChart: I understand that exchanging email, text or other written communications with my health care provider(s) or other members of my care team can result in protected health information being disclosed to unauthorized persons, and that MultiCare cannot control who views such information when sent in unencrypted form. I understand that MultiCare offers "MyChart" to all patients, which provides a fully encrypted and protected pathway for communicating with most of its providers, although not all MultiCare providers choose to utilize MyChart. If I initiate or respond to communications using unencrypted pathways, I assume the risk that my information may be compromised, and I authorize MultiCare and its providers to communicate with me using that process, unless or until I choose to opt out of such communications pathways by notifying MultiCare in writing, allowing up to ten business days to implement any change in my communications pathways. We have the right to remove MyChart privileges for disruptive behavior.

Health care advance care directive/living will: I understand a health care directive, also called a Living Will, lets me choose if I want life-sustaining and other treatments in certain situations, and also lets me choose someone to make decisions on my behalf, if necessary. I understand that I have the right to create a health care directive.

Health care power of attorney: I understand I have the right to nominate another person or persons to make health care decisions for me if I cannot make decisions myself. I understand that I can nominate this person using a Durable Power of Attorney for Health Care (DPOAH) form. The person I nominate is known as a health care agent, attorney in fact, surrogate, or medical decision maker. Though neither form is required for treatment, I understand that providing MultiCare a copy of my health care directive and/or power of attorney will help my care team understand my wishes.

Mental health advance directive/power of attorney: I understand that I also have the right to complete a Mental Health Advance Directive to help my care team understand my wishes concerning mental health care and treatment. I also can complete a Mental Health Power of Attorney where I can nominate another person or persons to make mental health care decisions for me.

POLST: I understand that a POLST (Physician Orders for Life Sustaining Treatment) is a medical order that is used to communicate medical care decisions to health care providers and emergency responders. If I have completed a POLST with my doctor, I agree that providers can use this to guide my care plan.

More information and downloadable forms can be found at multicare.org/guide. If requested, I understand that the Handout is available in English, Spanish, Russian and Vietnamese.

This consent will remain valid for one year from the date of signature.

Dated this _____ day of _____, 20_____.

Patient Signature: _____
electronic signature will be entered here

MultiCare: I understand that MultiCare operates numerous hospitals, inpatient and outpatient clinics, urgent care centers and emergency departments, including neighborhood emergency departments, along with many laboratory and imaging sites, and telehealth services. For a complete list of all MultiCare locations, see multicare.org/locations. I understand that portions of my care may be rendered at more than one site or location, even when I do not move between facilities.

Release of information: MultiCare will use and disclose my information for the purposes of treatment and care, payment for health care services, for health care operations, and as outlined in our Notice of Privacy Practices. To review this document, visit multicare.org/patient-privacy.

Health care worker exposure/blood testing: I agree that if any health care worker (including police, fire or other first responder) is exposed to my blood or other body fluids, MultiCare may test my blood, tissue or other body fluid for communicable disease, such as hepatitis, HIV or syphilis, or other communicable diseases. I understand that any test result received because of such exposure may not appear in my medical record unless I am separately treated for any positive test results at a MultiCare facility. My test results may be shared with the exposed worker and/or their health care provider(s). I understand that a positive HIV or Hepatitis C Antibody test must be reported to the local Health Department. I understand that I may be contacted by MultiCare or others if my test is positive.

Supplemental information: I acknowledge that I have been provided and/or offered the following brochures or information, and I understand that additional copies are available upon request in hard copy and/or on the MultiCare website: [multicare.org](https://www.multicare.org). Many of MultiCare's forms are also translated into other languages, and I will ask if a translated version of any form is needed:

Patient rights & responsibilities: This brochure has important information about my rights and responsibilities as a patient. It includes MultiCare's procedures to resolve complaints.

Notice of privacy practices: This describes privacy rights and how MultiCare may use and share my personal health information, and how its participation in various Organized Health Care Arrangements and/or Clinically Integrated Networks or other Accountable Care Organizations may impact the use of my protected health information.

Financial assistance: MultiCare offers financial assistance based on an individual's ability to pay for medically necessary health care services.

To learn more about financial assistance options, call 833-936-0515, or visit [multicare.org/financial-assistance](https://www.multicare.org/financial-assistance).

Other: I may also be provided with other brochures or documents pertaining to my specific health conditions, now or at a later time. These may include communications that relate to my gender, age and generalized health condition, or that may relate to specific diagnoses, as well as general or specific information about programs or services offered by, or in conjunction with, MultiCare.

Victims of crime: Resources may be available to victims of crimes through Crime Victims Compensation Program (CVCP) to assist with the many costs associated with violent crime. For more information on medical treatment and counseling services, contact the CVCP at 800-762-3716 or visit lni.wa.gov/claims/crime-victim-claims.

Interpreting and translation services: If English is a second language for you, or your companion, and/or you or your companion are low-vision, deaf, deaf-blind, or hard of hearing and need the assistance of a translator or interpreter, please let us know and services will be provided free of charge.

Low vision/deaf/deaf-blind/hard-of-hearing services: To ensure effective communication with Patients and their Companions who are low vision, deaf, deaf-blind, or hard-of-hearing, we provide appropriate auxiliary aids and services free of charge to the Patient or Companion, including sign language and oral interpreters, video remote interpreting services, written materials, telephone handset amplifiers, assistive listening devices and systems, telephones compatible with hearing aids, televisions with caption capability or closed caption decoders, and open and closed captioning of most Hospital programs. Please ask your nurse or another medical provider for assistance or contact Interpreter Services at 888-210-3396 for Puget Sound, 855-593-0325 for Inland Northwest and 833-677-5786 for Yakima.

Discrimination and accessibility: MultiCare does not discriminate against any person on the basis of age, race, national origin, ethnicity, religion, culture, language, physical or mental disability, sex, sexual orientation, gender identity, citizenship, immigration status, military status, or any other basis prohibited by state or federal law for the purpose of care and treatment or participation in its programs, services, activities or employment. MultiCare provides reasonable accommodations, including free aids and services to people with disabilities to participate or communicate effectively with us. If you are concerned about discrimination at MultiCare, please contact us at:

Privacy & Civil Rights Office:

Phone: 866-264-6121

Email: compliance@multicare.org

To view our Compliance with the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973 and Section 1557 of the Patient Protection and Affordable Care Act policy, please visit multicare.org/nondiscrimination.

Student care providers: Under supervision of my health care team, I understand that medical residents, medical students, nursing students or other trainees may take part in my care and treatment.

Valuables: If I retain any valuables, such as wedding rings, jewelry, wristwatches, dentures, eyeglasses, hearing aids or other personal effects, instead of sending them home, MultiCare shall not be responsible for loss or damage to any personal property kept by me. I acknowledge that MultiCare recommends that I do not bring or keep valuables with me during my time at MultiCare facilities.

Disposal of removed tissue: I allow my physician or surgeon, and/or MultiCare, to decide whether to collect or dispose of any tissue removed during any examination, treatment or procedure(s).

Patient satisfaction surveys: I agree that MultiCare may contact me by phone, email or text message after my care or treatment to ask about my experience as a patient. I understand that MultiCare uses an independent agency to do this survey. I know I am not required to respond to the survey, and my participation (or not) in any survey will not impact any care that I receive.

Disruptive behavior: I understand that MultiCare has a “zero tolerance” policy for disruptive behavior, which includes any behavior that makes it difficult for the care team to provide services. Disruptive behavior includes making discriminatory, threatening, and rude remarks to the care team or other patients and visitors. This policy protects all patients, families, visitors and MultiCare employees and providers. I agree to report any disruptive behavior to my health care team and I will take all steps that I reasonably can to avoid participating in any disruptive behavior myself, or through any friends or family members. Individuals engaged in disruptive behavior may be precluded from calling, visiting or otherwise participating in my care.

Surrogate decision-makers: If I am unable to sign this acknowledgment myself, I understand that my statutory surrogate decision-maker(s) will sign this acknowledgment for me, unless my consent for treatment is otherwise implied under Washington law (i.e., due to a medical emergency). If this acknowledgment is signed by a surrogate, it shall have the same force and effect as if signed by me directly, at a time and under circumstances when I would otherwise have been deemed to be competent. I understand the importance of telling my potential surrogate decision-makers of my wishes through the use of health care advance directive forms or others means, as my health conditions change over time.

Patient rights and responsibilities



Patient rights by law

You have the right to:

- Be treated and cared for with dignity and respect
- Be free from any forms of restraint or seclusion used as a means of convenience, discipline, coercion or retaliation; and to have the least restrictive method of restraint or seclusion used only when necessary to ensure patient safety
- Confidentiality, privacy, security, complaint resolution, spiritual care and communication. If communication restrictions are necessary for patient care and safety, we will document and explain the restrictions to you and your family
- Be protected from abuse and neglect
 - Have access to protective services
- Complain about your care and treatment without fear of retribution or denial of care
- Timely complaint resolution
- Be involved in all aspects of your care, including:
 - Refusing care and treatment
 - Resolving problems with care decisions
- Information of unanticipated outcomes that will be provided to you or your family or any surrogate decision makers you have identified
- Be informed and agree to your care
- Family input in care decisions
- Have advance directives and for the hospital to respect and follow those directives
- Request no resuscitation or life-sustaining treatment
- End of life care
- Donate organs and other tissues with:
 - Medical staff input
 - Direction by family or surrogate decision makers
- To receive the visitors whom you designate, including, but not limited to, a spouse, a domestic partner, another family member or a friend, and the right to withdraw or deny such consent at any time. Visitors are not restricted on basis of race, color, national origin, religion, sex, gender identity, sexual orientation, disability or other prohibited classification
- A written statement of these patient rights. This notice is also available online at multicare.org

MultiCare has adopted and implemented policies and procedures:

- To identify patients who are potential organ and tissue donors
- To address research, investigation and clinical trials including:
 - How to authorize research if you choose to participate
 - Requiring staff to follow informed consent laws
 - Not hindering your access to care if you refuse to participate in research
- To ensure each patient (or support person, where appropriate):
 - Is informed of their patient right to visitation (see *Patient rights by law*)
 - Has the right, subject to their consent, to receive the visitors who they designate, including but not limited to, a spouse or domestic partner (including a same-sex spouse or domestic partner), another family member or a friend, and their right to withdraw or deny such consent at any time
 - Patients are informed of hospital and clinic restrictions to visitation based upon clinical and other criteria; i.e., infection prevention restrictions, behavioral restrictions, as applicable
- To not restrict, limit or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation or disability
- To ensure that all visitors enjoy full and equal visitation privileges consistent with patient preferences

Additional patient rights and ethics

You have the right to:

- An interpreter, free of charge
- Know about your condition and to be told about the results of care, including unexpected ones
- Effective communication that provides information in a manner you understand, that meets your needs in the event of vision, speech, hearing or cognitive impairment
- Pain management
- Understand the choices for treatment including alternatives (including no treatment), risks and benefits
- Obtain a second opinion
- Know the name and role of each person giving you care
- Know about your medications, any equipment used and community resources you might need
- Choose whether or not you would like to participate in treatment-related medical research studies. If you choose to participate in this type of study, you should have complete information about the study and sign a consent. If you choose not to participate, your medical care will not be negatively affected.
- Have your bill explained to you
- Obtain copies of your medical records. You may do so by going to multicare.org/medical-records or contacting the MultiCare Health Information Management Department (medical records) at:
 - MultiCare Puget Sound Hospitals and Physician Clinics: 855-673-2673
 - MultiCare Capital Medical Center: 360-706-6450
 - MultiCare Deaconess Hospital: 509-603-7421

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- MultiCare Valley Hospital: 509-603-5599
 - MultiCare Yakima Memorial Hospital: 509-746-3457
 - MultiCare Rockwood Clinic: 509-342-3955
 - Behavioral Health Network: MultiCare Behavioral Health 253-697-8530
Greater Lakes: 253-620-5150 | Navos: 206-257-6608

Concerns, complaints, grievances: If you have a concern or complaint regarding a potential violation of state or federal law at any MultiCare location, we want to talk with you. You may report this concern or file a complaint without fear of retribution or denial of care by:

- Notifying any staff member of your concern or complaint during your visit or stay
- Speaking with a manager directly about your concern or complaint
- Contacting Corporate Compliance or Privacy and Civil Rights Office
 - o Please call: 866-264-6121
 - o Email us at: compliance@multicare.org
 - o File a report online at: multicare.org.cqs.symplr.com/portal
 - o Write to us: MultiCare Health System, MS 820 CEP-2, PO Box 5299, Tacoma, WA 98415-0299
- Contacting us at one of the locations below

For MultiCare Puget Sound region hospitals and clinics:

- Please call: 253-403-1739
- Email us at: patientandfamilyrelations@multicare.org
- Write us at: MultiCare Health System
MS: 315-3C-CE • PO Box 5299, Tacoma, WA 98415-0299

For MultiCare Capital Medical Center:

- Please call: 253-403-1739
- Email us at: patientandfamilyrelations@multicare.org
- Write us at: MultiCare Capital Medical Center
3900 Capital Mall Drive SW, Olympia, WA 98502

For MultiCare Deaconess Hospital:

- Please call: 253-403-1739
- Email us at: patientandfamilyrelations@multicare.org
- Write us at: MultiCare Deaconess Hospital / Attn: Patient & Family Relations
800 W. 5th Avenue, Spokane, WA 99204

For MultiCare Valley Hospital:

- Please call: 253-403-1739
- Email us at: patientandfamilyrelations@multicare.org
- Write us at: MultiCare Valley Hospital / Attn: Patient & Family Relations
12606 E. Mission Avenue, Spokane Valley, WA 99216

For MultiCare Yakima Memorial Hospital:

- Please call: 253-403-1739
- Email us at: patientrelationsyakima@multicare.org
- Write us at: MultiCare Yakima Memorial Hospital / Attn: Patient & Family Relations
2811 Tieton Drive, Yakima, WA 98902

For MultiCare Rockwood Clinic:

- Please call: 253-403-1739
- Email us at: patientandfamilyrelations@multicare.org
- Write us at: MultiCare Valley Hospital / Attn: Patient & Family Relations
12606 E. Mission Avenue, Spokane Valley, WA 99216

When we receive your concern, we will send it to the appropriate leadership for review. This includes all concerns related to care received in the ambulatory setting and acute care setting.

If we are unable to immediately resolve your issue (process outlined below applies only to hospital settings and is NOT followed in ambulatory or clinic settings):

- We will provide written notice that a formal complaint has been opened within seven business days.
- We will provide a written closure letter within 30 business days.

The letter will contain:

- The basic steps taken to review your concerns
- Results of review
- Actions taken to resolve the issue

If we are unable to provide closure within 30 business days, written notice will be provided every 30 business days until we are able to review and resolve your concerns.

The letter will contain:

- The basic steps taken to review your concerns
- Results of review
- Actions taken to resolve the issue

You have the right to file a complaint with the Washington State Department of Health at 800-633-6828 or by writing WA DOH, Health Systems Quality Assurance, Complaint Intake, P.O. BOX 47857, Olympia, WA 98504.

- The complaint system for the state is available online at hsqacomplaintintake@doh.wa.gov or you may contact one of the following:
- Consumer Protection Agency.....**800-551-4636**
- Health Facilities and Services Licensing.....**800-633-6828**
- Medicaid Fraud Control Unit.....**360-586-8888**
- State Attorney General.....**360-753-6200**
- The Joint Commission**jointcommission.org or 800-994-6610**

In addition, you may contact Acentra at 888-305-6759 for quality of care issues, insurance coverage decisions or to appeal a premature discharge.

Patient responsibilities

- Let someone know if you don't understand what you are being told.
- Tell us everything you know about your health.
- Let someone know if there are changes in your condition.
- Participate in making decisions, following directions and accepting responsibility for your choices.
- Respect the rights and privacy of others.
- If you are unable to keep an appointment, let us know as soon as possible.
- Deal with your bill promptly and let the billing department know if you need to make special payment arrangements.
- Refer to Patient & Family Relations if you need more information or help.

Patients are also responsible for the following MultiCare Health System rules and regulations affecting patient care and conduct

- Patients may not smoke any substance (tobacco, marijuana or vaporized nicotine devices) or use any form of tobacco products on MultiCare campuses.
- Patients may not disturb other patients.
- Patients or family members may not interfere with care provided to other patients and the operations of MultiCare Health System.
- Patients may not conduct any illegal activities on the premises of MultiCare Health System.
- Patients must refrain from audio/video recording (including broadcasting or live streaming) other patients, employees, or visitors while on MultiCare Health System premises without specific consent.
- Patients are responsible for providing accurate personal identification information.
- Patients are responsible for being considerate of the rights of other patients and MultiCare Health System staff.
- Patients are responsible for informing their medical team if they have special needs.
- Patients are responsible for being respectful of the property of other persons and MultiCare Health System.
- Patients are responsible for letting their medical team know if they have complaints or concerns. Please report any complaints or concerns to a member of your health care team, who will then contact the appropriate staff. Complaints and concerns may also be reported to Patient & Family Relations.

Special rights of adolescents

In addition to the patient rights stated above, the law provides the following rights for adolescent patients:

- A minor patient 13 years or older may consent to outpatient treatment for mental health and substance abuse issues (drugs and alcohol).
- A minor patient 14 years or older may consent to outpatient treatment for sexually transmitted diseases.
- A minor patient, regardless of age, may consent to birth control or pregnancy-related care.
- Emancipated minors may consent for their own treatment.
- If you wish to be seen for diagnosis/treatment for one of the above conditions, tell the appointment scheduler when you make your appointment and your provider.

Special rights of adolescents – Idaho only

In Idaho, an unemancipated minor must obtain parental consent for any non-emergency or court-ordered physical or mental health condition, including reproductive health, sexually transmitted diseases and behavioral health treatment. Emergency care is care needed to prevent death or imminent, irreparable physical injury.

Understanding your bill

Health care billing is complicated. Although everyone is charged the same, different insurance plans may mean that patients are responsible for paying different amounts for the same service. This is why it's critical to give the right personal and insurance information to your health care provider. If you get follow-up questions from either your insurance plan or your healthcare provider, please respond as quickly as possible.

Questions and concerns about your hospital bill

Understanding your bill

- Please contact Billing Customer Service at 833-723-2491

Ways to pay your bill

- Online with a credit card in your secure MyChart account
- Online with a credit card using Pay as Guest
- Payment plan payments direct to CarePayment
- By mail or by phone



Payment plan

Financial concerns shouldn't stand in the way of receiving care when you need it. That's why MultiCare Health System provides zero-interest payment plans to those who need help paying their medical bills over time.

How do I enroll in a payment plan?

For short-term plans (fewer than 12 months), eligible patients can follow payment plan instructions next to your balance in MyChart or call 800-919-1936. For long-term plans (12 months or more), please contact our billing partner CarePayment or call 866-625-8532. Payment plans have a zero percent annual percentage rate (APR) and are not managed by a collection agency. An application is not required and there is no impact to your credit score. Additionally, as long as your account is in good standing, you may add approved MultiCare charges to your CarePayment account. All charges are then consolidated into one statement at zero percent APR.

If your account has gone to bad debt and you are getting a statement from them, please call them directly.

- AmeriCollect – 888-303-3634
- State Collections – 866-396-4884
- Credit Solutions – 877-246-2281

Financial assistance is available to those who qualify

- Visit multicare.org/financial-assistance for applications, instructions and additional information

See if you qualify for Medicaid or other public insurance programs

- Please contact our Patient Financial Navigation Team at 833-936-051

Hospital-based clinics: A number of our clinics and other facilities where you receive care are classified as hospital-based clinics. Patients may incur additional out-of-pocket expenses at a hospital-based clinic, because a clinical service at a hospital-based clinic may be billed as an outpatient hospital service — in addition to the bill for the professional service (i.e., the bill from your doctor).

MultiCare has taken steps to help patients know if they are getting care in a hospital-based clinic by displaying a poster in any location designated as a hospital-based clinic. You may also call the clinic before your visit to find out if they are a hospital-based clinic.

Know your rights under the Balance Billing Protection Act and the No Surprises Act Beginning Jan. 1, 2022, federal and Washington state laws protect you from 'surprise billing' or 'balance billing' if you receive emergency care or are treated at an in-network hospital or outpatient surgical facility

What is 'surprise billing' or 'balance billing' and when does it happen?

Under your health plan, you're responsible for certain cost-sharing amounts. This includes copayments, coinsurance and deductibles. You may have additional costs or be responsible for the entire bill if you see a provider or go to a facility that is not in your plan's provider network. Some providers and facilities have not signed a contract with your insurer. They are called 'out-of-network' providers or facilities. They can bill you the difference between what your insurer pays and the amount the provider or facility bills. This is called 'surprise billing' or 'balance billing.'

Insurers are required to tell you, via their websites or on request, which providers, hospitals and facilities are in their networks. And hospitals, surgical facilities and providers must tell you which provider networks they participate in on their website or on request.

When you CANNOT be balance billed:

Emergency services: The most you can be billed for emergency services is your plan's in-network cost-sharing amount even if you receive services at an out-of-network hospital or from an out-of-network provider that works at the hospital. The provider and facility cannot balance bill you for emergency services. This includes services you may get after you're in stable condition.

Certain services at an in-network hospital or outpatient surgical facility: When you receive surgery, anesthesia, pathology, radiology, laboratory or hospitalist services from an out-of-network provider while you are at an in-network hospital or outpatient surgical facility, the most you can be billed is your in-network cost-sharing amount.

These providers cannot balance bill you.

In situations when balance billing is not allowed, the following protections also apply:

- Your insurer will pay out-of-network providers and facilities directly. You are only responsible for paying your in-network cost-sharing.
- Your insurer must:
 - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
 - Base your cost-sharing responsibility on what it would pay an in-network provider or facility in your area and show that amount in your explanation of benefits.
 - Count any amount you pay for emergency services or certain out-of-network services (described above) toward your deductible and out-of-pocket limit.
- You're never required to give up your protections from balance billing.

If you receive services from an out-of-network provider, hospital or facility in any OTHER situation, you may still be balance billed, or you may be responsible for the entire bill.

This law does not apply to all health plans. If you get your health insurance from your employer, the law might not protect you. Be sure to check your plan documents or contact your insurer for more information.

If you believe you've been wrongly billed, you may file a complaint with the federal government at cms.gov/nosurprises/consumers or by calling 800-985-3059; and/or file a complaint with the Washington State Office of the Insurance Commissioner at insurance.wa.gov or by calling 800-562-6900.

Visit cms.gov/nosurprises or the Office of the Insurance Commissioner Balance Billing Protection Act website for more information.

Questions about bills from other providers: During your stay you may receive services from physicians or other health care professionals with whom MultiCare has contracted to provide services. You should check with your health plan to make sure you are in-network for both the facility and the providers who may be listed below. If you receive a bill from any of these groups and have questions about that bill, you may contact them at the telephone numbers listed or MultiCare at 833-723-2491.

EMERGENCY PHYSICIANS

- Auburn:** Cascade Emergency Physicians 844-266-2116
- Capital Medical Center:** Olympia Emergency Care Physicians..... 877-493-9470
- Deaconess, Valley:** Spokane Emergency Care Physicians 866-605-1732
- Good Samaritan:** Mt. Rainier Emergency Physicians
 Visits after Nov. 1, 2024 - Billing by Ventra Health... 253-993-4849 or 833-922-1080
- Good Samaritan, Yakima - Obstetrics:** OB Hospitalist Group 888-442-8454
- Neighborhood Emergency Departments:** Western Washington Emergency Physicians
 Billing by Ventra Health..... 253-993-4849 or 833-922-1080
- Covington (Tacoma Emergency Care Physicians only), Tacoma General, Allenmore:**
 Tacoma Emergency Care Physicians 855-736-2699
 Cascade Trauma and Acute Care Services (CTACS) 866-282-7905
a subsidiary of Washington Emergency Care Physicians (WECP)

IMAGING/RADIOLOGY READS

- Auburn:** Vantage Radiology 253-661-1700
 Washington Nuclear Medicine LLC..... 206-963-5339
- Capital Medical Center:** Radia 888-927-8023
 Rad Partners 516-622-0076
 TRA..... 888-350-2006
- Deaconess, Valley, Rockwood:** Radia 425-563-1500
- Covington:** Vantage Radiology..... 253-661-1700
- Tacoma General, Mary Bridge, Good Samaritan, Allenmore:**
 TRA Medical Imaging 866-350-2006
- Yakima:** Valley Radiology 509-248-6633
 Radiation Billing Solutions..... 877-839-9517

AMBULANCES

Dial 911 in case of emergency - these numbers are for billing only

Allenmore, Auburn, Covington, Good Samaritan, Mary Bridge, Tacoma General:

Northwest Ambulance	425-551-8885 or 425-328-7651
Olympic Ambulance	360-377-7777
Airlift Northwest.....	866-245-4372

Capital Medical Center:

Olympic Ambulance/Systems Design West.....	844-355-2333
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Capital Medical Center:

American Medical Response (AMR)	800-913-9106
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Deaconess, Valley:

Advanced Life Systems, Inc.....	509-574-8444
American Medical Response (AMR) - Emergent Cases	800-913-9106

Yakima Memorial Hospital:

Advanced Life Systems, Inc.....	509-574-8444
LifeFlight.....	866-883-9998

ANESTHESIA GROUP

Allenmore, Gig Harbor, Mary Bridge, Tacoma General:

Tacoma Anesthesia Associates.....	253-274-1642
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Deaconess, Valley: Anesthesia Associates..... 509-289-4432

Auburn, Covington, Good Samaritan:

Rainier Anesthesia Associates.....	800-693-3396
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HOSPITALIST SERVICES

Allenmore, Auburn, Covington, Good Samaritan, Tacoma General:

Sound Physicians	866-765-0513
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Deaconess, Valley: Rockwood Hospitalist..... 509-342-3600

OTHER MULTICARE PHYSICIANS

Allenmore, Auburn, Covington, Good Samaritan, Mary Bridge, Tacoma General:

MultiCare Medical Partners.....	833-723-2491
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PATHOLOGIST

Allenmore, Auburn, Covington, Good Samaritan, Mary Bridge, Tacoma General:

Western Washington Pathology.....	877-433-8003
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Auburn, Covington

Incyte.....	(509) 892-2701 or (509) 508-4519
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Capital Medical Center, Deaconess & Valley: Cellnetix..... 877-340-5884

NEONATAL INTENSIVE CARE – Auburn, Deaconess, Good Samaritan, Tacoma

General, Valley: Pediatrix Medical Group 866-315-4058

PEDIATRIC INTENSIVE CARE – Mary Bridge Children's only:

Pediatrix Medical Group	866-315-4058
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DURABLE MEDICAL EQUIPMENT – Auburn: Breg (DME)..... 800-254-0072

INDIGO ONLINE CUSTOMER SUPPORT..... 208-953-1998

SOC TELEMED (TELE-PHYSICIANS, P.C.)..... 571-371-9206

OTHER SERVICES

Yakima Area: LabCorp..... 888-522-2677

Interpath.....	866-289-4093
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MedNax.....	844-678-9580
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Notice of privacy practices

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. This notice also describes your rights and some obligations MultiCare has regarding the use and disclosure of your health information. **Please read it carefully.**

For purposes of this Notice, “MultiCare” or “we” means MultiCare Health System, including MultiCare Connected Care, Pulse Heart Institute, members of the MultiCare Behavioral Health Network: Greater Lakes Mental Healthcare and Navos, and other then-current affiliates.

MultiCare’s pledge and responsibilities regarding your protected health information

We understand that information about you and your medical and behavioral health is personal. We are committed to protecting health information about you and are required under federal and state law to take steps to protect this information. Under federal privacy laws, this information is called “protected health information.” Protected health information includes certain information we have created or received that identifies you, including information regarding your health or payment for your health at a MultiCare facility, whether by hospital personnel, your personal doctor or other practitioners involved in your health care. It includes your medical records and personal information such as your name, Social Security number, address and phone number.

- 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: [Notice of Privacy Practices | HHS.gov](#)

Who will follow this notice

This Notice describes the practices of MultiCare and that of:

- Any health care professional authorized to enter information into your medical record at any MultiCare facility
- All departments and units of MultiCare
- Any member of a volunteer group we allow to help you while you are at a MultiCare facility
- All MultiCare employees and personnel including contracted or agency staff.

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- MultiCare Connected Care workforce members
 - Other health care providers who have agreed to follow and abide by the terms described below

Joint notice of privacy practices

In addition to those persons identified above, a number of other independent practitioners have agreed with MultiCare to follow this Notice as a joint privacy practices notice in accordance with federal privacy laws related to care delivered at MultiCare facilities, including the members of the medical staffs of MultiCare Allenmore Hospital, MultiCare Auburn Medical Center, MultiCare Capital Medical Center, MultiCare Covington Medical Center, MultiCare Deaconess Hospital, MultiCare Good Samaritan Hospital, MultiCare Mary Bridge Children's Hospital, MultiCare Tacoma General Hospital, MultiCare Valley Hospital, MultiCare Yakima Memorial Hospital, Behavioral Health Network facilities and all wholly owned and controlled administrative and ambulatory locations and services.

The independent practitioners that have agreed to follow this Notice may access your health information where there is a legitimate need to do so for treatment, payment and health care operations purposes related to the joint care setting at MultiCare facilities. The independent practitioners that have agreed to follow this joint notice likely will have separate Notice of Privacy Practices for care delivered at non-MultiCare facilities (e.g., a physician's office). You are encouraged to request information from a non-MultiCare practitioner about any separate Notice of Privacy Practices followed by that practitioner at non-MultiCare offices or facilities.

MultiCare Connected Care Network

MultiCare is part of the MultiCare Connected Care Network, which is an organized health care arrangement (OHCA) under the Health Insurance Portability and Accountability Act (HIPAA). An OHCA is an arrangement that allows MultiCare entities to share health information about our patients and/or plan members to promote the joint operations of the participating entities. The entities covered by this notice have formed an OHCA and share health information with each other for the treatment, payment and health care operations of the OHCA.



Greater Lakes
MENTAL HEALTHCARE
A MEMBER OF THE MULTICARE BEHAVIORAL HEALTH NETWORK



Others who may access or use your health information

MultiCare participates in health information exchange (HIE) and Qualified Health Information Networks (QHIN), such as Trusted Exchange Framework and Common Agreement (TEFCA), to facilitate the secure exchange of your electronic health information regarding your treatment between and among other health care providers or health care entities including but not limited to: Emergency Department Optimization

(EDO), Virtual Lifetime Electronic Record (VLER - DoD/VA), or CareEverywhere and the Trusted Exchange Framework and Common Agreement (TEFCA). MultiCare also provides connectivity to its electronic health record to independent community health care providers. As a condition of such access, each of these providers agrees to using information on a “need to know” basis and to comply with state and federal laws related to privacy and security.

Your rights regarding your protected health information

Unless indicated otherwise, you may exercise one of your privacy rights by submitting a written request to MultiCare Health System, Health Information Management, PO Box 5299, MS: 1002-1-HIM, Tacoma, WA 98415-0299. For more specific instructions on what information to include in a written request, contact Health Information Management by phone: 855-673-2673.

You have a right to:

Get an electronic or paper copy of your health record:

- To request an opportunity to inspect and/or obtain an electronic or paper copy of your protected health information, visit multicare.org to obtain a copy of the authorization request (release of information) form or contact Health Information Management (medical records) as listed on page 15 of this booklet.
- We will provide the requested information within 15 days of your request. You may be charged a cost-based fee with your request.
- In certain limited circumstances, we may deny your request to inspect and/or copy your protected health information. You may request that the denial be reviewed.

Ask us to correct certain protected health information – If you feel that information we have about you in your health record is incorrect or incomplete, you can request an amendment to such information.

- We may say “no” to your request, but we will tell you why within 10 days, unless we notify you of our need for an extension which would be no more than 21 days.

Request an accounting of certain disclosures – You may request an accounting of certain disclosures of your protected health information listing all the disclosures we made to others for six years prior to the date you ask.

- We will include all disclosures except those about treatment, payment and health care operations, and certain other disclosures (such as any you asked us to make)
- We will provide one accounting a year for free, but will charge a reasonable, cost-based fee if you ask for another within 12 months.

Request restrictions – You may request in writing that we limit the way we use and disclose your protected health information.

- You also have the right to request a limit on the protected health information we disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend.

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- If you want to put such a restriction in place, please notify your health care provider's front office staff and complete the Request for Restrictions form prior to being seen.
 - We are not required to agree to your request, and we may say "no" if it would affect your care.
 - If we do agree to your request, we will comply unless the information is needed to provide emergency treatment to you.

Right to request nondisclosure to health plans for self-paid items or services –

You have a right to request in writing that health care items or services you pay for in full in advance of your visit not be disclosed to your health plan.

- We will say "yes" to your request unless a law requires us to share that information.
- You are responsible for notifying any other providers, such as your pharmacy, of any restriction requests.

Request confidential communications – You may request in writing that confidential communications about medical or behavioral health matters be made in a certain way or at a certain location.

- For example, you can ask that we only contact you at work or by mail to an alternative address.
- We will say yes to all reasonable requests. You do not have to provide a reason, but the request must specify how or where you wish to be contacted.

Ask us to limit what we use or share – You may ask us not to use or share certain health information for treatment, payment or our operations.

- We are not required to grant your request and may say "no" if it would impact 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.

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 ask the person to show proof of this authority to act for you before we take any action.

Receive a paper copy of this notice – You can request a paper copy of this Notice at any time from any MultiCare employee, even if you agreed to receive this notice electronically.

- This Notice is also available online at multicare.org.

Uses and disclosure of your health information by MultiCare

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, 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 hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may 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 will not share your information unless you give us written permission (signed consent):

- Marketing purposes where remuneration is received
 - Limited information about you may be used to support communication about available products or services
 - If you do not wish to receive such materials, please email opt-out@multicare.org
- Sale of your information
- Most sharing of psychotherapy notes
- Situations not described in this Notice that do not pose a threat to health or safety

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

- If you no longer wish to receive fundraising requests supporting MultiCare, please call 855-884-4284 or email mhscommunications@multicare.org.
- We respect your choice regarding fundraising communications and your decision will have no impact on your treatment or payment for services at MultiCare.

MultiCare typically will use your information in the following ways:

Treatment: We may use and disclose your protected health information to provide you with medical treatment and services and share it with other professionals who treat you.

- This use and disclosure may be for continuity of care or to doctors, nurses, technicians, health care students or other health system personnel who are involved in your care.
- We may use and disclose your health information to different departments to coordinate activities such as prescriptions, lab work and X-rays and to other health care providers who may be involved in your medical care, such as long-term care facilities, other hospitals or clinics, or remote health care providers, such as the services offered by telemedicine providers who may reside in other communities, including communities outside of Washington and Idaho.

Payment: As permitted by law, we may use or disclose your health information in order to be paid from health plans and other entities.

- This includes billing for treatment and services you receive at a MultiCare facility.
- In addition, we may use or disclose your information to collect payment or to obtain prior approval for treatment and services.

Health system operations: We can use and share your health information to run our business, improve your care and contact you when necessary.

- Running our business includes activities such as scheduling, infection control, administering the health plan, the creation of de-identified data, training advanced technologies, and population health activities.
 - o Advanced Technologies. We may use or disclose your health information for purposes of developing new technologies and tools, including artificial intelligence, to use for our own treatment, payment, and health care operations purposes.
 - o De-Identified Information. We may use your health information, or disclose it to a third party whom we have hired, to create information that does not identify you in any way. Once we have de-identified your information, it can be used or disclosed in any way according to law without your authorization or consent, including but not limited to, research studies, use or development of artificial intelligence tools and other advanced technologies, and health care/health operations improvement activities.
- We may also use and disclose your information to other individuals (such as consultants and attorneys) and organizations that help us with our business activities.
- We may also use your health information for internal purposes, like ensuring the quality of care, identifying training needs, reviewing outcomes, sending patient satisfaction surveys and other administrative activities.
- We may also disclose your information to Business Associates, or companies that provide a service to us or on our behalf and have provided satisfactory assurances that they will protect your health information.

MultiCare may also use your information in the following ways:

Public health and safety – We may disclose your health information to agencies, when necessary, to support public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability
- To report births and deaths
- To report abuse or neglect
- To report reactions to medications or problems with products
- To notify people of recalls of products they may be using
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure when required or authorized by law
- Preventing or reducing a serious threat to anyone's health or safety

Research – We can use or share your information for health research.

Limited data set information – We may disclose limited health information to third parties for purposes of research, public health and health care operations. This limited

data set will not include any information that could be used to identify you directly.

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.

Organ and tissue donation – We can share health information about you with organ procurement organizations.

Coroners, medical examiners and funeral directors – We can share health information with a coroner, medical examiner or funeral director when an individual dies.

Workers' compensation – We can use or share health information about you for workers' compensation claims.

Government requests and law enforcement – We can use or share health information about you:

- With health oversight agencies for activities authorized by law
- For special government functions, such as military, national security and Presidential protective services
- In limited circumstances, for law enforcement purposes or with a law enforcement official

Lawsuits and disputes – We may disclose your health information in response to a court or administrative order, subpoena, discovery request or other lawful process.

Contacting you – MultiCare may contact you about your health care using the addresses, phone numbers and email addresses that you provide us. This may include using an automated phone dialing system, prerecorded or synthetic voice messages, texting or email. When we contact you in this manner, you will be given the opportunity to opt out of receiving similar communications going forward.

- Our messages may include, but are not limited to, information about appointment reminders, discharge planning, billing, prescription reminders, research opportunities and regulatory notices provided in lieu of first-class mail. Because any texts and emails would not be encrypted, there is a risk that someone else could read or access these messages. We therefore take steps to limit the amount of protected health information that they contain. If you do not wish to receive these types of text or email messages, please let us know, and we will honor your request.

Treatment alternatives – We may use or disclose information to tell you about or recommend possible treatment options or alternatives.

Health-related benefits and services – We may use or disclose information to tell you about health-related benefits, services or medical education classes.

Inmates – We may disclose your health information to a correctional facility or law enforcement official, if you are an inmate or in custody.

Incidental disclosures – Certain incidental disclosures of your health information may occur as a byproduct of lawful and permitted use and disclosure of your health information. Reasonable safeguards are in place to minimize these disclosures.

Blood conservation services – We may use or disclose your health information if you have indicated affiliations with certain organizations and we believe you may be an ideal candidate who could benefit from blood conservation services.

Serious and imminent threats – We may share your information when needed to lessen a serious and imminent threat to the health or safety of you, the public or another person.

Confidentiality of substance use disorder patient records

Some MultiCare clinics and locations and staff specialize in providing substance use disorder treatment (Programs). The confidentiality of substance use disorder patient records maintained by these Programs is protected by special federal law and regulations, in addition to HIPAA. Generally, such a Program may not say to a person outside the Program that a patient attends the Program, or disclose any information identifying a patient as having or having had a substance use disorder unless:

1. The patient consents in writing
2. The disclosure is allowed by a court order
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation

Violation of the federal law and regulations governing substance use disorder patient records by a Program is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations:

The U.S. Attorney where the Program is located: **Washington:** District of Washington, 800 5th Ave., Suite 2000, Seattle, WA. 98104-3188.

For opioid treatment programs (previously known as methadone programs), you also can contact: SAMHSA Center for Substance Abuse Treatment, 5600 Fishers Lane, Rockville, MD 20857; Phone 877-SAMHSA-7 (877-726-4727). Federal laws and regulations do not protect any information about a crime committed by a patient either at the Program or against any person who works for the Program or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities (see 42 U.S.C. 290dd-2 and 42 U.S.C. 290ee-3 for federal laws and 42 CFR Part 2 for federal regulations).

Confidentiality of reproductive health patient records

Prohibited uses: MultiCare clinics and locations provide reproductive health care services. The confidentiality of reproductive health records is protected by special federal and state laws and regulations. It is prohibited to use or disclose patient information to:

- Conduct a criminal, civil or administrative investigation for the act of seeking, obtaining, providing or facilitating reproductive health care;
- Impose criminal, civil or administrative liability on any person for seeking, obtaining, providing or facilitating reproductive health care; or
- To identify any person described in bullet one and two above.

Prohibited disclosure example: Patient A travels to Washington state for reproductive health services that are not legal in Patient A's state of residence. The court in Patient A's state of residence issues an order requiring MultiCare to produce the records of Patient A to enforce stricter reproductive health laws in their state.

Health information disclosed under the protections of the HIPAA Privacy Rule may no longer be protected if redisclosed by the recipient of the health information.

Reproductive health information exception for minors in Idaho

- Parental consent is required for most treatment, including reproductive health, of unemancipated minors, and parents have the right to access minor medical records with limited exceptions.

Other sensitive information and patient records: Certain types of health information may have additional protection under state (Washington, Oregon, Idaho) or federal law. For example, health information about mental health, HIV/AIDS and genetic testing results is treated differently than other types of health information. To the extent applicable, MultiCare would need to get your written permission before disclosing these categories of information to others in most circumstances.

Other uses and disclosures of your protected health information: Other uses and disclosures of your protected health information not covered by our current Notice or applicable laws will only be made with your written permission. You may revoke any permission by submitting a request in writing to the MultiCare Privacy and Civil Rights Office (see Questions and complaints, below). If you revoke your permission, we will no longer use or disclose your protected health information for the reasons covered by your written authorization unless required by law. You understand that we are unable to take back any uses or disclosures we have already made, while your permission was in effect, and that we are required to retain our records of the care that we provide to you.

Changes to this notice: MultiCare 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, at our facilities and on our website.

Questions and complaints: If you have general questions about this Notice, please contact the MultiCare Privacy and Civil Rights Office:

- **Phone:** 866-264-6121
- **Email:** compliance@multicare.org

If you believe your privacy rights have been violated, you may file a complaint with the MultiCare Privacy and Civil Rights Office, MultiCare, 820 A Street, MS: 820-2-CEP, Tacoma, WA 98402. If we cannot resolve your concerns, you also have the right to file a written complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by sending a letter to 200 Independence Avenue, SW, Washington, D.C. 20201, calling 877-696-6775, or visiting [hhs.gov/hipaa/filing-a-complaint/what-to-expect/index.html](https://www.hhs.gov/hipaa/filing-a-complaint/what-to-expect/index.html); or with the U.S. Department of Justice Civil Rights Division through the Complaint Portal, or by mail or phone at: U.S. Department of Justice, Civil Rights Division, 950 Pennsylvania Avenue, NW, Washington, D.C. 20530; 1-800-514-0301 (voice) or 1-833-610-1264 (TTY); [ada.gov](https://www.ada.gov)

We will not retaliate against you for filing a complaint and the quality of your care will not be jeopardized.

Notice of Language Availability – Free Interpreter Service

MultiCare offers interpreter services for all languages at no cost to you. If your language is not listed, MultiCare will still provide interpreter services at no cost to you. You can view the Notice of Language Availability by using the QR code or by reviewing the full Notice of Privacy Practices at multicare.org.



Discrimination is against the law: MultiCare complies with applicable state and federal civil rights laws and does not discriminate on the basis of age, race, national origin, ethnicity, immigration status, religion, culture, language, physical or mental disability, sex, sexual orientation, gender identity, citizenship, military status or any other basis prohibited by state or federal law in admission to, participation in, or receipt of the services and benefits under any of its programs and activities. MultiCare:

- Provides appropriate auxiliary aids (e.g., qualified sign language interpreters, written information in other formats...large print, audio, other accessible formats) to persons with impaired sensory, manual or speaking skills, where necessary to afford such persons an equal opportunity to benefit from the service in question;
- Permits the use of service animals in accordance with the law;
- Makes its facilities accessible to those with mobility impairments in accordance with the law; and
- Provides free language assistance services (e.g., qualified interpreters, information written in other languages) to individuals with limited English proficiency

If you need these services, please contact the Language Access/Interpreter Services Team at 253-403-1000 (TTY: 800-833-6384). If you believe MultiCare has failed to provide these services or discriminated in another way on the basis of age, race, national origin, ethnicity, immigration status, religion, culture, language, physical or mental disability, sex, sexual orientation, gender identity, citizenship, military status or any other basis prohibited by state or federal law in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, you can file a grievance with: MultiCare, Privacy and Civil Rights Office:

- **Email:** compliance@multicare.org
- **Phone:** Integrity Line: 866-264-6121
- **Writing:** MultiCare, PO Box 5299, MS 820-2-CEP, Tacoma, WA 98415-0299

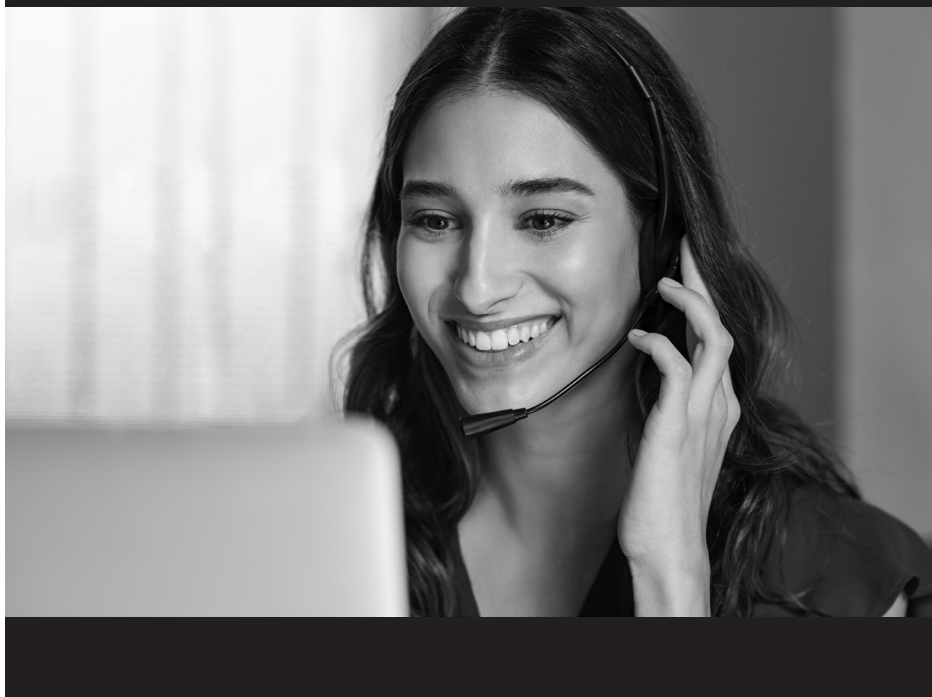
You can also file a civil rights complaint with the U.S. Department of Health & Human Services, Office for Civil Rights. File electronically through the Complaint Portal at: ocrportal.hhs.gov/ocr/portal/lobby.jsf

File by mail: U.S. Department of Health & Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201

File by phone: 800-368-1019

Complaint files are available at hhs.gov/ocr/office/file/index.html

Financial assistance



MultiCare Health System is committed to serving all patients, including those who lack health insurance coverage or cannot pay for all or part of the essential care they receive. We are committed to treating all patients with compassion. We are committed to maintaining financial assistance policies that are consistent with our mission and values and that take into account an individual's ability to pay for medically necessary health care services. Patients qualifying for financial assistance will not be charged more than the amounts generally billed for emergency or other medically necessary care. To learn more about how our financial assistance team may help you with our financial assistance programs, **please visit multicare.org/financial-assistance or call 833-723-2491.**

Financial assistance covers hospital and hospital-based services only.

Financial assistance policies: Financial assistance policies, plain language summaries and application materials are available to you online or by mail. Translated copies are available. Please visit multicare.org/financial-assistance. Please call 833-936-0515 if you'd like to receive these materials by mail.

The following information summarizes our financial assistance programs.

Patients may apply for financial assistance by submitting a financial assistance application with income information. MultiCare uses the federal poverty guidelines to help determine which financial assistance program best fits your needs.

Income is up to 300% of Federal Poverty Guidelines:

After a financial assessment of the patient’s income has been completed, the patient’s bill will be reduced by 100 percent if their income level is at or below 300 percent of the Federal Poverty Guidelines.

Income is 301-400% of Federal Poverty Guidelines:

After a financial assessment of the patient’s income has been completed, the patient’s bill will be reduced if their income level is between 301 percent and 400 percent of the Federal Poverty Guidelines.

2026 FEDERAL POVERTY GUIDELINES

Income Levels:				
FAMILY SIZE	Gross Annual Income	300%	350%	400%
1	\$15,960	\$47,880	\$55,860	\$63,840
2	\$21,640	\$64,920	\$75,740	\$86,560
3	\$27,320	\$81,960	\$95,620	\$109,280
4	\$33,000	\$99,000	\$115,500	\$132,000
5	\$38,680	\$116,040	\$135,380	\$154,720
6	\$44,360	\$133,080	\$155,260	\$177,440
7	\$50,040	\$150,120	\$175,140	\$200,160
8	\$55,720	\$167,160	\$195,020	\$222,880
9	\$61,400	\$184,200	\$214,900	\$245,600
10	\$67,080	\$201,240	\$234,780	\$268,320
EACH ADD’L	\$5,680			

MultiCare Health System Discount			
Poverty Level, Up To	300%	350%	400%
Charity Discount	100%	75%	70%
Patient Responsibility	0%	25%	30%

Scan these QR codes to:

Access a digital copy of this guide

Get financial assistance information

Sign up for MyChart



Patient Guide



Financial
Assistance



MyChart

MultiCare 

multicare.org

Respect • Integrity • Stewardship • Excellence
Collaboration • Kindness • Joy