

GREATER VALLEY HEALTH CENTER

NOTICE OF PRIVACY PRACTICES

Effective Date: March 22, 2022

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.

As part of the federal Health Insurance Portability and Accountability Act of 1996, known as HIPAA, Greater Valley Health Center (GVHC) has created this Notice of Privacy Practices (Notice). This Notice describes GVHC's privacy practices and the rights you, the individual, have as they relate to the privacy of your Protected Health Information (PHI). Your PHI is information about you, or that could be used to identify you, as it relates to your past, present and future physical and mental health care services.

GVHC will abide by the terms presented within this Notice. For any uses or disclosures that are not listed below (Including Psychotherapy Notes, Marketing and Selling of PHI), GVHC will obtain a written authorization from you for that use or disclosure, which you will have the right to revoke at any time, as explained in more detail below.

YOUR HEALTH INFORMATION RIGHTS

Get an electronic or paper copy of your medical record: You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee. Requests for medical records must be in writing and submitted to the Medical Records Department. Requests for billing records must be in writing and submitted to the Financial or Billing Department.

Ask us to correct your medical record: You can ask us to correct health information about you that you think is incorrect or incomplete. We may say "no" to your request, but we'll tell you why in writing within 60 days. Request for changes must be in writing and submitted to the Medical Records Department.

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 say "yes" to all reasonable requests. Request must be in writing and submitted to the Medical Records Department.

Ask us to limit what we use or share: You can ask us not to use or share certain health information for treatment, payment, or our operations. 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 share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information: You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months. Requests must be in writing and submitted to the Medical Records Department.

Get a copy of this privacy notice: You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you: If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

Your Choices

You have some choices in the way that GVHC uses and shares your medical information in the situations below:

- Sharing information with your family, close friends, or others involved in your care
- Sharing information in a disaster relief situation
- If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

HOW GVHC MAY USE AND DISCLOSE YOUR PHI

The following is an accounting of the ways that GVHC is permitted, by law, to use and disclose your PHI.

Uses and disclosures of PHI for Treatment: We can use your health information and share it with other professionals who are treating you. Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Uses and disclosures of PHI for Payment: We can use and share your health information to bill and get payment from health plans or other entities. Example: We give information about you to your health insurance plan so it will pay for your services

Uses and disclosures of PHI for Health Care Operations: GVHC may use the minimum necessary amount of your PHI for administrative functions to conduct activities such as quality assessments, improvement activities, compliance, and evaluate GVHC workforce.

The following is an accounting of additional ways in which GVHC is permitted or required to use or disclose PHI about you without your written authorization.

Uses and disclosures as required by law: GVHC is required to use or disclose PHI about you as required and as limited by law.

Uses and disclosure for Public Health Activities: GVHC may use or disclose PHI about you to a public health authority that is authorized by law to collect for the purpose of preventing or controlling disease, injury, or disability. This includes the FDA so that it may monitor any adverse effects of drugs, foods, nutritional supplements and other products as required by law.

Uses and disclosure about victims of abuse, neglect or domestic violence: GVHC may use or disclose PHI about you to a government authority if it is reasonably believed you are a victim of abuse, neglect or domestic violence.

Uses and disclosures for health oversight activities: GVHC may use or disclose PHI about you to a health oversight agency for oversight activities which may include audits, investigations, inspections as necessary for licensure, compliance with civil laws, or other activities the health oversight agency is authorized by law to conduct.

Disclosures to individuals involved in your care: GVHC may disclose PHI about you to individuals involved in your care.

Disclosures for judicial and administrative proceedings: GVHC may disclose PHI about you in the course of any judicial or administrative proceedings, provided that proper documentation is presented to GVHC.

Disclosures for law enforcement purposes: GVHC may disclose PHI about you to law enforcement officials for authorized purposes as required by law or in response to a court order or subpoena.

Uses and disclosures about the deceased: GVHC may disclose PHI about a deceased, or prior to, and in reasonable anticipation of an individual's death, to coroners, medical examiners, and funeral directors.

Uses and disclosures for cadaveric organ, eye or tissue donation purposes: GVHC may use and disclose PHI for the purpose of procurement, banking, or transplantation of cadaveric organs, eyes, or tissues for donation purposes.

Uses and disclosures for research purposes: GVHC may use and disclose PHI about you for research purposes with a valid waiver of authorization approved by an institutional review board or a privacy board. Otherwise, GVHC will request a signed authorization by the individual for all other research purposes.

Uses and disclosures to avert a serious threat to health or safety: GVHC may use or disclose PHI about you, if it believed in good faith, and is consistent with any applicable law and standards of ethical conduct, to avert a serious threat to health or safety.

Uses and disclosures for specialized government functions: GVHC may use or disclose PHI about you for specialized government functions including; military and veteran's activities, national security and intelligence, protective services, department of state functions, and correctional institutions and law enforcement custodial situations.

Disclosure for workers' compensation: GVHC may disclose PHI about you as authorized by and to the extent necessary to comply with workers' compensation laws or programs established by law.

Disclosures for disaster relief purposes: GVHC may disclose PHI about you as authorized by law to a public or private entity to assist in disaster relief efforts and for family and personal representative notification.

Disclosures to business associates: GVHC may disclose PHI about you to GVHC's business associates for services that they may provide to or for GVHC to assist GVHC to provide quality health care. To ensure the privacy of your PHI, we require all business associates to apply appropriate safeguards to any PHI they receive or create.

Disclosures about Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may share your medical information with the correctional institution or law enforcement official. Sharing would be necessary: 1) for the institution to provide you with health care; 2) to protect your health and safety or the health and safety of others; or 3) for the safety and security of the correctional institution.

OTHER USES AND DISCLOSURES

GVHC may contact you for the following purposes:

Information about treatment alternatives: GVHC may contact you to notify you of alternative treatments and/or products.

Health related benefits or services: GVHC may use your PHI to notify you of benefits and services GVHC provides.

Fundraising: If GVHC participates in a fundraising activity, GVHC may use demographic PHI to send you a fundraising packet, or GVHC may disclose demographic PHI about you to its business associate or an institutionally related foundation to send you a fundraising packet. No further disclosure will be allowed by the business associates or an institutionally related foundation without your written authorization. You will be provided with an opportunity to opt-out of all future fundraising activities.

FOR ALL OTHER USES AND DISCLOSURES

GVHC will obtain a written authorization from you for all other uses and disclosures of PHI, and GVHC will only use or disclose pursuant to such an authorization. In addition, you may revoke such an authorization in writing at any time. To revoke a previously authorized use or disclosure, please contact GVHC to obtain a *Request for Restriction of Uses and Disclosures*.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

REVISIONS TO THE NOTICE OF PRIVACY PRACTICES

GVHC reserves the right to change and/or revise this Notice and make the new revised version applicable to all PHI received prior to its effective date. GVHC will also post the revised version of the Notice at www.greatervalleyhealth.org.

COMPLAINTS

- You can complain if you feel we have violated your rights by submitting in writing to GVHC Health Center Compliance Office, 1035 1st Ave West, Suite 210 Kalispell, MT 59901 or by email at Outreach@greatervalleyhealth.org.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- GVHC will not take any adverse action against you as a result of your filing of a complaint.

CONTACT INFORMATION

If you have any questions on GVHC's privacy practices or for clarification on anything contained within the Notice, please contact:

Privacy Officer
Greater Valley Health Center
1035 1st Avenue West, Suite 210
Kalispell, MT 59901
(406) 607-4915