



Mountain Valleys

HEALTH CENTERS

Notice of Privacy Practices

Effective Date: September 23,2013

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Effective Date: 09/23/2013

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

WHO WE ARE

This Notice describes the privacy practices of **Mountain Valleys Health Centers (MVHC)** and the privacy practices of:

- all of our doctors, nurses, and other health care professionals authorized to enter information about you into your medical record;
- all of our departments, including, our medical records and billing departments;
- all of our health center sites: **Big Valley Health Center, Burney Health Center, Butte Valley Health Center, Fall River Valley Health Center, Tulelake Health Center;**
- all MVHC staff, volunteers, and other personnel who work for us or on our behalf.

OUR PLEDGE

We understand that health information about you and the health care you receive is personal. We are committed to protecting your personal health information. When you receive treatment and other health care services from us, we create a record of the services that you received. We need this record to provide you with quality care and to comply with legal requirements. This notice applies to all of our records about your care, whether made by our health care professionals or others working in this office, and tells you about the ways in which we may use and disclose your protected health information (PHI). This notice also describes your rights with respect to the health information that we keep about you and the obligations that we have when we use and disclose your health information.

We are required by law to:

- Make sure that health information that identifies you is kept private in accordance with relevant law;
- Give you this notice of our legal duties and privacy practices with respect to your protected health information;
- Notify you if there is a breach of your protected health information; and
- Follow the terms of this notice currently in effect for all of your personal health information.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

We are allowed by law to use and disclose certain PHI without your written permission. These uses and disclosures are generally categorized as treatment, payment, health care operations, and as required by law. Following are some examples of these uses and disclosures.

For Treatment

Your PHI is most commonly and importantly used and disclosed in the course of providing health care to you. For example, our physicians, nurses and other healthcare personnel, including trainees, involved in your care, use and disclose your PHI to evaluate, diagnose, treat and otherwise provide for your health care needs. We use and disclose your PHI to coordinate care and services that you may need such as prescriptions, x-rays and lab work. If you need to be referred to health care providers or services not affiliated with MVHC we may disclose your PHI for that purpose.

Health-Related Services and Treatment Alternatives

We may use and disclose health information to tell you about health-related services or recommend treatment options or alternatives that may be of interest to you. Please let us know if you do not wish us to contact you with this information, or if you wish to have us use an alternate contact when sending this information.

For Payment

We may use and disclose health information about you to bill and collect payment from you, your insurance company, including Medicaid and Medicare, or another third party that may be available to reimburse us for some or all of your health care. We may also disclose health information about you to other health care providers or to your health plan so that they can arrange for payment relating to your care. For example, if you have health insurance, we may need to share information about your office visit with your health plan in order for your health plan to pay us or reimburse you for the visit. We may also tell your health plan about treatment that you need in order to obtain your health plan's prior

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approval or to determine whether your plan will cover the treatment.

For Health Care Operations

We may use and disclose your PHI for certain health care operations. For example, we may use PHI to review the services that we provide and to evaluate the performance of our staff in caring for you. We may also compare our patient health information and services with those from other health care providers to determine if there are services or treatments we could provide to better serve our patient population. We may remove information that identifies you so those who use it to study health care delivery may do so without learning who our patients are.

Appointment Reminders

We may use and disclose health information about you to contact you as a reminder that you have an appointment at MVHC.

Fundraising Activities

We may use your PHI to contact you in an effort to raise money for our not-for-profit operations. We may disclose PHI to a foundation related to MVHC so that the foundation may contact you to raise money for MVHC. We may release contact information such as your name, address and phone number and the dates in which you received treatment or services from us. Please let us know if you do not want us to contact you for fundraising efforts.

Research

MVHC may engage in important research, some of which may involve medical procedures or it may be limited to collection and analysis of health data. Research of any kind may involve the use or disclosure of PHI. In general, PHI may be used or disclosed without specific permission of an individual, if an Institutional Review Board (IRB) approves of such use or disclosure. An IRB is a committee that is responsible, under federal law, for reviewing and approving human subjects' research to protect the safety of the participants and the confidentiality of PHI.

Organ and Tissue Donation

We may use or disclose PHI to organ procurement organizations to assist with organ, eye or other tissue donations.

As Required By Law

We will disclose health information about you when required to do so by federal, state or local law.

Military and Veterans

We may use and disclose the PHI of armed forces personnel when required by military command authorities or the Department of Veterans Affairs as may be applicable.

Workers' Compensation

We may release your PHI to comply with workers' compensation laws. For example, we may communicate your medical information regarding a work-related injury or illness to a claims administrator, insurance carrier or other individual responsible for evaluating your claim for worker's compensation benefits.

To Avert a Serious Threat to Health or Safety

We may use and disclose health information about you to public health authorities permitted to collect or receive the information for the purpose of controlling disease, injury or disability in order to prevent a serious threat to your health and safety or the health and safety of another person.

Public Health Activities

We may disclose health information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child/elder abuse or neglect;

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- to report reactions to medications or problems with products;
- to notify people of recalls of products;
- 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 if you agree or when required or authorized by law.

Health Oversight Activities

We may disclose health information about you to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

Lawsuits and Disputes

We may use and disclose PHI in responding to a court or administrative order, a subpoena or a discovery request. We may also use and disclose PHI to the extent permitted by law without your authorization an example of which would be to defend a lawsuit or arbitration.

Law Enforcement

We may release health information about you if asked to do so by a law enforcement official:

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness or missing person;
- under certain limited circumstances, about the victim of a crime;
- about a death that may be the result of criminal conduct;
- about criminal conduct at MVHC; and
- in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Inmates

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your PHI to the corrections institution or law enforcement official for certain purposes such as to protect your health and safety, the health and safety of someone else or the safety and security of the correctional institution.

Coroners, Health Examiners and Funeral Directors

We may release health information about our patients to a coroner or health examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information to funeral directors as may be necessary for them to carry out their duties.

National Security and Intelligence Activities

We may release health information about you to authorized federal officials as necessary for national security and intelligence activities or for protection of the president and other government officials and dignitaries.

Uses and Disclosures that require MVHC give you an Opportunity to Object or “Opt Out”

Disclosures in Case of Disaster Relief

We may use or disclose PHI to a public or private entity authorized by law to assist in disaster relief efforts. Such disclosure will be made so your location and condition may be accessible to family and friends unless you object at the time.

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Others Involved in Your Care

Your PHI may be disclosed when a family member or other person involved in your care is present while we are discussing your PHI unless you object.

It may be necessary to disclose your PHI to a family member or other person involved in your care due to an emergency, because you are not present, or you are incapacitated and unable to agree or object. In these instances, we will use professional judgment to determine if it is in your best interest to disclose your PHI. Disclosure will be limited to information directly relevant to the person's involvement with your health care.

YOUR RIGHTS

You have certain rights with respect to your personal health information. This section of our notice describes your rights and how to exercise them:

Right to Inspect and Copy

You have the right to inspect your PHI in your medical and billing records, or in any other group of records that we maintain and use to make health care decisions about you. This right does not include the right to inspect and copy psychotherapy notes, although we may, at your request and on payment of the applicable fee, provide you with a summary of these notes.

You have the right to request a copy of your PHI as a photo copy or in an electronic format as agreed to by you and MVHC. You also have the right to request that a copy of your PHI be sent to a third party designated by you, provided that any such choice is clear, conspicuous and specific. Please be aware that email across open networks is not secure and may represent a risk to you if you request a copy of your PHI in this manner.

To inspect and/or receive a copy of your personal health information regardless of the format, you must submit your request in writing to our privacy contact person identified on the last page of this notice. If you request a copy of your PHI, you may be charged a reasonable cost-based fee for the expense of copies, postage and the labor involved in fulfilling your request. Please be aware that we may deny your request to inspect and obtain a copy in certain very limited circumstances. If your request is denied, you may request that the denial be reviewed. We will designate a licensed health care professional to review our decision to deny your request. The person conducting the review will not be the same person who denied your request and we will comply with the outcome of this review. Certain denials, such as those relating to psychotherapy notes, however, will not be reviewed.

Right to Amend

If you feel that the health information we maintain about you is incorrect or incomplete, you may ask us to amend the information. A request for an amendment must be submitted to our privacy contact person identified on the last page of this notice. Your request must be on a single page, hand written legibly or typed. It must fully explain the need for an amendment and provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by us, unless the person or organization that created the information is no longer available to make the amendment;
- is not part of the health information kept by or for MVHC;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete.

After receiving your request we will review it and respond to you in writing. If approved we will make the correction or addition to your PHI. If denied you will be given the opportunity to submit a written statement limited to 250 words for each alleged incorrect or incomplete item. Your statement must clearly indicate your desire to have the statement made a part of your record. When so indicated, we will attach the statement as an addendum to your record and shall include it whenever that portion of your record is disclosed to any third party.

Right to Receive an Accounting of Disclosures

You have the right to receive an accounting of certain disclosures of your PHI that we have made outside our facility that were not for treatment, payment or health care operations. The accounting is not all inclusive, for example, an accounting will not include disclosures:

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- To law enforcement officials;
- Pursuant to your written authorization.
- To a family member, other relative or personal friend involved in your care or payment for your care when you have given us permission to do so.

To request an accounting of disclosures you must submit the request in writing to our privacy contact person identified on the last page of this notice and state the period of time for which you are requesting the accounting. Such time may not be more than six (6) years from the request date.

MVHC will provide one accounting of disclosures to a patient in any 12-month period free of charge. Additional requests for an accounting of disclosures within a 12 month period shall be assessed a fee.

Right to Request Restrictions

You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you may request that we not disclose information about you to a certain doctor or other health care professional, or that we not disclose information to your spouse about certain care that you received.

We are not required to agree to your request for restrictions if it is not feasible for us to comply with your request or if we believe that it will negatively impact our ability to care for you.

If we do agree, however, we will comply with your request unless the information is needed to provide emergency treatment.

You have the right to request a restriction to the disclosure of protected health information to a health insurance carrier. The disclosure must not be required by law; and the protected health information must pertain solely to a health care item or service for which you, or someone on your behalf, have paid out of pocket in full.

To request a restriction, you must make your request in writing to our privacy contact person identified on the last page of this notice. In your request, you must tell us what information you want to limit and to whom you want the limits to apply.

Right to Receive Confidential Communications

You have the right to request that we communicate with you about health matters in a certain way. For example, you can ask that we only contact you at work or by mail to a specified address.

To request that we communicate with you in a certain way, you must make your request in writing to our privacy contact person identified on the last page of this notice. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

Right to a Paper Copy of this Notice

You have the right to receive a paper copy of this notice at any time. To receive a copy, please request it from our privacy contact person identified on the last page of this notice.

CHANGES TO THIS NOTICE

We reserve the right to change this notice and to make the changed notice effective for all PHI that we maintain about you, whether it is information that we previously received about you or information we may receive about you in the future. We will post a copy of our current notice in our facility. Our notice will indicate the effective date on the first page, in the top right-hand corner. We will also give you a copy of our current notice upon request.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services: U.S. Department of Health & Human Services, 200 Independence Avenue, S. W. Washington, D.C. 20201. Phone (202) 619-0257 Toll Free (877) 696-6775.

You may file a complaint by mailing, faxing or e-mailing a written description of your complaint or by telling us about your

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complaint in person or over the telephone. MVHC's privacy contact person is:

Michelle Salters, CCO
Mountain Valleys Health Centers
P.O. Box 277
554-850 Medical Center Drive
Bieber, California 96009
Phone: 530-294-5241 Ext. 3110 Fax: 530-294-5392

Please describe what happened and give us the dates and names of anyone involved. Please also let us know how to contact you so that we can respond to your complaint. You will not be penalized for filing a complaint.

Other Uses and Disclosures of Your Protected Health Information

We are required to receive written authorization to use or disclose PHI in certain situations. Some examples of which include, disclosures to a life insurer for coverage purposes, a pre-employment physical or lab test, disclosures to a pharmaceutical firm for their own marketing purposes, most uses or disclosures of psychotherapy notes, marketing communications and sales of PHI.

Other uses and disclosures of personal health information not covered by this notice or applicable law will be made only with your written authorization. If you give us your written authorization to use or disclose your personal health information, you may revoke your authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your personal health information for the reasons covered by your written authorization. You understand that we are unable to take back any uses and disclosures that we have already made with your authorization, and that we are required to retain our records of the care that we have provided to you.