
Notice of Privacy Practices

Effective 02/28/2024

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND SHARED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **Please review it carefully.**

THIS NOTICE APPLIES TO

- Healthcare professionals authorized to enter information into your medical record.
- MVHC facilities, staff, volunteers, students, individuals who work for us or on our behalf, and Business Associates.

MVHC RESPONSIBILITIES

When you receive treatment and/or health care services at any MVHC facility, we create a record of the services you received. This record contains protected health information or PHI, related to those services. Regarding your PHI, MVHC is required by law to:

- Maintain the privacy of your PHI.
- 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 unsecured PHI, and
- Follow the terms of this notice.

CHANGES TO THIS NOTICE

MVHC reserves 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. The effective date of this Notice is indicated in the top right-hand corner of the first page.

HOW WE MAY USE AND SHARE YOUR HEALTH INFORMATION

Most of the time we use or share your health information in the following ways:

For Treatment

MVHC may use or share your PHI to provide, coordinate, or manage your health care and any related services, including sharing it with other health professionals who are treating you. For example, we may share your PHI with:

- A doctor treating you for an injury in the emergency room • A pharmacist who needs it to dispense a prescription to you, or
- A laboratory that performs a test.

For Payment

MVHC may use and share 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

MVHC may use and share your PHI to run our practice, improve your care and contact you when necessary. For example, to perform quality assessments, employee reviews, licensing, fundraising, training of medical students/interns, and conducting or arranging for other business activities.

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MVHC may also share your PHI with third party “**Business Associates**” that perform various activities on our behalf such as, billing, transcription, automated patient intake services, and 340B prescription drug program services. When it is necessary to share your PHI with a Business Associate, MVHC will have a written contract that contains terms that protect the privacy of your PHI. Federal law also requires Business Associates to protect the privacy of your PHI by following HIPAA (Health Information Portability and Accountability) standards including physical, technical, and administrative safeguards, and security policies, procedures, and documentation requirements

OTHER WAYS IN WHICH WE USE OR SHARE YOUR HEALTH INFORMATION

MVHC is allowed or required to share your PHI in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information. Following are some examples of this.

Appointment Reminders

MVHC may use and share your PHI to contact you and remind you about a scheduled appointment.

Public Health and Safety Issues

MVHC may share PHI where it is permitted or authorized by law for certain situations such as:

- Preventing disease
- Helping to track products to enable product recalls.
- Reporting bad or severe reactions to medications.
- Reporting suspected abuse, neglect, or domestic violence.
- Preventing or reducing a serious threat to anyone’s health or safety.

Workers’ Compensation, Law Enforcement, and Other Government Requests MVHC

may use or share your PHI:

- For worker’s compensation claims
- For law enforcement purposes or with a law enforcement official.
- For special government functions such as military, national security, and presidential protective services.

Lawsuits and Legal Actions

MVHC can share your PHI in response to a court or administrative order, or in response to a subpoena.

Health Oversight

MVHC may share PHI with health oversight agencies such as those that oversee health care systems or benefit programs. These agencies may perform activities authorized by law like audits, or inspections.

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As Required by Law

MVHC may share information about you if state or federal laws require it, including to the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

Research

MVHC may share your PHI with researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

Coroners, Medical Examiners, Funeral Directors, and Organ Donation

MVHC may share PHI

- With a coroner, medical examiner, or a funeral director when an individual dies.
- With an organ procurement organization.

Inmates

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may share your PHI with 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.

Criminal Activity

Consistent with applicable federal and state law, MVHC may share your PHI if we reasonably believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the general public.

DISCLOSURES REQUIRING A WRITTEN AUTHORIZATION

MVHC is required to receive written authorization to share your PHI in certain situations. Some examples include HIV status, substance use, disclosures to a life insurer for coverage purposes, a pre-employment physical or lab test, most uses or disclosures of psychotherapy notes, marketing 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 share your PHI, you may revoke your authorization, in writing, at any time. If you revoke your authorization, we will no longer use or share your PHI for the reasons covered by your written authorization. You understand that we are unable to take back any 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 CHOICES

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

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Disclosures in Case of Disaster Relief

MVHC may use or share 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 shared with a family member or other person involved in your care unless you object. Only the PHI directly related to their involvement will be shared.

If you are not able to tell us your preference, for example if you are unconscious, we may share your PHI, if in our professional judgment, it is decided to be in your best interest.

Health Information Exchange

MVHC participates in one or more health information exchanges (HIEs). An HIE is a system that electronically facilitates the exchange of 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

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

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. Once you have made your request in writing, MVHC has five days to provide you with access. You have the right to request a copy of your PHI 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 using email.

Please be aware that your request to view or copy your medical record may be denied in certain very limited circumstances. If you agree, MVHC may also provide you with a summary of your record instead of a copy.

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. MVHC has 15 days to process your request for a copy of your PHI.

Right to Correct your Medical Record

If you feel the PHI MVHC maintains 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, handwritten legibly or typed. It must fully explain the need for correction and provide a reason that supports your request.

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MVHC may deny your request if it is not in writing or does not include a reason to support the request. In addition, MVHC 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, MVHC 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. If you clearly indicate in writing that you want the addendum to be made part of your health record, we will attach it as an addendum and shall include it whenever that portion of your record is shared with any third party.

Right to request Confidential Communications

You can ask MVHC 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 share certain health information for treatment, payment, or healthcare operations. You can request a limit on the PHI we share 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 negatively.

If you pay for a service or health care item out-of-pocket in full, you can ask us **not** to share 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.

Right to Receive an Accounting of Disclosures

You can ask for a list of times we have shared your PHI for up to six years before the date you ask. MVHC will tell you who it was shared with, and why. We will include all the disclosures except for those about treatment, payment, or healthcare operations, and certain other disclosures (such as any you asked us to make).

You may receive an accounting for free in any 12-month period. MVHC may charge a reasonable cost-based fee if you ask for another one within 12 months.

To request an accounting of disclosures you must submit the request in writing to our privacy contact person identified below.

Right to a Paper Copy of this Notice

You may request a paper copy of this notice at any time. This notice is also posted on MVHC’s website as well as in all our facilities.

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COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint. To complain to MVHC contact the Privacy Officer using the following information:

MVHC Compliance Manager
37491 Enterprise Dr.
Burney, California 96013
Phone: 530-999-9061

You may file a complaint with the US Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S. W. Washington, D.C. 20201, or calling (877) 696-6775.

MVHC will never retaliate against you for filing a complaint.

Please sign and date the attached Acknowledgment and retain this Notice for your records.

Mountain Valleys Health Centers is a part of an organized health care arrangement including participants in OCHIN. A current list of OCHIN participants is available at www.ochin.org. As a business associate of MVHC, OCHIN supplies information technology and related services to MVHC and other OCHIN participants. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and assess clinical benefits that may be derived from the use of electronic health record systems. OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your personal health information may be shared by MVHC with other OCHIN participants or a health information exchange only when necessary for medical treatment or for the health care operations purposes of the organized health care arrangement. Health care operation can include, among other things, geocoding your residence location to improve the clinical benefits you receive.

The personal health information may include past, present, and future medical information as well as the information outlined in the Privacy Rules. The information, to the extent disclosed, will be disclosed consistent with the Privacy Rules or any other applicable law as amended from time to time. You have the right to change your mind and withdraw this consent, however, the information may have already been provided as allowed by you. This consent will remain in effect until revoked by you in writing. If requested, you will be provided a list of entities to which your information has been disclosed.