



# Notice of Privacy Practices

*Effective Date: December 17, 2025*

**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.**

## Our Commitment to Your Privacy

Sankofa Family Medicine ("SFM," "we," "us") is committed to protecting your health information. We are required by law to maintain the privacy of your Protected Health Information (PHI), provide you with this Notice of our legal duties and privacy practices, and follow the terms of this Notice currently in effect.

## How We May Use and Disclose Your Health Information

### Treatment

We may use your health information to provide you with medical care and services. For example, we may share your information with other healthcare providers involved in your care, such as specialists, laboratories, or pharmacies.

### Payment

We may use and disclose your health information to bill and collect payment for your healthcare services. For example, we may send your information to your insurance company to obtain payment or verify coverage.

### Health Care Operations

We may use and disclose your health information for our healthcare operations, which include quality improvement, training, credentialing, and other administrative activities.

### Other Uses Without Your Authorization

We may also use or disclose your information without your authorization for:

- Public health activities (disease reporting, preventing disease spread)
- Health oversight activities (audits, inspections)
- Legal proceedings (court orders, subpoenas)
- Law enforcement purposes (as required by law)
- To prevent a serious threat to health or safety
- Workers' compensation purposes
- As required by law

## **Uses Requiring Your Written Authorization**

We will obtain your written authorization before using or disclosing your health information for purposes not described in this Notice, including: marketing, sale of your health information, and most uses of psychotherapy notes. You may revoke your authorization at any time in writing.

## **Your Rights Regarding Your Health Information**

### **Right to Access**

You have the right to inspect and obtain a copy of your health information. Submit your request in writing. We may charge a reasonable fee for copies. We will respond within 30 days. (Washington State patients: See our Washington State Addendum for your enhanced right to response within 15 working days under RCW 70.02.)

### **Right to Amend**

You have the right to request that we amend your health information if you believe it is incorrect or incomplete. Submit your request in writing with the reason for the amendment. We may deny your request in certain circumstances.

### **Right to an Accounting of Disclosures**

You have the right to request a list of certain disclosures we made of your health information. This does not include disclosures for treatment, payment, or healthcare operations. The first request in a 12-month period is free.

### **Right to Request Restrictions**

You have the right to request restrictions on how we use or disclose your health information. We are not required to agree to your request, except we must agree to restrict disclosure to a health plan for services you paid for entirely out of pocket.

### **Right to Confidential Communications**

You have the right to request that we communicate with you in a certain way or at a certain location. For example, you may ask that we contact you only by mail or at work. We will accommodate reasonable requests.

### **Right to a Paper Copy of This Notice**

You have the right to obtain a paper copy of this Notice at any time, even if you have agreed to receive it electronically.

## **Breach Notification**

We are required by law to notify you if there is a breach of your unsecured health information.

## **Changes to This Notice**

We reserve the right to change this Notice at any time. The revised Notice will apply to all health information we maintain. The current Notice will be posted on our website and available at our office.

## Complaints

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

- **To file with SFM:** Contact our Privacy Officer (see below)
- To file with HHS: Visit [hhs.gov/hipaa/filing-a-complaint](https://www.hhs.gov/hipaa/filing-a-complaint) or call 1-800-368-1019

## Contact Information

Sankofa Family Medicine  
Privacy Officer: Yaw A. Nkrumah, MD  
Phone: (425) 285-7390  
Email: [privacy@sankofafamilymedicine.com](mailto:privacy@sankofafamilymedicine.com)  
Address: 522 W Riverside Ave, Ste N, Spokane, WA 99201

## Acknowledgment of Receipt

I acknowledge that I have received a copy of Sankofa Family Medicine's Notice of Privacy Practices.

Patient Name (Print): \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*If the patient is unable or unwilling to sign, document the reason:*

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