

Valley View hospital respects your private and personal health information. Valley View Hospital is required by law to maintain privacy. "Personal health information" means your information that is created by us or received by us that relates to your past, present, or future physical or mental health or condition; that relates to your past, present, or future billing information; and any other information that may reasonably identify you. We make every effort to secure this information that may be stored on paper or electronic media by locked and restricted rooms and technological controls. Our staff is skillfully trained to secure and keep your personal health information private. We share your information, as appropriate, to Valley View Hospital staff, physicians and other individuals that we do business with in order to properly provide treatment, payment and other healthcare operations. We are required to notify affected individuals following a breach of unsecured PHI.

This notice provides you with Valley View Hospital's uses and disclosures of your personal health information for treatment, payment and other healthcare operations. This notice also describes how you may access and obtain copies of your personal health information; control the release of your information for purposes other than treatment, payment and healthcare operations, and your right to request amendments or corrections to your personal health information.

Valley View Hospital is responsible to abide by this notice of privacy practices. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all protected health information that it maintains. If in the future you would like a copy of the most recent notice of privacy practices we will send you a copy upon request or you may obtain a new notice at the time of your next encounter at Valley View Hospital.

1. **Uses and disclosures of your personal health information that do not require and authorization signed by you.**

a. ***For Treatment:*** We may use or disclose your personal health information to healthcare providers and their support staff so that we can properly manage your care and make the best decisions for treatment options. Your personal health information may be shared with other healthcare facilities in the case that we transfer your care, refer your care to other healthcare providers or to other requesting healthcare organizations that are currently providing treatment.

b. ***For Payment and Billing Activities:*** We may use your personal health information as it relates to payment for your healthcare treatment, such as sharing your information with our business office, our clearinghouse, any contracted workforce member and your insurance carrier responsible for payment of your bill. At times it may be necessary to send copies of your medical record to your insurance carrier in order to expedite payment.

c. ***For other Healthcare Operations:*** We may use or disclose your personal health information for quality assurance purposes, utilization review, support service operations, and other operational activities that

necessitate the use or disclosure of your personal health information. Valley View Hospital restricts the amount of information used for these activities by allowing the minimum necessary to be used or disclosed in order to carry out the operational task. VVH may disclose to VVH Foundation your name, address, telephone number, dates of service, age and gender as part of operations. The money raised will be used to expand and improve the series and programs we provide the community.

2. **Uses and disclosures that require your authorization.**

Other uses and disclosures of your protected health information will be made only with your written authorization unless otherwise permitted or required by law. You may revoke an authorization at any time as described below under Your Rights.

3. **Other uses and disclosures.**

a. We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

b. We may use or disclose your information as required by state and federal law.

c. We may disclose your information for public health activities such as investigations related to deaths, child abuse, neglect, domestic violence, problems with products,

reactions to medications, product recalls, disease infection exposure, and disease/injury disability control prevention.

d. We may use or disclose your information for health oversight activities such as audits, investigations, and inspections by state or federal organizations.

e. We may use or disclose your information pursuant to judicial and administrative proceedings.

f. We may disclose identification data as appropriate to law enforcement requests, for example, to identify or locate a suspect, fugitive, material witness, or missing person.

g. We may disclose your personal health information when decreased to coroners, medical examiners, and funeral directors.

h. We may disclose your personal health information specific to organ and tissue donation.

i. We may disclose your personal health information for research, provided authorization is IRB-approved or privacy board-approved.

j. We may disclose your personal health information during emergencies or to avert serious threat to health or safety.

k. We may disclose your personal health information for specialized government functions (military, inmates).

l. We may disclose your personal health information for workers' compensation.

**4. You have the right to agree or object to uses and disclosures.**

Facility Directory: Unless you object, we will use the following information in our facility directory: your name, the location in which you are receiving care and your condition, in general terms. We will disclose the information to anyone that asks for you by your legal name.

Others Involved in Your HealthCare: Unless you object, we may disclose your personal health information to your family, significant other, relative or close friend for notification purposes, disaster relief efforts, or as it relates to their direct involvement of your treatment.

Marketing Activities: VVH does not utilize any patient information in marketing activities.

Health Information Exchange: Valley View Hospital participates in Quality Health Network, a regional information exchange. This is a centralized electronic database which contains personal health information from a variety of health care service providers including hospitals, physician offices, health insurance companies and pharmacies. All network members are subject to HIPPA Privacy laws. By participating in this network, Valley View Hospital intends to provide timely information to those healthcare providers and related service providers who may be involved in your care.

**5. Your Rights.**

a. You have a right to access or obtain copies of your medical record. You may submit a written request to our Health Information Management Department and pay the copy fee and receive a copy of your medical record. We must respond to you within 30 days if the record is available at the time of the request and may respond to you within 60 days of receiving request if it is not already available.

b. You have a right to request confidential communications. All communications in our organization are confidential. However, you may request confidential communications by directing your request to the Health Information Department.

c. *You have a right to request an amendment or correction to your medical record.* If you believe that some of your medical information is inaccurate you may request in writing a request to amend your medical record. We have forms available to you for this purpose. Please feel free to call or write to request a form. Please direct completed form(s) to the Privacy Officer. We must respond to you within 60 days of receiving request.

d. *You have a right to restrict the further use of disclosure of your personal health information.* This request is limited to those requests that do not interfere with treatment, payment and other healthcare operations. If our organization believes it can accommodate your request, we will do so.

e. *You have the right to receive an accounting of your disclosures of protected health information.* If you would like an accounting of your disclosures for the past six years, beginning April 14, 2003, you may request one in writing and direct the request to our Health Information Management Department. We must respond within 60 days of receiving request.

f. *You have the right to revoke an authorization.* You have the right to revoke an authorization that you may have signed if you no longer wish for it to be active. We will recognize your request on the date that we receive your revocation; however we are not responsible for any uses or disclosures acted on behalf of the authorization prior to the date of your revocation.

**6. Complaints.**

Please understand that we believe your personal health information is private and should be respected at all times. If you believe that your information has not been treated this way, please contact our Grievance Hotline at 970-384-8156 with the following information so that we can address and or investigate the situation:

- Complete name:
- Telephone number and best time we can reach you
- Date of occurrence and your account number (if known).
- Names of people you believed were responsible for your complaint.
- A detailed description of your complaint.

If you do not want to contact our facility, you may contact the Secretary of the Department of Health and Human Services. Valley View Hospital will not retaliate against you for filing a complaint.

**7. Contact Information.**

You may contact our Privacy Officer at 970-384-6810 if you have any questions or concerns related to this

notice or if you wish to report a privacy violation.

**8. Effective Date:** This notice went into effect on April 14, 2002.

**9. Joint Notice:** This notice covers more than one healthcare organization. Other healthcare organizations may use or disclose your personal health information, as necessary to carry out treatment, payment, or health care operations relating to the organized healthcare arrangement. The other organizations that may use or disclose your information according to this notice include, but may not be limited to:

- Mountain Radiology, P.C.
- Pathology Associates of the RFV, PC
- Anesthesiologists at Valley View Hospital

*Written: March 2003*

*Revised: May, 2003*

*January, 2004*

*February, 2012*

*September, 2013*

**Notice of Privacy Practices for Protected Health Information**

*This notice describes how medical information may be used and disclosed and how you can get access to this information. Please review it carefully. If you have any questions regarding this notice, please feel free to contact our Privacy Officer at 970-384-6810*



**Valley View Hospital**

[www.vvh.org](http://www.vvh.org)