

**COMMUNITY ACTION COMMITTEE OF PIKE COUNTY
POLICY MANUAL**

941 Market St., Box 799, Piketon, OH 45661

SUBJECT: NOTICE OF PRIVACY PRACTICES

SECTION: 10.04.06.12

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EFFECTIVE DATE: April 15, 2015

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APPROVED BY: Executive Director

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APPROVAL DATE: April 15, 2015

EFFECTIVE: September 18, 2013

DIRECTIVE:

To establish procedures to be utilized by the Valley View Health Center to protect the privacy, use and disclosure of consumer Protected Health Information (PHI). These privacy practices are clearly delineated in the Valley View Health Center's Notice of Privacy Practices. The Valley View Health Center's Privacy Practices was developed and is used in accordance with all Federal requirements.

PROCEDURE:

- The privacy practices and requirements of Valley View Health Center are detailed in the Valley View Health Center's privacy policies and procedures.
- The privacy practices of the Valley View Health Center are described in the Notice of Privacy Practices.
- The Notice of Privacy Practices is available to anyone who requests it.
- The Notice of Privacy Practices will be given to consumers no later than the date of first service delivery (after April 14, 2003). In emergency treatment situations the Notice of Privacy Practices will be provided as soon as it is reasonably practical to do so after the emergency situation has ended.
- The Notice of Privacy Practices will be revised as needed to reflect any changes in the Valley View Health Center's privacy practices.
- Revisions to the Notice of Privacy Practices will be posted in a clear prominent location at the Valley View Health Center and individuals may request a copy of the Notice from the facility.
- Revisions to the Notice will not be implemented prior to the effective date of the revised Notice.
- The Privacy Officer retains copies of the original Notice of Privacy Practices and any subsequent revisions for a period of six (6) years from the date of its creation or when it was last in effect, whichever is later.
- All staff and business associates of the Valley View Health Center are required to adhere to the Valley View Health Center's privacy practices as detailed in the Notice of Privacy Practices, privacy policies and procedures and business associate agreement.
- Violations of Valley View Health Center's privacy practices will result in disciplinary action up to and including termination of employment or agreements.
- The Notice is posted in a clear and prominent location in all facilities operated by the Valley View Health Center.
- The Notice of Privacy Practices is reproduced in the Employee Packet and is reviewed with all current staff annually and with all new staff during their orientation to the Valley View Health Center.

RESPONSIBILITIES:

The Privacy Officer will be responsible for implementing this procedure.

***PATIENT RIGHTS AND RESPONSIBILITIES AND NOTICE OF PRIVACY PRACTICES HAVE BEEN COMBINED INTO ONE PACKET OF INFORMATION**

Consent for Medical Treatment

COMMUNITY ACTION COMMITTEE OF PIKE COUNTY, INC.

VALLEY VIEW HEALTH CENTERS

CONSENT FOR TREATMENT AND AGREEMENT TO PAY

Patient's Name _____

Patient's Date of Birth _____

Patient's Social Security Number _____

Patient's Current Address _____

I. CONSENT FOR ROUTINE DIAGNOSTIC PROCEDURE AND MEDICAL/DENTAL TREATMENT

I hereby consent to the performance of such diagnostic procedures and/or medical/dental treatment as deemed necessary or advisable by my provider at The Community Action Committee of Pike County Inc. Valley View Health Centers (hereinafter referred to as "Valley View Health Centers" or "VVHC"). I hereby consent to the performance of all nursing and technical procedures and tests as directed by my provider. I realize that there may be medical, nursing, or other health care personnel in this office who are still in training.

I am aware that the practice of medicine is not an exact science and that diagnosis and treatment may involve risk. I acknowledge that no guarantees have been made to me about the results of treatment or examination at the Valley View Health Centers. I understand that I retain the right to refuse any and/or all treatment/and/or diagnostic procedures that my physician(s) or other health care provider may deem necessary. I also understand that I am entitled to ask questions and to have my questions answered to my satisfaction regarding any treatment or proposed treatment.

I have received a copy of the Patient's Rights and Responsibilities (Medical and Dental) and Notice of Privacy Practices.

II. AGREEMENT TO PAY

I acknowledge and agree that I am responsible for and will pay for all regular charges at the price in effect on the dates of services rendered for items or services and treatment provided to me, including any amount not paid by my insurance plan. This price may be adjusted based on the sliding scale in effect on the date(s) of service. I understand that I can request additional information about charges for procedures, devices, pharmaceuticals, and other items or services, or can obtain a non-binding estimate prior, or subsequent, to signing this agreement.

I understand that some items or services that the Valley View Health Centers may provide to me may not be covered by my insurance carrier, and I agree to be personally responsible for any such non-covered items or services or items or services in excess of the limits in my member benefit agreement.

I hereby agree that if Valley View Health Centers has agreed to bill my insurance or other third-party carrier, it has agreed to do so as a courtesy, and that the Valley View Health Centers has the right, should VVHC deem it advisable, to demand payment in full from me at any time prior to full payment from any insurance or third-party carrier, unless VVHC and my insurance company or third-party carrier have agreed that I will not be billed.

I understand and agree that I have been advised that I may be billed by VVHC and that this Assignment of Benefits and Agreement to pay applies to any and all VVHC services. If my account is deemed a delinquent account, I agree to pay the reasonable attorney's fees, court costs, and/or collection agency fees associated with the collection process and reasonable interest (currently three percent (3%) per annum) on any judgment obtained against me.

III. ASSIGNMENT OF BENEFITS

I hereby authorize and request all insurance carriers, health maintenance organizations or managed care organizations with whom I have coverage, including Medicare, Medicaid, CareSource, United Health Care, Amerigroup, Molina, or other managed care plan to pay directly to the Valley View Health Centers any and all benefits due under the terms of my policy for items or services provided by, VVHC including any settlements or judgments for such items or services. If my health insurance will not allow direct payment to VVHC, I agree to immediately forward to VVHC all health insurance payments I receive for my care and treatment at VVHC.

I understand that the VVHC does not accept responsibility for collecting my claim or negotiating settlement on a disputed claim. I acknowledge that if my insurance company does not pay within 120 days, the balance is my responsibility. The balance remaining is due within 120 days unless prior arrangements have been made.

YOU MUST READ THIS ENTIRE AUTHORIZATION PRIOR TO SIGNING.

I have read this form completed and understand its content and significance:

Patient's/Legal Representative's Signature _____

Printed Name _____ Date _____

Relationship to Patient _____

COPIES OF THIS STATEMENT SHALL BE AS VALID AS THE ORIGINAL/ORIGINAL SIGNATURES ON FILE WITH THE VALLEY VIEW HEALTH CENTERS.

Patient Rights and Responsibilities

**COMMUNITY ACTION COMMITTEE OF PIKE COUNTY, INC.
VALLEY VIEW HEALTH CENTERS
PATIENT RIGHTS AND RESPONSIBILITIES**

PATIENT RIGHTS

1. To protect the confidentiality of your health information (see Notice of Privacy Practices attached).
2. To be informed of your rights and responsibilities in advance about care and treatment you will receive, any changes and who will provide them.
3. To be involved in the planning of your care.
4. To receive care appropriate to your needs regardless of race, color, national origin, sex, age, political affiliation, ancestry, disability, or religious belief.
5. To be informed of changes for services and/or changes in charges.
6. To refuse treatment to the extent permitted by law and to be informed on the consequences of said action.
7. To be informed on Advanced Directives and Living Wills.
8. To receive services from staff who are qualified through education and/or experience to carry out duties for which they are assigned.
9. To voice complaints about services contact:

Valley View Health Center Nurse Manager
227 Valleyview Drive
Waverly, OH 45690
(740) 947-7726

PATIENT RESPONSIBILITIES

1. To provide complete and accurate information about illness, hospitalizations, medications and other matters pertinent to your health as well as any changes in address, phone or insurance/payment status information including HMO membership.
2. To inform us when you are not able to keep your scheduled appointment.
3. To treat our staff with respect.
4. To participate in your plan of care.
5. To cooperate with our staff and ask questions if you do not understand instructions or information given to you.
6. To assist us with billing and/or payments issued to help with the processing of third party payments.

NOTICE OF PRIVACY PRACTICES**OUR PRIVACY COMMITMENT TO YOU**

Valley View Health Center understands the importance of keeping your personal and health information secure and private. This Notice informs you of your rights about the privacy of your personal information and how we may use and share it. We are required by law to protect the privacy of your health information and to give you a copy of the Notice of our Privacy Practices.

As of April 14, 2003, Valley View Health Center will comply with the health information privacy standards issued under the federal Health Information Portability and Accountability Act (HIPAA).

The Notice describes Valley View Health Center's legal duties and its policies and procedures regarding your Protected Health Information (PHI). Valley View Health Center reserves the right to change our privacy practices and terms of this Notice at any time as permitted by applicable law. Any such changes will apply to all PHI the Valley View Health Center maintains and will be communicated to you by revision of this Notice and available upon request. Federal and State law allows us to use and disclose your PHI for purposes of treatment and health care needs. Beginning April 14, 2003, Valley View Health Center is permitted by law to use and disclose your PHI without your prior authorization for purposes of treatment, payment, and health care operations.

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

USE AND DISCLOSURE OF HEALTH INFORMATION

The Valley View Health Center has a limited right to use and/or disclose your Protected Health Information (PHI) for the purposes of providing you treatment, obtaining payment for your care and conducting health care operations. The Valley View Health Center (VVHC) has established policies to guard against unnecessary disclosure of your health information. **THE FOLLOWING IS A SUMMARY OF WHEN AND WHY YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED:**

To Provide Treatment. VVHC may use your health information to coordinate or manage your care within VVHC and with other individuals outside of VVHC involved in your care, such as other health care professionals. For example, certain service providers involved in your care need information about your medical condition in order to deliver appropriate services. Health care providers include physicians, hospitals, and other health caregivers who provide services to you.

To Obtain Payment. VVHC may use and share your PHI so that we are paid for the cost of your care. We may bill and share PHI with other providers, an insurance company, you, or a third party. For example, we may need to give your health plan PHI about care you have received at VVHC so your health plan will pay us or reimburse you for the care. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your health plan will cover the treatment. We may share your PHI to facilitate payment to another provider who has participated in your care.

To Conduct Health Care Operations. VVHC may use and disclose health information for its own operations and as necessary to provide quality care to all of VVHC's service recipients. Health care operations include such activities as:

- Quality assessment and improvement activities.
- Activities designed to improve health or reduce health care costs.
- Protocol development, case management and care coordination.
- Contacting health care providers and consumers with information about treatment alternatives and other related functions that do not include treatment.
- Professional review and performance evaluation.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- Business planning and development including cost management and planning related analyses and formulary development.
- Business management and general administrative activities of VVHC.

As an example, VVHC may use your health information to evaluate its staff performance, or combine your health information with other VVHC consumers in evaluating how to more effectively serve all VVHC consumers. Your health information may be disclosed to VVHC staff and contracted personnel for training purposes, or used to contact you as a reminder regarding a visit to you, or to contact you as part of a community information mailings (unless you tell us you do not want to be contacted). We may combine the PHI we have with the PHI from other health systems to see where we can make improvements in the care and services we offer. When we share PHI with other health systems for this type of comparison, we remove information that identifies you so others may study healthcare and healthcare delivery without learning who you are.

For Appointment Reminders. VVHC may use and disclose your health information to contact you as a reminder that you have an appointment. If you do not wish to receive appointment reminders or wish to be contacted at a certain telephone number, then be sure to tell the representative who is registering you for services.

For Treatment Alternatives. VVHC may use and disclose your health information to tell you about or recommend possible service options or alternatives that may be of interest to you.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES WHEN OUR HEALTH INFORMATION MAY ALSO BE USED AND DISCLOSED:

Individuals Involved in Your Care or Payment for Your Care. We may release the PHI about you to a family member or other designated person who is involved in your medical care. We may also give PHI to someone who helps pay for your care. We may need to use or share PHI about you to tell your family or persons responsible for your care where you are and of your condition. In addition, we may share PHI about you to an agency assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

To Avert a Serious Threat to Health or Safety. We may use and share PHI about you when necessary to prevent a serious threat to:

- your health and safety;
- the public's health and safety; or
- another person's health and safety.

When Legally Required. VVHC will use and disclose your health information when it is required to do so by any federal, state or local law and is limited to the relevant requirements of each law.

When There Are Risks to Public Health. VVHC may disclose your health information for public activities and purposes in order to:

- Prevent or control disease, injury or disability, report disease, injury, vital events such as birth or death and the conduct of public health surveillance, investigations and interventions;
- Notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease;
- Under the Federal Drug Administration's jurisdiction for purposes related to the quality, safety, or effectiveness of a regulated product or activity.

To Report Abuse, Neglect or Domestic Violence. VVHC is allowed to notify government authorities if VVHC believes a patient is the victim of abuse, neglect or domestic violence. VVHC will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

To Conduct Health Oversight Activities. VVHC may disclose your health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. VVHC, however, may not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

In Connection with Judicial and Administrative Proceedings. VVHC may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when VVHC makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information. [Some States require a court order for the release of any confidential medical information and may be more protective than the Federal requirements.]

For Law Enforcement Purposes. As permitted or required by State law, VVHC may disclose your health information to a law enforcement official for certain law enforcement purposes as follows:

- As required by law for reporting of certain types of wounds or other physical injuries pursuant to the court order, warrant, subpoena or summons or similar process.
- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
- Under certain limited circumstances, when you are the victim of a crime.
- To a law enforcement official if VVHC has suspicion that your death was the result of criminal conduct including criminal conduct at VVHC.
- In an emergency in order to report a crime.

For Research Purposes. VVHC may, under very select circumstances, use your health information for research provided that certain requirements are satisfied, including:

- Approval by an “Institutional Review Board” under federal regulations or by a privacy board that meets the requirements of HIPAA and
- Representations by the researcher that the PHI is necessary for the research.

To a Coroner or Medical Examiner or Funeral Director. VVHC may disclose your PHI to a coroner or medical examiner for purposes of identifying a deceased person, determining a cause of death, or other duties authorized by law. VVHC may disclose your PHI to a funeral director, consistent with applicable law, as necessary for the funeral director to carry out his or her duties. Such information may be provided in reasonable anticipation of your death.

For Organ, Eye or Tissue Donation Purposes. VVHC may use or disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue for the purpose of facilitating organ, eye or tissue donation transplantation.

In the Event of a Serious Threat to Health or Safety. VVHC may, consistent with applicable law and ethical standards of conduct, disclose your health information if VVHC, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

For Specified Government Functions. In certain circumstances, the Federal regulations authorize VVHC to use or disclose your health information to facilitate specified government functions relating to military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody.

For Worker’s Compensation. VVHC may release your health information to comply with laws relating to worker’s compensation or similar programs established by law, that provide benefits for work-related injuries or illnesses without regard to fault.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than stated in this Notice VVHC will not disclose your health information without your written authorization. Uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes, and disclosure that constitute a sale of protected health information require your written authorization. If you or your representative authorizes VVHC to use or disclose your health information, you may revoke that authorization in writing at any time. If you revoke your permission, then we will no longer use or share PHI about you for the reasons covered by your written permission, except to the extent that we have already used or shared your PHI.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

The physical form of your PHI and billing records is our business record and is the property of FHC. The PHI contained in those records is your PHI. You have the following rights regarding your PHI that VVHC maintains:

Right to request restrictions. You may request restrictions on certain uses and disclosures of your health information. However, VVHC is not required to agree to your request. If we agree to your request, then we will fulfill your request unless the PHI is needed to provide emergency treatment to you. You must make your request for any restrictions or limitations in writing to the Privacy Officer where you received services. In your request, you must tell us:

- what PHI you want to limit;
- whether you want to limit our use, disclosure, or both; and
- to whom you want the limits to apply (for example, disclosures to your spouse).

FHC will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.

Right to inspect and copy your health information. Unless your access to your records is restricted for clear and documented treatment reasons, you have a right to see your PHI upon your request. Usually, this PHI includes information we use to make decisions about your care and billing records, but does not include:

- psychotherapy notes;
- information compiled for use in or created in anticipation of a civil, criminal, or administrative action or proceeding;
- certain lab results subject to the Clinical Laboratories Improvement Act of 1988; or
- other types of information we did not use to make decisions about your health care.

A request to inspect and copy records containing your health information may be made in writing to the Privacy Officer where you received services. If you request a copy of your health information, VVHC may charge a reasonable fee for copying and assembling records associated with your request. You may also request a copy of your electronic health records in electronic format. Your request will be reasonably accommodated and VVHC may charge a reasonable fee associated with your request.

Right to amend health care information. You or your representative has the right to request that VVHC amend your records if you believe that your health information is incorrect or incomplete. That request may be made as long as the information is maintained by VVHC. A request for an amendment of records must be made in writing to the Privacy Officer/General Counsel, (740) 289-2371, 941 Market St., Piketon, OH 45661. VVHC may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if your health information records were not created by VVHC, if the records you are requesting are not part of VVHC's records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy, or if, in the opinion of, VVHC the records containing your health information are accurate and complete.

Right to appeal a denial of access to protected health information. You have the right to access your PHI. There are some limitations to that right. Your health provider may decide for clear treatment reasons that sharing your PHI with you will likely have an adverse effect on you. If this happens, then you may choose a different health provider. We will then provide your PHI to the health provider you choose.

Right to know what disclosures have been made. You have the right to request an “accounting of disclosures” of your health information made by VVHC or our Business Associates. This is a list of PHI we have made for certain reasons described in this Notice of Privacy Practices, including reasons related to public purposes authorized by law and certain research. These disclosures are not related to treatment, payment, or healthcare operations. When we make these disclosures, we are not required to obtain your authorization before we share your PHI with others. The request for an accounting must be made in writing to the Privacy Officer/General Counsel at 941 Market St., Piketon, OH 45661. The request should specify the time period for the accounting starting on or after April 14, 2003. Accounting requests may not be made for periods of time in excess of six (6) years. VVHC would provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee. We will tell you about any cost involved. You may choose to withdraw or modify your request before any costs are incurred.

Right to request confidential communication. You have the right to request that we communicate with you about PHI in a certain way or at a certain location. For example, you may ask that we only contact you at work or by mail. You must make your request for confidential communications in writing to the Privacy Officer where you received services. We will not ask you the reason for your request. We will agree to all reasonable requests. Your request must specify how or where you wish to be contacted. For example, if you wish to be contacted by telephone, then be sure to provide an appropriate telephone number.

Right to a paper copy of this notice. You or your representative has a right to a separate paper copy of this Notice at any time even if you or your representative has received this Notice previously. To obtain a separate paper copy, please contact the Valley View Health Center where you received services or the Privacy Officer at (740) 289-2371.

Right to Restrict Release of Information for Certain Services. You have the right to restrict the disclosure of your information to your health plan regarding services for which you have paid out of pocket in full. This information can be released only upon your written authorization.

Right to Breach Notification. You have the right to be notified in the event that VVHC (or one of our Business Associates) discover a breach of unsecured PHI. VVHC will notify you of such breach in accordance with federal requirements.

DUTIES OF VALLEY VIEW HEALTH CENTER (VVHC)

The agency is required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of its duties and privacy practices. VVHC is required to abide by the terms of this Notice as may be amended from time to time. VVHC reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that it maintains. If VVHC changes its Notice, VVHC will provide a copy of the revised Notice to you or your appointed representatives.

WHERE TO FILE A COMPLAINT

You or your personal representative has the right to express complaints to VVHC and to the Secretary of DHHS if you or your representative believes that your privacy rights have been violated. Any complaints to VVHC should be made in writing to the Privacy Officer/General Counsel at 941 Market St., Piketon, OH 45661. VVHC encourages you to express any concern you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint. You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington D.C., 20201 or call 1-877-696-6775.

CONTACT PERSON

VVHC has designated a contact person for all issues regarding patient privacy and your rights under the Federal privacy standards. You may contact this person at 941 Market St., Piketon, OH 45661 or at (740) 289-2371.

EFFECTIVE DATE

This Notice is effective April 14, 2003 and revised September 17, 2013

IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT:

**Privacy Officer/General Counsel
941 Market Street
Piketon, Ohio 45661
(740) 289-2371**