



Statement of Privacy Practice

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.

Valley Care Clinic uses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Your health information is contained in a medical record that is the physical property of the Valley Care Clinic.

How Valley Care Clinic May Use or Disclosed Your Health Information:

For Treatment: Valley Care Clinic may use your health information to provide you with medical treatment or services. For example, information obtained by a health care provider, such as a physician, nurse or other person providing health services to you, will record information in your record that is related to your treatment. This information is necessary for health care providers to determine what treatment you should received. Health care providers will also record actions taken by them in the course of your treatment and note how you respond to your actions. Valley Care Clinic may use your health information when referring you to other health care professionals and facilities.

For Payment: Valley Care Clinic may use and disclose your health information to others for purposes of receiving payment for treatment and services that you receive. For example, a bill may be sent to your or a third-party payer, such as in insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosed, and treatment or supplies used in the course of treatment.

Valley Care Clinic may use your information to contact you about account balances. Valley Care Clinic may use your information to access financial assistance programs for you that may help to defray the costs associated with your care or treatment.

For Health Care Operations: Valley Care Clinic may use and disclose health information about you for operational purposes. For example, your health may be disclosed to members of the medical staff, risk or quality improvement personnel, and other to:

- Evaluate the performance of our staff;
- Access the quality of care and outcomes in your cases and similar cases
- Learn how to improve our facilities and services; and
- Determine how to continually improve the quality and effectiveness of the health care we provide.

Required by law, Valley Care Clinic may use and disclose information about you as required by law. For example, Valley Care Clinic may disclose information for the following purposes:

- For the judicial and administrative proceedings pursuant to legal authority.
- To report information related to victims of abuse, neglect or domestic violence; and
- To assist law enforcement officials in their law enforcement duties.

Appointments Reminders and Treatment Calls, Valley Care Clinic may contact you to provide appointment reminders or information about treatment plans, medication or test results, other health-related benefits and services that may be of interest to you. When contacts are made via telephone, messages will be left on answering machines with limited information.

Notification, Valley Care Clinic may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Communication with Family, Valley Care Clinic's health professionals and staff, exercising their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to the person's involvement in your care or payment related to your care.

Business Associates, In some cases, Valley Care Clinic contracts with business associates to provide services on its behalf. An example includes arrangements with business associates Valley Care Clinic to provide collection services. Valley Care Clinic may disclose your health information to such a business associate so that they can perform their respective job functions. To protect your health information, however, Valley Care Clinic requires the business associate to safeguard your information.

Public Health, Your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, of disability, or for other health oversight activities.

Decedents, health information may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties.

Organ/Tissue Donation, Your health information may be used or disclosed to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.

Food and Drug administration (FDA), Valley Care Clinic May disclose to the FDA health information relative to adverse events with respect to food, supplements, product and products defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Government Functions, Specialized government functions such as protection of public officials or reporting to various branches of the armed services that may require use or disclosure of your health information.

Workers Compensation, Your health information may use or disclosed in order to comply with laws and regulations related to Workers Compensation.

Other Uses, Other uses and disclosures will be made only with your written authorization and you may revoke the authorization except to the extent Valley Care Clinic has taken action in reliance on such.

Your Health Information Rights

You have the right to;

- Request a restriction on certain uses and disclosures of your information; however, Valley Care Clinic is not required to agree to a requested restriction;
- Obtain a paper copy of the notice of information practices upon request;
- Inspect and obtain a copy of your health record be amended;
- Request communications of your health information by alternative means or at alternative locations; and
- Receive an accounting or disclosures made of your health information.

Obligations of Valley Care Clinic

Valley Care Clinic is required to;

- Maintain in the privacy of protected health information;
- Provide you with this notice of its legal duties and privacy practices with respect to your health information
- Abide by the terms of this notice;
- Notify you if we are unable to agree to a request restriction on how your information is used or disclosed;
- Accommodate reasonable request you make to communicate health information by alternative means or at alternative locations

Valley Care Clinic reserves the right to change its information practices and to make the provisions effective for protected health information it maintains. Revised notices will be made available to you upon your request at your next visit to our practice.

Complaints: You may complain to Valley Care Clinic and to the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

Valley Care Clinics

Acknowledgement of Receipt of Statement of Privacy Practices

I acknowledge that I have received a copy of the Statement of Privacy Practices for the offices of Valley Care Clinic. The Statement of Privacy Practices describes the uses and disclosures of my protected health information that might occur in my treatment, payment for services, or in the performance of office health care operations. The Statement of Privacy Practices also describes my rights and the responsibilities and duties of this office with respect to my protected health information. The Statement of Privacy Practices is also posted in the facility.

Valley Care Clinic reserves the right to change the privacy practices that are described in the Statement of Privacy Practices. If privacy practices change, I will be offered a copy of the revised Statement of Privacy Practices at the time of my first visit after the revisions become effective. I may also obtain a revised Statement of Privacy Practices by requesting that one be mailed to me.

Name of Patient or Personal Representative

Signature of Patient or Personal Representative

Description of Personal Representative's Authority

Date

OFFICE USE BELOW THIS LINE

Record of Acknowledgement Not Obtained

Provided Prior To Treatment Yes No

Date Provided: _____

Reason For Denial:

- Needed more time to review Statement of Privacy Practices
- Wanted to consult with another person before signing
- Unable to sign
- Reason not given
- Other – explain: _____