

Below is a list of some of your legal rights with respect to your health information. By law, you are entitled to:

- 1. Request a restriction. Ask us to further restrict our use and disclosure of information about you.** We are not required to grant such a request, but if we do grant your request, we must abide by it. We ask that you make this request in writing and that your request specify to whom you wish the restriction to apply.
- 2. Confidential communications.** You have a right to request that we communicate with you about health matters in a certain way or at a certain location.
- 3. Review your medical record.** You have a right to review your personal medical records.
- 4. Obtain a copy of your medical record.** You have a right to obtain a copy of all or any part of your medical information. We may charge you a reasonable fee for copying materials.
- 5. Request an amendment.** You have a right to request an amendment to your medical records. If you believe that the medical information about you is incorrect or incomplete, you may request an amendment in writing and provide a reason to support your request. We are not required to make such an amendment. You are entitled to request in writing a written statement of disagreement, which will be included in your medical record. If you choose to make such a statement, we are entitled to submit a statement of explanation, or response to your appeal, which will be placed in your medical record.
- 6. Right to obtain accounting of disclosures.** You have a right to receive an accounting of disclosures we have made and to obtain an accounting of disclosures. This does not include disclosures for purposes of treatment, payment or healthcare operations.
- 7. Right to revoke consent for treatment/payment and healthcare operations.** If you have provided us with an authorization for any purpose, you may revoke it at any time. You may revoke an authorization by giving us written notice at our contact address mentioned below. Your revocation will be effective as of the time we receive it, and will not apply to any uses or disclosures which occur before we have received such a request.

THE INFORMATION THIS NOTICE COVERS

This notice covers all information in our written or electronic records that concerns you, your healthcare and payment for services we provide for your care. This notice also covers information we may have shared with other organizations to help us provide care to you, get reimburses for services provided to you or to manage our administrative operations.

We will publish this information on our website at: www.myvalleyhealth.com. A copy may be requested by contacting us at the telephone number or address provided.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint to us or to the Secretary of Health and Human Services. If you do file a complaint, we are legally prohibited from retaliating against you.

Privacy Officer

Laura Spicer, Executive Director
Valley Health
360 Division Ave, Suite 200
Grand Forks, ND 58201

OR

Rocky Mountain Region
Regional Manager
HHS/Office for Civil Rights
1961 Stout Street, Room 08-148
Denver, CO 80294

Customer Response Center
Phone—800.368.1019
Fax—202.619.3818
TDD—800.537.7697
Email—ocrmail@hhs.gov

Notice of Privacy Practices

Effective February 2017

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Please Review Carefully

If you have any questions about this notice, please contact the Executive Director.

Privacy and You

Your health information is personal and private. Valley Health is required by law to protect the privacy of the information we have about you. We are also required by law to provide you with this notice. This notice describes how we may use and disclose your information to carry out treatment, payment or healthcare operations. It also describes your rights to access and control your personal information. In some cases, we may be required by law to disclose your private information.

We may change the terms of this notice at any time. The new notice will be effective for all private health information we maintain at that time. You may request a copy of any revised Notice of Privacy Practices by calling the clinic and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

How We May Use and Disclose Medical Information About You

In order for us to provide you healthcare, we are permitted to use or disclose your health information for the following purposes:

- 1. Treatment.** We may use or disclose information about you for treatment purposes. This information may be communicated to doctors, nurse practitioners, nurses, medical assistants, medical and nursing students or other individuals who work in our practice who are involved in providing healthcare. We may also disclose information about you to organizations and individuals involved in your care who are outside of our practice, such as consulting physicians, laboratories, social workers and other persons in the medical profession.
- 2. Payment.** We may use or disclose information about you for payment purposes to our staff involved in billing and claims payment. We may also disclose such information to your health plan or other third party financially responsible for your care or to claims and billing services if necessary.
- 3. Healthcare Operations.** We may use or disclose information about you in connection with the operation of our practice. These activities may include: quality improvement, training of students, medical or legal review and business planning or administrative of our services.

OTHER PERMITTED DISCLOSURES

We may also disclose information about you without your consent for the following purposes:

- 1.** We may use or disclose your protected health information to public health agencies that are allowed to receive this information such as the ND Department of Health. We may disclose vital statistics, communicable diseases or information about product recalls.
- 2.** We may disclose your protected health information to agencies authorized to receive reports of suspected child abuse, neglect or domestic violence. Disclosure will be consistent with state and federal laws.
- 3.** We may disclose your protected health information if we believe you have been a victim of abuse, neglect or domestic violence.
- 4.** We may disclose your protected health information to a health oversight agency for activities authorized by regulatory, licensing and other legal purposes that are necessary for healthcare system government programs and civil rights laws.
- 5.** We may disclose protected health information in judicial or administrative proceedings, in response to a court order and in certain cases in response to a subpoena, discovery request or other legal purpose.
- 6.** We may disclose protected health information under certain conditions to law enforcement agencies, subject to applicable legal requirements and limitations.
- 7.** We may disclose protected health information to your authorized superiors or other authorized federal officials if you are in the US military, national security, intelligence or Foreign Service.
- 8.** We may disclose protected health information to coroners, funeral directors and organ donation organizations for purposes allowed by law, such as identification or determining cause of death.
- 9.** We may disclose your protected health information to researchers when their research has been approved by an institutional review board or privacy board, and the board has determined that the research meets certain requirements for protection of that information.
- 10.** We may disclose your protected health information to comply with workers' compensation laws and other similar programs established by law.