

## **HIPAA NOTICE OF PRIVACY PRACTICES**

**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 Health Systems, Inc. and its employees are dedicated to providing quality health care while protecting the privacy of your personal health information, as required by applicable federal and state laws. These laws require us to provide you with this Notice of Privacy Practices, and to inform you of your rights and our obligations concerning Protected Health Information, or PHI, which is information that identifies you and that relates to your physical or mental health condition. We are required to follow the privacy practices described below while this Notice is in effect.

We reserve the right to revise or amend our Notice of Privacy Practices at any time. Any revision or amendment to our Notice will be effective for all PHI that our organization has created or maintained in the past, and for any PHI that we may create or maintain in the future. Our organization will post a copy of our current Notice in our offices in a visible location, and you may request a paper copy of our most current Notice at any time. This notice is also available on [www.valleyhealth.org](http://www.valleyhealth.org).

A. **Permitted Disclosures of PHI**. We may disclose your PHI for the following reasons:

1. **Treatment**. We may disclose your PHI to a physician or other health care provider providing treatment to you. For example, we may disclose medical information about you to physicians, nurses, technicians or personnel who are involved with the administration of your care.
2. **Payment**. We may disclose your PHI to bill and collect payment for the services we provide to you. For example, we may send a bill to you or to a third party payor for the rendering of services by us. The bill may contain information that identifies you, your diagnosis and procedures, and supplies used. We may need to disclose this information to insurance companies to establish insurance eligibility benefits for you. We may also provide your PHI to our business associates, such as billing companies, claims processing companies, and others that process our health care claims. We will require protection of PHI in our written agreements with our business associates.
3. **Health Care Operations**. We may disclose your PHI in connection with our health care operations. Health care operations include quality assessment activities, reviewing the competence or qualifications of health care professionals, evaluating provider performance, and other business operations. For example, we may use your PHI to evaluate the performance of the health care services you received. We may also provide your PHI to accountants, attorneys, consultants, and others to make sure we comply with the laws that govern us.
4. **Other Permitted Uses**: We may use or disclose PHI to remind you of appointments or to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. Unless you make an alternative request, we may send postcards to your home or leave messages on your answering machine or with whoever answers your phone to remind

you of appointments, to ask you to contact us concerning your care or to seek or coordinate your participation in programs we offer, such as disease management programs. We may also send you newsletters concerning our treatment or care alternatives, benefits, services and containing general health care information.

We may also use or disclose PHI in accordance with federal and state law in the following situations that do not require your authorization or an opportunity for you to object:

5. **Required by Law.** We may disclose your PHI for law enforcement purposes and as required by state or federal law.

The law may require us to report instances of abuse, neglect or domestic violence; to report certain injuries such as gunshot wounds; to disclose PHI to assist law enforcement in identifying or locating a suspect, fugitive, material witness or missing person; to respond to a law enforcement official's request about an individual who is or is suspected to be a victim of a crime; to report to a law enforcement official our suspicion that death has occurred as a result of criminal conduct; or to report to a law enforcement official concerning a crime on our premises. We will inform you or your representative if we disclose your PHI because we believe you are a victim of abuse, neglect or domestic violence, unless we determine that informing you or your representative would place you at risk. In addition, we must provide PHI to comply with an order in a legal or administrative proceeding. Finally, we may be required to provide PHI in response to a subpoena discovery request or other lawful process, but only if efforts have been made, by us or the requesting party, to contact you about the request or to obtain an order to protect the requested PHI.

6. **Emergency Treatment.** We may disclose your PHI if you require emergency treatment or are unable to communicate with us.
7. **Serious Threat to Health or Safety.** We may disclose your PHI if we believe it is necessary to avoid a serious threat to the health and safety of you or the public.
8. **Public Health.** We may disclose your PHI to public health or other authorities charged with preventing or controlling disease, injury or disability, or charged with collecting public health data. We may disclose PHI as required by the Food and Drug Administration to report adverse events, product defects or problems.

West Virginia law requires reporting of: child or vulnerable adult abuse; weapon or burn-related injuries; communicable diseases; cancer; lead poisoning; and provides for a duty to warn of imminent harm. Our disclosure of PHI will be limited to the relevant requirements of the law. We may disclose to employers the PHI of employees who are being treated at the request of the employer or if conducting a medical evaluation or monitoring of employees, employer sites or treatment of illness or injury sustained on employer sites or claimed by the employee to have been caused by the employer.

9. **Health Oversight Activities.** We may disclose your PHI to a health oversight agency for activities authorized by law. These activities include audits; civil, administrative or criminal investigations or proceedings; inspections; licensure or disciplinary actions; or other activities necessary for oversight of the health care system, government programs and compliance with civil rights laws.
10. **Research.** We may disclose your PHI for certain research purposes, but only if we have protections and protocols in place to ensure the privacy of your PHI.

11. **Workers' Compensation**. We may disclose your PHI to comply with laws relating to workers' compensation or other similar programs.
12. **Specialized Government Activities**. If you are active military or a veteran, we may disclose your PHI as required by military command authorities. We may also be required to disclose PHI to authorized federal officials for the conduct of intelligence or other national security activities.
13. **Organ Donation**. If you are an organ donor, or have not indicated that you do not wish to be a donor, we may disclose your PHI to organ procurement organizations to facilitate organ, eye or tissue donation and transplantation.
14. **Coroners, Medical Examiners, Funeral Directors**. We may disclose your PHI to coroners or medical examiners for the purposes of identifying a deceased person or determining the cause of death, and to funeral directors as necessary to carry out their duties.

**B. Disclosures that May Be Made Unless You Object**

1. **Family and Friends**. Unless you object, we may disclose your PHI to a family member, friend or any other person who you identify as being involved with your care or payment for care.
2. **Disaster Relief**. Unless you object, we may disclose your PHI to a governmental agency or private entity (such as FEMA or Red Cross) assisting with disaster relief efforts.

**C. Disclosures Requiring Written Authorization**

1. **Not Otherwise Permitted**. In any other situation not described in Section A above, we may not disclose your PHI without your written authorization. You may revoke such authorization at any time, in writing, except to the extent that our organization has taken any action in reliance on the use or disclosure indicated in the authorization.
2. **Psychotherapy Notes**. We must receive your written authorization to disclose psychotherapy notes, except for certain treatment, payment or health care operations activities.
3. **Marketing and Sale of PHI**. We must receive your written authorization for any disclosure of PHI for marketing purposes or for any disclosure which is a sale of PHI. We will not use your PHI for fund-raising activities.

**D. More Stringent Requirements under State Law**

1. You should note that most of the foregoing summary of permitted uses and disclosures of PHI is based upon federal requirements. Those requirements are to be followed unless West Virginia law offers PHI greater protection. In certain situations, West Virginia has adopted stronger protections for PHI than the federal provisions. Since we are providing your health care in West Virginia, these laws will apply, even though you may be a citizen of another state. In West Virginia, mental health information obtained in the course of our care for is considered to be confidential and may not be disclosed without patient authorization, by qualified court order or where necessary to protect someone from clear and substantial danger of imminent harm. For this purpose, mental health information includes the fact someone is our patient or has received treatment; information related to diagnosis or treatment and PHI concerning physical, mental or emotional condition and advice, instructions or prescriptions related to such care, treatment or diagnosis.

Also under West Virginia law, we are not required to release or disclose PHI of a minor receiving treatment or services for birth control, prenatal care, drug rehabilitation or venereal disease without the minor's prior written consent (even to parents or guardians).

Under West Virginia law, the identity of a person who has received an HIV-related test and the results of such test may not be generally disclosed without the person's consent. However, disclosure is permitted to certain parties, such as to the victim of a sexual assault or to health care workers involved in the treatment of the person. Recipients of such information under one of these exceptions are prohibited from re-disclosing the PHI. We also cannot disclose to third-parties PHI concerning substance abuse treatment or genetic testing without patient authorization or appropriate court order.

D. **Your Rights.**

1. **Right to Receive a Paper Copy of This Notice.** You have the right to receive a paper copy of this Notice upon request.
2. **Right to Access PHI.** You have the right to inspect and copy your PHI for as long as we maintain your medical record by making a written request for access and sending it to Jenna Walker at the address below, or by creating a Valley Health Patient Portal account. You have a right to either a written or electronic copy of your records. We may charge you a reasonable fee for the copying of your medical record pursuant to West Virginia law which states that "the cost may not exceed seventy-five cents per page for the copying of any record or records..." (WV Code §16-29-2). Further, any indigent person or his or her representative requesting records necessary for a claim or appeal under the Social Security Act will be entitled to one free set of copies per provider. In certain circumstances, such as requests for psychotherapy notes or information compiled in reasonable anticipation of a civil, criminal, or administrative action or proceeding, we may deny your request to access your PHI, and you may request that we reconsider our denial. One of our medical staff will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

We are required to respond to your request to inspect and copy your records within 30 days of receipt of your request if the requested information is maintained on-site (60 days if off-site), unless we extend this response time by up to an additional 30 days, with written notice to you of the reasons for the delay and the date by which we will complete our action on your request.

3. **Right to Request Restrictions.** You have the right to request a restriction on the use or disclosure of your PHI for the purpose of treatment, payment or health care operations, except for in the case of an emergency. You also have the right to request a restriction on the information we disclose to a family member or friend who is involved with your care or the payment of your care. *However, we are not legally required to agree to such a restriction.*
4. **Right to Restrict Disclosure for Services Paid by You in Full.** You have the right to restrict the disclosure of your PHI to a health plan if the PHI pertains to health care services for which you paid in full directly to us.
5. **Right to Request Amendment.** You have the right to request that we amend your PHI if you believe it is incorrect or incomplete, for as long as we maintain your medical record. We may deny your request to amend if (a) we did not create the PHI, (b) it is not information that we maintain, (c) it is not

information that you are permitted to inspect or copy (such as psychotherapy notes), or (d) we determine that the PHI is accurate and complete.

6. **Right to an Accounting of Disclosures.** You have the right to request an accounting of disclosures of PHI made by us (other than those made for treatment, payment or health care operations purposes, or those made to you or others pursuant to your authorization) during the 6 years prior to the date of your request. You must make a written request for an accounting, specifying the time period for the accounting, to Jenna Walker at the address listed at the end of this Notice. The first accounting of disclosures you request within a 12-month period is free of charge, but our organization may charge you for additional lists within the same 12-month period.
  7. **Right to Confidential Communications.** You have the right to request that we communicate with you about your PHI by certain means or at certain locations. For example, you may specify that we call you only at your home phone number, and not at your work number. You must make a written request, specifying how and where we may contact you, to Jenna Walker at the address listed at the end of this Notice.
  8. **Right to Notice of Breach.** You have the right to be notified if we or one of our business associates become aware of a breach of your unsecured PHI.
- E. **Acknowledgment of Receipt of Notice.** We will ask you to sign an acknowledgment that you received this Notice.
- F. **Questions and Complaints.** If you would like more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made regarding the use, disclosure, or access to your PHI, you may complain to us by contacting Jenna Walker at the address and phone number at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file such a complaint upon request.

We support your right to the privacy of your PHI. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services. Please direct any of your questions or complaints to:

Jenna Misiti  
Valley Health Systems, Inc.  
3377 U.S. Route 60  
Huntington, WV 25705  
(304) 525-3334 (ext. 5129)

This notice is effective August 22, 2013.