

Notice of Privacy Practices

Effective Date: July 25, 2016

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 RESPONSIBILITIES

We understand that health information about you and the health care you receive is personal. 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 the records relating to your care maintained by MVHC and tells you about the ways in which we may use and disclose your protected health information (PHI) as well as your rights with respect to the health information that we keep about you.

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 PHI;
- Notify you if there is a breach of your PHI; 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. Following are some examples of these uses and disclosures.

For Treatment

We can use your PHI and disclose it to other medical professionals who are treating you. For example, a healthcare provider treating you for an injury may ask another healthcare provider about your overall health condition.

For Payment

We can use and disclose your PHI to bill and get payment from a health plan or other entities. For example, we give information about you to your health insurance plan so it will pay for your services.

For Healthcare Operations

We can use and disclose your PHI to run our business, improve your care, and contact you when necessary. For example, we can use health information about you to manage your treatment and services.

OTHER WAYS IN WHICH WE USE OR DISCLOSE YOUR HEALTH INFORMATION

We are allowed or required to disclose your PHI in other ways – including ways that contribute to the public good, such as for public health and research purposes. Following are some examples of these uses and disclosures.

Health-Related Services and Treatment Alternatives

We may use and disclose your PHI 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.

Appointment Reminders

We may use and disclose your PHI to contact you as a reminder that you have an appointment at MVHC.

Help With Public Health and Safety Issues

We can disclose your PHI for certain situations such as:

- Preventing disease;
- Helping with product recalls;

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- Reporting adverse reactions to medications;
- Reporting suspected abuse, neglect, or domestic violence;
- Preventing or reducing a serious threat to anyone's health or safety.

Research

We can use or disclose your PHI for health research.

As Required by Law

We will disclose 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 are complying with federal privacy law.

Organ and Tissue Donation

We can disclose your PHI to organ procurement organizations.

Coroners, Health Examiners, Funeral Directors

We can disclose your PHI to a coroner, medical examiner, or funeral director when an individual dies.

Workers' Compensation, Law Enforcement, and Other Government Requests

We can use or disclose your PHI:

- For worker's compensation claims;
- For law enforcement purposes or with a law enforcement official;
- With health oversight agencies for activities authorized by law;
- For special government functions such as military, national security, and presidential protective services.

Lawsuits and Legal Actions

We can disclose your PHI in response to a court or administrative order, or in response to a subpoena.

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.

YOUR CHOICES

If you have a clear preference for how we disclose your PHI in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

Disclosures in Case of Disaster Relief

We may use or disclose your PHI with 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.

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.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and disclose your PHI if we believe it is in your best interest. We may also disclose your information when needed to lessen a serious and imminent threat to health or safety.

Health Information Exchange

We participate in one or more health information exchanges (HIEs). An HIE is a system that electronically moves and exchanges PHI between a group of participating health care providers. Your PHI will be available to providers authorized to use the HIE unless you notify us in writing that you do not want to participate.

Fundraising Activities

We may contact you for fundraising efforts, but you can tell us not to contact you again.

DISCLOSURES REQUIRING A WRITTEN AUTHORIZATION

We are required to receive written authorization to use or disclose your 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

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communications and sales of PHI.

Other uses and disclosures of your PHI 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 PHI 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.

YOUR RIGHTS

You have certain rights with respect to your PHI. 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 medical and billing records.

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 may ask that your PHI be sent to a third party designated by you, provided that any such choice is clear and conspicuous. 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.

Please be aware that your request to view or copy your medical record may be denied in certain very limited circumstances.

To inspect and/or receive a copy of your PHI you must submit your request in writing. You may be charged a reasonable cost-based fee for the expense of supplies, postage and the labor involved in fulfilling your request.

Right to Correct your Medical Record

If you feel that the PHI we maintain about you is incorrect or incomplete, you may ask us to amend the information. This request must be made in writing on a single page, hand written legibly or typed. It must fully explain the need for correction and provide a reason that supports your request.

We may deny your request 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 correct 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 request Confidential Communications

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will agree to all reasonable requests.

Right to Request Restrictions

You can ask us **not** to disclose certain health information for treatment, payment or healthcare operations. You can request a limit on the PHI we disclose about you to someone who is involved in your care or for the payment for your care, such as a family member or friend. In most instances we are not required to agree to your request, and we may say "no" if it would affect your care.

If you pay for a service or health care item out-of-pocket in full, you can ask us **not** to disclose that information to your health insurer for the purpose of paying for our operations. We will say "yes" unless a law requires us to share that information. You must notify our staff, in writing, at the time of service if you wish to exercise this right.

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Right to Receive an Accounting of Disclosures

You have the right to receive an accounting of disclosures of your PHI maintained in our electronic health record.

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 three (3) 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 may be assessed a fee.

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.

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 with MVHC by mailing, faxing or e-mailing a written description of your complaint or by telling us about your complaint in person or over the telephone. 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.

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

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.

Please sign and date the attached Acknowledgment of Receipt and return it to the Front Desk.
Please retain this Notice of Privacy practices for your records.



Mountain Valleys HEALTH CENTERS

About Our Notice of Privacy Practices

We are committed to protecting your personal health information in compliance with the law. The attached Notice of Privacy Practices states:

- Our obligation under the law with respect to your personal health information.
- How we may use and disclose the health information that we keep about you.
- Your rights relating to your personal health information.
- Our rights to change our notice of Privacy Practices.
- How to file a complaint if you believe your privacy rights have been violated.
- The conditions that apply to uses and disclosures not described in this notice
- The person to contact for further information about our privacy practices.

We are required by law to give you a copy of our Notice of Privacy Practices and to obtain your written acknowledgement.

Patient acknowledgement of receipt

I _____, hereby acknowledge that I
(Please print)

I have received a copy of MVHC's Notice of Privacy Practices.

Patient's Signature

Date

Signature of parent or patient representative (if applicable)

Date

Description of legal Authority to act on behalf of patient.

Date