Valley Health Systems, Inc. and its affiliates are dedicated to protecting your personal health information while promoting the privacy of your personal health information, as required by 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 past, present, or future physical or mental health or condition.

We 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.

A. Permitted Uses 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 use or disclose your PHI in connection with your treatment by a physician, nurse, or other health care provider. 2. Payment. We may disclose your PHI to a physician or other health care provider to make collection efforts for the services we provide to you. For example, we may send a bill to you or to a third party payer for the services rendered by us. The bill may contain information that identifies you, your diagnosis and procedures, and supplies used. We may need to disclose this information in order to establish insurance eligibility benefits for you. We may also provide your PHI to our business associates, such as billing companies, claim processing companies, and others that process our health care claims. We will require protection of your 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 of our health care providers, 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 disclose your PHI to organ procurement organizations or other manufacturers of tissue, information needed to facilitate organ, eye or tissue donation and transplantation. This notice is effective October 14, 2019. Please direct any of your questions or complaints to: 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.

To facilitate organ, eye or tissue donation and transplantation.

B. Right to an Accounting of Disclosures. You have the right to request an accounting of disclosures of your PHI for which you paid in full directly to us. 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 can deny your request to access your PHI, and you may request that we reconsider our denial. One of our 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, investigations, inspections, licensure, discipline, or civil, criminal, or administrative proceedings to enforce civil rights laws.

C. Marketing and Sale of PHI. We may use or sell PHI in connection with the marketing activities of our business associates or others. We will only use or sell your PHI as permitted by HIPAA. We may not disclose your PHI for any purpose other than the purposes allowed by hipaa. 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. 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 Corporate Compliance Officer at the address below, or by creating a Valley Health Patient Portal account. You have a right to request 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 “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 your PHI for as long as we maintain your medical record by making a written request for access and sending it to Corporate Compliance Officer at the address below, or by creating a Valley Health Patient Portal account. You have a right to request 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 “the cost may not exceed seventy-five cents per page for the copying of any record or records…” (WV Code §16-29-2). This charge can be published in the Notice of Privacy Practices, and we may require you to pay a deposit before we provide you with a copy of your records. We must respond to your request within 45 days after we receive your request. We may make this charge only if we deny your request to access your PHI, and you may request that we reconsider our denial. We will notify you within 45 days of our decision to grant or deny your request.

E. 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 have the right to request a restriction on the use or disclosure of your PHI for treatment, payment or health care operations, except for in the case of an emergency. You have the right to request a restriction on the use or disclosure of your PHI for treatment, payment or health care operations, except for in the case of an emergency. You have the right to request a restriction on the use or disclosure of your PHI for treatment, payment or health care operations, except for in the case of an emergency. You have the right to request a restriction on the use or disclosure of your PHI for treatment, payment or health care operations, except for in the case of an emergency. You have the right to request a restriction on the use or disclosure of your PHI for treatment, payment or health care operations, except for in the case of an emergency.

F. Right to Request Restrictions. You have the right to restrict the disclosure of your personal health information from your medical record to your employer for any purpose other than the purposes allowed by hipaa. 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.

G. 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 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 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 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 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 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.