



NOTICE OF PRIVACY PRACTICES

EFFECTIVE DATE: April 2026

This Notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

Skyline Health is committed to protecting the privacy and security of your health information. We are required by law to maintain the privacy of your protected health information (PHI), provide you with this Notice, and follow the terms described in this Notice.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

- **Treatment:** To provide, coordinate, or manage your health care and related services.
- **Payment:** For billing and payment activities related to services you receive.
- **Health Care Operations:** For quality assessment, training, licensing, accreditation, and business operations.
- **Appointment Reminders and Treatment Alternatives:** To contact you about appointments or treatment options.
- **Individuals Involved in Your Care:** To family members or others involved in your care unless you object.
- **Public Health and Safety:** For public health reporting, preventing serious threats, abuse or neglect reporting, and workers' compensation.
- **Health Oversight Activities:** For audits, investigations, inspections, and licensure by authorized agencies.
- **Legal and Law Enforcement Purposes:** For court orders, subpoenas, and law enforcement purposes.
- **Organ and Tissue Donation:** To facilitate donation and transplantation.
- **Fundraising:** Limited information may be used for fundraising. You may opt out at any time without affecting your care or payment.

USES AND DISCLOSURES REQUIRING AUTHORIZATION

Any uses and disclosures not described above will be made only with your written authorization or as otherwise permitted or required by law. You may revoke an authorization at any time in writing.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

- **Right to Inspect and Receive Copies:** You may request paper or electronic copies of your health information and request that copies be sent to a designated third party.
- **Right to Request Amendments:** You may request corrections to your health records.
- **Right to an Accounting of Disclosures:** You may request a list of certain disclosures we have made.
- **Right to Request Restrictions:** You may request restrictions on uses or disclosures, including restricting disclosures to your health plan for services paid in full out-of-pocket.
- **Right to Confidential Communications:** You may request communication in a specific manner or location.
- **Right to a Copy of this Notice:** You may request a paper copy at any time.
- **Right to Breach Notification:** You will be notified following a breach of unsecured health information.

OUR RESPONSIBILITIES

We are required by law to maintain the privacy and security of your health information, provide you with this Notice, and notify you in the event of a breach.

COMPLAINTS

If you have questions or believe your privacy rights have been violated, you may contact Skyline Health's Privacy Officer at 509-493-1101 or write to:

Skyline Health

PO Box 99

White Salmon, WA 98672

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. You will not be retaliated against for filing a complaint.

This Notice is provided in compliance with HIPAA (45 CFR §164.520), CMS Conditions of Participation (42 CFR §482.13), CMS Critical Access Hospital Conditions (42 CFR §485.608), and Washington law (RCW 70.02).