

Community Action Committee of Pike County, INC.  
Valley View Health Centers  
**Notice of Privacy Practices**  
Patient Rights and Responsibilities

Effective Date: April 11, 2003

**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**

If you have any questions about this Notice or would like to file a privacy related complaint, please contact our Privacy Officer:

Privacy Officer  
941 Market Street  
Piketon, OH 45661  
(740) 289-2371

**Our Pledge Regarding Your Medical Information and your Right to Receive and Discuss this Notice with us.**

Valley View Health Centers (VVHC) is committed to protecting medical information about you. We create a record of the medical care and services you receive at VVHC sites for use in your care and treatment. We need this record to provide you with quality care and to comply with certain legal requirements.

This Notice applies to all the records of your care relating to services provided in any of VVHC facilities and other health care professionals who provide services within those facilities.

This Notice tells you about the ways in which we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of your information.

You have the right to receive a copy of and discuss this Notice with our VVHC Privacy Officer at the number or address listed at the end of this Notice.

# **PATIENT RIGHTS AND RESPONSIBILITIES**

## **Patient Rights**

- To be treated with respect, dignity, and compassion.
- To get care that is free of discrimination on the basis of age, sex, race, faith, religion, marital status, national origin, disability, genetic information, color, gender identity, sexual orientation, public assistance status or criminal record, or any other protected class.
- To get care based on your own needs. VVHC makes language interpretation services available at no cost to you.
- To have your privacy protected at all levels of care, including chin-in and in treatment areas. VVHC assures the privacy and security of your records and can share information about you only with your permission, when medically necessary, or as otherwise permitted by law.
- To have access to your own health records.
- To be given the names of the doctors providing your and the names and titles of other healthcare staff who assist you.
- To be given information about your diagnosis, prognosis, and recommend treatment in ways that you can understand so you can make informed decisions about your care.
- To have continuity of care within the laws and policies that apply to the clinic and within resources available.
- To have information about how to get after hours or emergency care.
- To refuse a medication, treatment or procedure to the extent permitted by law, and be informed of the possible health consequences of your refusal.
- To get a consult or change your doctor, dentist, or healthcare provider.
- To be informed on Advanced Directives and Living Wills.
- To be informed of fees for services and/or changes in fees.

## **Patient Responsibilities**

- To provide truthful and complete information about your current health complaint, past medical history, and other information about your health.
- To let us know that you understand your diagnosis, treatment plan, medicines, and what is expected of you. Ask questions when you don't understand.
- To follow the treatment plan set by your healthcare team and participate in your care.
- To keep your scheduled appointments and let us know when you can't keep an appointment.
- To assist us with billing and/or payments issued to help with the processing of third-party payments, and accept responsibility for any fees not covered by insurance.
- To treat other patients and the healthcare providers and staff of VVHC with respect.
- To respect the property and facilities of VVHC.
- To arrange appropriate transportation and support at home after procedures requiring sedation or anesthesia or as indicated on discharge instructions.

## **Who Will Follow This Notice?**

This Notice describes the practices of VVHC and those of the following individuals and organizations (collectively, “we”):

- All divisions, subsidiaries, joint ventures, affiliates, facilities, departments, clinics, and any other entities of VVHC which are considered Covered Entities under HIPAA
- All employees, staff, volunteers, students, and other VVHC personnel

## **Use and Disclosure of Health Information**

VVHC 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. 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 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 your, 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 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 disclose this 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 you 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 the health and safety of the public.

#### **Disaster-Relief Efforts**

We may disclose medical information about you to an organization assisting in a disaster-relief effort so that your family can be notified about your condition, status, and location.

#### **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.

#### **Health Information Exchange (HIE)**

We may participate in an electronic Health Information Exchange ("HIE") to facilitate the sharing of your medical information for treatment purposes. The HIE is a network in which providers, such as doctors and other health care providers, participate to exchange patient information in order to facilitate health care. There are many circumstances when it is beneficial for a VVHC health care provider to have timely access to patient medical records to coordinate care. For example, if you were recently admitted to the hospital and was being seen by VVHC then it would be ideal for the provider to know medications you are currently taking, so they can avoid any harmful drug interactions. Please see Ohio Rev. Code § 3798.06 information regarding your rights to opt out of sharing your medical information via an HIE or access the form by going to <https://clinisync.org/wp-content/uploads/2020/11/Request-to-Change-Consent.pdf>

#### **Uses of Medical Information Requiring Authorization**

##### **Psychotherapy Notes**

We must obtain your written permission to disclose psychotherapy notes except in certain circumstances. For example, written permission is not required for use of those notes by the author of the notes with respect to your treatment or use or disclosure by us for training of mental health practitioners, or to defend VVHC in a legal action brought by you.

### **Marketing**

We must obtain your written permission to use or disclose your medical information for marketing purposes except in certain circumstances. For example, written permission is not required for face-to-face encounters involving marketing, or where we are providing a gift of nominal value (example: a coffee mug), or a communication about our own services or products (example: we may send you a postcard announcing the arrival of a new doctor or service being offered).

### **Sale of Medical Information**

We must obtain your written permission to disclose your medical information in exchange for remuneration.

### **Other Uses and Disclosures**

Other Uses and Disclosures of your medical information not covered by the categories included in the Notice or applicable laws, rules or regulations will be made only with written permission, then you may revoke it at any time. We are not able to take back any Uses or Disclosures that we already made with your authorization. We are required to retain your medical information regarding the care and treatment that we provided to you.

## **AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION**

Other than stated in the 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 constitutes 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 VVHC. The PHI contained in those records is your PHI. You have the following rights regarding your PHI that VVHC maintains:

### **Rights 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).

VVHC 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 Office Manager 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 941 Market St, Piketon, OH 45661, (740) 289-2371. 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 disclosure 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 the list of PHI we have made for certain reasons described in the Notice of Privacy Practices, including reasons related to public 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 at 941 Market Street, Piketon OH, 45661. The request should specify the time period for excess of (6) six 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 Office Manager 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 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 your 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 your 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 your or your representative believes that your privacy right have been violated. Any complaints to VVHC should be made in writing to the Privacy Office at 941 Market Street, 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 Street, Piketon OH, 45661 or at (740) 289-2371.

### **Changes to the Terms of This Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

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

Privacy Officer  
941 Market Street  
Piketon, OH 45661  
(740) 289-2371

Notice: If you send health information to VVHC via email, please know that your message may be sent in an unencrypted email. An unencrypted email means that there is a risk that the information in the email and any attachments could potentially be read by a third party when it is sent through the internet.