



NOTICE of PRIVACY PRACTICES

Effective Date: 4/2020

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.

PART I — Purpose of Notice

In connection with providing you care, Northeast Valley Health Corporation ("NEVHC") may create or obtain information about you that is protected by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as amended by Subtitle D of the Health Information Technology for Economic and Clinical Health Act ("HITECH"), which was part of the American Recovery and Reinvestment Act of 2009, as well as the implementing regulations at 45 CFR part 160 and part 164. This information is known as "protected health information" or "PHI" and is defined below. Members of NEVHC's workforce, such as physicians and other health care professionals, as well as NEVHC business associates, who are involved in your care and need access to your PHI in order to provide proper treatment or perform appropriate administrative functions for NEVHC, may have access to such information. This notice describes how NEVHC and its employees may use and disclose your PHI, as well as NEVHC's obligation under the law to protect that information. It also describes your rights regarding your PHI.

PART II — Protection of Your Medical Information

Protected Health Information is information that is created or received by NEVHC (or its business associate(s)) that identifies you or could reasonably be expected to be used to identify you and relates to: a) your past, present, or future physical or mental health or condition, b) the provision of health care to you, or c) the past, present, or future payment for the provision of health care to you.

NEVHC recognizes that your PHI is personal. We are committed to protecting the **privacy** and **confidentiality** of your PHI. We protect your privacy and confidentiality rights by creating and putting into practice policies and procedures that allow access to your PHI only for legitimate and lawful reasons.

We may (and likely will) contract with individuals or entities (known as business associates under federal law) to perform various functions or to provide certain types of services on our behalf. In order to do their work, business associates will receive, create, maintain, use and/or disclose your PHI, but only after they agree in writing with us to implement appropriate safeguards regarding your PHI.

NEVHC is required by law to:

- (a) make sure that your PHI is kept private;

- (b) provide you with certain rights with respect to your PHI;
- (c) give you this notice of NEVHC's legal duties and privacy practices with respect to your PHI;
and
- (d) follow the terms of the privacy notice that is currently in effect.

Changes to This Notice

We reserve the right to amend this notice and to make the revised or changed notice effective for PHI we already have about you, as well as information we receive in the future. A current copy of the notice will be posted at the facility at all times, and if NEVHC revises the notice and deems the revisions to be material, it will provide you with a copy of the revised notice. In addition, you may request a copy of the current notice at any time.

Your PHI is Private and Confidential

As we provide your health care, we are required to maintain a complete copy of your medical history, current condition, treatment plan and all treatment given, including the results of all tests, procedures and therapies. Whether this information is stored in writing, on a computer, or other means, we will keep this information in a safe and secure way that protects your privacy and confidentiality. Your medical record is the physical property of NEVHC.

How NEVHC Assures Your Privacy

NEVHC has put in place detailed policies regarding access to medical records by our staff and employees and has carefully outlined the circumstances under which your PHI may be released to parties outside of NEVHC. These policies conform to state, federal, and local law and are designed to safeguard your privacy. Except in very limited circumstances, even when NEVHC is permitted to use or disclose your PHI, it must limit such PHI to the minimum necessary to accomplish the intended purpose of such use or disclosure. NEVHC has a Privacy Officer (whose contact information is provided at the end of this notice) who is responsible for the continued development and implementation of policies and procedures to ensure the confidentiality and protection of your PHI. Our staff and employees are trained in the appropriate use of PHI and know that it is available to them only to continue to provide care to you or for other limited but legitimate reasons. Our staff and employees will receive privacy and security training as necessary to keep them up to date on newly issued guidance and changes in the law with respect to safeguarding PHI. A violation of confidentiality or the failure of an employee to protect your PHI from accidental or unauthorized access will not be tolerated.

If a Breach Occurs

NEVHC will do everything it reasonably can to prevent unauthorized access, acquisition, use, or disclosure of your PHI, but it is nonetheless possible that such a breach may occur. In the event of such a breach, NEVHC will take steps to secure your PHI and protect you from potential negative effects. In addition, NEVHC will comply with all applicable state and federal laws regarding breach notification, which will result in you being personally notified in the case of a breach of your PHI.

Prohibition on Sale of PHI

Other than the exceptions listed below, neither NEVHC nor any of its business associates shall directly or indirectly receive payment of any kind in exchange for any of your PHI unless you gave a valid authorization for such, which must include a specification of whether the PHI can be further sold by the entity receiving your PHI. This prohibition on the sale of your PHI does not apply if:

1. the purpose of the exchange is for public health activities;
2. the purpose of the exchange is for research and the price charged reflects the costs of preparation and transmittal of the data for such purpose;
3. the purpose of the exchange is for the treatment of the individual, subject to any regulation that the Secretary of Health and Human Services may issue to prevent PHI from inappropriate access, use, or disclosure;
4. the purpose of the exchange is related to the sale, transfer, merger, or consolidation of all or part of NEVHC with another covered entity, or an entity that following such activity will become a covered entity and due diligence related to such activity;
5. the purpose of the exchange is for compensation that is provided by NEVHC to a business associate for activities involving the exchange of PHI that the business associate undertakes on behalf of and at the specific request of NEVHC pursuant to a business associate agreement;
6. the purpose of the exchange is to provide an individual with a copy of the individual's PHI; or
7. the purpose of the exchange is otherwise determined by the Secretary of Health and Human Services in regulations to be similarly necessary and appropriate as the exceptions listed above.

Communications with your NEVHC Care Team

NEVHC offers all patients the ability to sign up for the NEVHC portal. This portal is a secure HIPAA compliant website for you to view your medical information, communicate with your care team, review diagnostic test results and pay your NEVHC bill. No one else except you and your NEVHC care team have access to your portal unless you share your personal password. Healthcare information that is exchanged by patients through their personal e-mail is not secure. NEVHC will not be responsible for any unauthorized access, use, or disclosure of personal health information that is transmitted by patients in this manner.

For more information go to: <https://nextmd.com/ud2/login/login.aspx>

How NEVHC May Use and Disclose Your Protected Health Information

Under the law, NEVHC and/or NEVHC's business associates on behalf of NEVHC may use or disclose your PHI under certain circumstances without your permission. The following categories describe the different ways that we may use or disclose your PHI even without your permission. For each category we have explained what we mean and presented some examples. Although not every use or disclosure in each

category will be listed, all of the ways we are permitted to use and/or disclose your PHI will fall within one of the categories.

1. Disclosure at Your Request. We may disclose information when requested by you. Depending on the circumstances, this disclosure at your request may require a written authorization by you.
2. For Treatment. To the extent permitted or required by law, we may use or disclose your PHI to provide medical treatment or services. We may disclose this information to doctors, nurses, technicians or other facility personnel who are involved in your care at the facility. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. Different departments of the facility also may share your PHI in order to coordinate the different things you may need, such as x-rays and prescriptions. We may also disclose your PHI to people outside of NEVHC who may be involved in your medical care after you leave NEVHC, such as skilled nursing facilities, home health agencies, and physicians or other practitioners. For example, we may give your physician access to your PHI to assist your physician in treating you.
3. For Payment. To the extent permitted or required by law, we may use and disclose your PHI so that the treatment and services you receive from NEVHC may be billed and collected from you, your insurance company or a third party. For example, we may need to inform your health plan or other payer about a procedure that you received at the facility so that they will pay us, or reimburse you. We may also tell your health plan or

Other payer about a treatment you are going to receive to obtain prior approval or to determine if the treatment will be covered by your health plan or other payer.

4. For Health Care Operations. To the extent permitted or required by law, we may use and disclose your PHI as necessary to run the facility and ensure quality care. For example, we may use PHI to ensure that NEVHC follows the rules of regulatory agencies for the efficient and effective provision of care such as that required by Medicare or other applicable governmental entities. We may also combine the PHI we have with that from other facilities to compare and determine how we can make improvements in the care and services we offer.
5. For Research. Patient records are valuable tools used by researchers in finding the best possible treatments for diseases and medical conditions. To the extent permitted or required by law, we may use and disclose your PHI for research purposes. For example, a research project may compare the results of recovery in patients receiving one treatment with patients receiving another treatment. All researchers must follow the same rules and laws that other health care workers are required to follow to insure the privacy of patient information. In all research conducted within NEVHC, concern for your privacy and well-being is our first priority. Therefore, unless otherwise required or permitted by law, information that may identify you will not be released to anyone outside of NEVHC without your prior written approval. We may remove information that identifies you so that others may use it to study health care.
6. To Contact You or Your Legal Representative. To the extent permitted or required by law, we may use and disclose PHI to contact you or your legal representative. For example, we may use your PHI to contact you in order to remind you that you have an appointment scheduled at NEVHC or to discuss whether or not you want to participate in a media or news story.

7. Treatment Alternatives; Health-Related Benefits and Services. To the extent permitted or required by law, we may use and disclose PHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you. We may use and disclose PHI to tell you about health-related benefits and/or services that may be of interest to you.
8. To Avoid a Serious Threat to Health or Safety. To the extent permitted or required by law, we may use and disclose your PHI when we believe in good faith that it is necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
9. Public Health Risks and Activities. To the extent permitted or required by law, we may disclose your PHI to certain entities and/or individuals for public health activities aimed at preventing or minimizing public health risks. These activities generally include the following:
 - a. to prevent or control disease, injury or disability;
 - b. to report births and deaths;
 - c. to report child abuse and/or neglect;
 - d. to report reactions to medications or problems with products;
 - e. to notify people of recalls of products they may be using;
 - f. to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 - g. to notify the appropriate government authority if NEVHC believes that a patient has been the victim of abuse, neglect or domestic violence.
10. Health Oversight Activities. To the extent permitted or required by law, we may disclose your PHI to a health oversight agency for lawful oversight activities, including:
 - a. audits;
 - b. civil, administrative, or criminal investigations;
 - c. inspections;
 - d. licensure or disciplinary actions; or
 - e. civil, administrative, or criminal proceedings or actions.

For example, we are required to disclose your PHI to the Secretary of Health and Human Services when he/she is investigating or determining our compliance with the law.

11. Worker's Compensation. To the extent permitted or required by law, we may release your PHI for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness.
12. Specialized Government Functions.

- a. Military Activities. If you are a member of the armed forces, we may release your PHI as required by military command authorities and permitted or required by law. We may also release PHI about foreign military personnel to the appropriate foreign military authority.
- b. National Security and Intelligence Activities. To the extent permitted or required by law, we may disclose your PHI to authorized federal officials for the conduct of lawful intelligence, counter-intelligence, and other national security activities authorized by the National Security Act and implementing authority.
- c. Protective Services for the President and Others. To the extent permitted or required by law, we may disclose PHI to authorized federal officials for the provision of protective services to the President or other persons authorized by 18 USC 3056, or to foreign heads of state or other persons authorized by 22 USC 2709(a) (3), or for the conduct of investigations authorized by 18 USC 871 and 879.
- d. Correctional Institutions and Other Law Enforcement Custodial Situations. To the extent permitted or required by law, we may disclose your PHI to a correctional institution or a law enforcement official having lawful custody of you, if the

Correctional institution or such law enforcement official represents that such PHI is necessary for:

- i. the provision of health care to you;
 - ii. your health and safety, or that of another individual;
 - iii. the health and safety of the officers or employees or others at the correctional institution;
 - iv. the health and safety of such individuals and officers or other persons responsible for transporting inmates for their transfer from one place to another;
 - v. law enforcement on the premises of the correctional institution; and
 - vi. the administration and maintenance of the safety, security, and good order of the correctional institution.
13. Fundraising Activities. To the extent permitted or required by law, we may use or disclose your PHI for the purpose of raising funds for our own benefit. In doing so, we may only release demographic information related to you and/or the dates you received treatment or services from us.

Any written fundraising communication directed to you that is a healthcare operation shall, in a clear and conspicuous manner, provide an opportunity for you to elect not to receive any further such communication, as well as a description of how you may do so. If you make such an election you should notify the NEVHC Privacy Officer in writing and we will make reasonable efforts to ensure that you are not sent such communications in the future.

14. Judicial and Administrative Proceedings; Law Enforcement. We may release PHI to the extent permitted or required by law if asked to do so by a law enforcement official or in the course of a judicial or administrative proceeding in various ways, including:

- a. In response to a court order, subpoena, warrant, summons, or similar process;
- b. To identify or locate a suspect, fugitive, material witness or missing person;
- c. About the victim of a crime if under certain limited circumstances, we are unable to obtain the victim's agreement to the use/disclosure;
- d. About a death we believe may be the result of criminal conduct;
- e. About criminal conduct at the hospital; and
- f. In emergency circumstances to report a crime; the location of the crime or victims; the identity, description or location of the person who committed the crime.

Additionally, we may use and disclose your PHI when we believe in good faith that the use or disclosure is necessary for law enforcement authorities to identify or apprehend an individual:

- g. because of a statement by someone admitting participation in a crime that we reasonably believe may have caused serious physical harm to the victim; or
 - h. where it appears from all the circumstances that the individual has escaped from a correctional institution or lawful custody.
15. Coroners, Medical Examiners and Funeral Directors. To the extent permitted or required by law, we may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine cause of death. We may also release PHI about patients of the hospital to funeral directors as necessary to carry out their duties.
 16. Victims of Abuse, Neglect or Domestic Violence. If we reasonably believe that you are a victim of abuse, neglect, or domestic violence, we may disclose your PHI to the extent permitted or required by law to a government authority, including a social service or protective service agency, authorized by law to receive reports of such abuse, neglect, or domestic violence.
 17. Organ, Eye or Tissue Donation. To the extent permitted or required by law, we may use or disclose your PHI to appropriate organizations for the purpose of facilitating organ, eye, or tissue donation and transplantation.
 18. As permitted or required by law. Please note that federal, state and local law permits and/or requires NEVHC to use or disclose your PHI in certain circumstances. This includes, but is not limited to, mandatory reports of abuse of children or elderly or disabled persons, as well as disclosure to the Secretary of Health and Human Services in order to determine NEVHC's compliance with federal law. Also, subpoenas or court orders may compel the disclosure of confidential or privileged health information in the context of a lawsuit or administrative proceeding. We may disclose your PHI in any manner and for any purpose and to any extent necessary as permitted or required by law,
 19. Health Information Exchange (HIE) A Health Information Exchange is a secure computer network to share and gather important medical information about you with other health care providers and care team members who you see in a variety of health care

settings. Only staff involved in your care has access to this information for the purposes of coordinating your health care. The information exchange will gather the following medical information: hospital admissions and discharge information from participating hospitals; medical history; allergies; prescription medicines you take; lab and x-ray reports; health plan enrollment and eligibility data. Medical information about you that is considered sensitive under Federal or State laws will not be exchanged unless you specifically authorize us in writing to give us permission to exchange this information. All information in the exchange portal is HIPAA protected and encrypted to prevent misuse of your information. If any information exchanged you believe is incorrect, you can request to correct this information by writing to privacyofficer@nevhc.org. **Unless you specifically tell us you want to OPT OUT, your medical information will be shared via an HIE.**

Your Right to Object to Certain Uses and Disclosures

In certain instances, we may only use or disclose your PHI if you are informed in advance of such use or disclosure and you are first given an opportunity to prohibit or restrict the use or disclosure. This right to object applies to the following uses or disclosures:

1. In order to maintain a directory of the facility, we may use your name, your location in the facility, your condition (described in general terms that do not communicate specific medical information about you), and your religious affiliation. We may disclose such information for directory purposes to members of the clergy and, except for your religious affiliation, to people who ask for you by name.
2. We may disclose to a family member, a close friend, or another person specifically identified by you, your PHI that is directly related to that person's involvement in your care or payment for your care. We may also disclose your PHI to let these people know where you are or what general condition you are in.
3. We may disclose your PHI to an entity, whether public or private, assisting in a disaster relief effort so that your family can be notified about your general condition or location.

If you would like to prohibit or restrict our ability to use or disclose your PHI in any of the 3 situations listed above, you must notify the NEVHC Privacy Officer, whose contact information is provided at the end of this notice.

Access to Your Information By Family Members & Close Personal Friends

With your verbal or written permission, NEVHC may release limited information about you which is relevant to the individual's involvement with you, the patient, about your care or payment of health care. You may change this list of individuals at any time. If you are not able to give permission to discuss your care due to incapacity or an emergency, the NEVHC provider, using their professional discretion, may disclose PHI about you which they believe is directly relevant to the individual's involvement with your health care or payment of health care and is in the best interest of you, the patient. In the event of your death, NEVHC may use and disclose your PHI to a family member or other person who was involved in your care or payment of health care prior to death. Where a patient has a Personal Representative (as

defined by HIPAA), that individual has the same rights to access and release of PHI as the patient. A Personal Representative may include:

1. The guardian or conservator of the person of an adult patient;
2. The beneficiary or personal representative of a deceased patient as defined in Probate Code;
3. A person (agent) authorized to make health care decisions under a patient's advance health care directive;
4. The parent or guardian of a minor patient (except in the case of minor consent services as defined by California law). If the minor has been removed from the custody of either parent or guardian, that parent or guardian is no longer able to have access to the minor's PHI.

NEVHC Asks For Your Permission

Except as provided above and as is permitted or required by law, we do not use or disclose or allow others outside NEVHC to access your PHI unless we have the appropriate written authorization to do so. We will request your written authorization to release information at your first visit.

In addition, some laws prevent certain types of patient information from being released without specific patient permission. We will not release the following portions of your PHI, or release any of your PHI for the following purposes, without first obtaining your specific permission:

1. Psychotherapy & Substance Use Disorder Information/Notes: We will not use or disclose your psychotherapy or substance use disorder treatment information/notes without first obtaining your specific permission unless the psychotherapy or substance use treatment information is used by the originator for treatment, the notes are used or disclosed by us for our own mental health or substance use training programs, the notes are used or disclosed by us to defend against a legal action brought by you, or otherwise permitted by law.
2. Marketing. We will not use or disclose your PHI for marketing purposes without first obtaining your specific permission. However, we do not need your specific permission to use your PHI for marketing purposes if your PHI is disclosed by us in a face-to-face communication, your PHI is communicated in the form of a promotional gift of little value, or unless otherwise permitted by law.
3. Sale of Information. Unless permitted by law, we will not sell your PHI without first obtaining your specific permission. For more information on the prohibition on sale of your PHI, please see Part II of this notice.

Any authorization to use or disclose your PHI may be revoked by you in writing, at any time, unless: (1) NEVHC has already taken action in reliance on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage. In such case, other law provides the insurer with the right to contest a claim under the policy.

PART III — YOUR RIGHTS REGARDING YOUR PHI

You, or (as long as you provide us with written notice/authorization and other supporting documents as required by law) anyone to whom you give written permission, or your legal representatives or guardians, have certain rights regarding your PHI that NEVHC maintains. These rights are:

1. Right to Inspect and Copy. You have the right to inspect and obtain a copy of your PHI. To do so, you must submit your request in writing to NEVHC's Privacy Officer and you will be granted access to your PHI within 5 business days after we receive your legitimate request. If you request a copy, we may charge a fee for the costs of copying, mailing, and other supplies. Alternatively, we may provide you with a summary of the

PHI requested in lieu of providing access to the PHI or may provide an explanation of the PHI to which you have been granted access if:

- a. you agree in advance to receiving the summary or explanation; and
- b. you agree in advance to the fees imposed (which must be reasonable and based on the same costs as the fees imposed for copying/inspecting, except that the cost of creating the summary or explanation may also be taken into account), if any, by NEVHC for providing the summary or explanation.

In the case that NEVHC uses or maintains an electronic health record with respect to your PHI:

- a. you shall have a right to obtain from NEVHC a copy of such information in an electronic format and, if you so choose, to direct NEVHC to transmit a copy directly to an entity or person designated by you, provided that any such choice is clear, conspicuous, and specific; and
- b. any fee that NEVHC may impose for providing a copy of such information (or a summary or explanation of such information) in electronic form shall not be greater than the sum of the labor costs incurred in responding to the request for the copy (or summary or explanation).

No right of access exists for psychotherapy notes, PHI compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding, or for PHI maintained by NEVHC that is: a) subject to the Clinical Laboratory Improvements Amendments of 1988, 42 USC 263 a, to the extent the provision of access to the individual would be prohibited by law, or b) exempt from the Clinical Laboratory Improvements Amendments of 1988, pursuant to 42 CFR 493.3(a)(2).

We may deny your request in limited circumstances. If your request is denied, you may request that the denial be reviewed. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

2. Right to Amend. If you feel that your PHI is incorrect and/or incomplete, you may ask us to amend the information or provide us with a written addendum, which will be attached to your medical record and included in any disclosures of the part of your record that the addendum seeks to address. The addendum must be made in writing and submitted to NEVHC's Privacy Officer, whose contact information is provided at the end of this notice. In addition, an addendum cannot be longer than 250 words per alleged incomplete or incorrect item in your record.

To request an amendment of your PHI, your request must be made in writing and submitted to NEVHC's Privacy Officer, whose contact information is provided at the end of this notice. In addition, you must provide a reason that supports your request. We may deny your request if it is not in writing or does not include a reason. In addition, we may deny your request if the information you are seeking to amend is not part of the PHI kept by or for the facility, or is not a part of the information you would be permitted to inspect and copy, or is already accurate and complete.

If we deny your request to amend, we will notify you in writing. You then have the right to submit to us a written statement of disagreement and any future disclosures of the disputed information will include your statement. If you choose not to submit a statement of disagreement, upon your request, your request to amend and our denial will be attached to the PHI at issue and will be included in any subsequent disclosures of the PHI. If NEVHC denies your request to amend, NEVHC is obligated to notify you of your ability to submit a statement of disagreement and your ability to request an attachment to your PHI of the initial request and denial, as described above.

3. Right to Request Restrictions. You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or healthcare operations. You also have a right to request a limit on the PHI we disclose to someone who is involved with your care. For example, you might want to request that we not disclose information to your family about a surgery you had.

We are not required to agree to your request. However, if we do agree, we will comply with the request unless the information is needed to provide emergency treatment.

To request restrictions, you must make a request in writing to NEVHC's Privacy Officer, whose contact information is provided at the end of this notice. Your request must include how or where you wish to be contacted. We will accommodate all reasonable requests.

Although NEVHC is not normally required to agree to your requests for restrictions, if you ask NEVHC to restrict the disclosure of your PHI, NEVHC must comply with such a request if: a) except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment), and b) the PHI pertains solely to a health care item or service which has already been paid for out of pocket in full by someone other than the health plan.

4. Right to Request Confidential Communications. You have the right to request the method by which we communicate with you about medical matters so that communications remain confidential. For example, you may request that we contact you only by mail or only at home, or you may request that we direct certain communications only to you and not to a family member or anyone else.

To request confidential communications, you must make your request in writing to NEVHC's Privacy Officer, whose contact information is provided at the end of this notice. Your request should include how and where you wish to be contacted. We do not require that you state your reason for such a request. We will accommodate all reasonable requests.

5. Right to Receive an Accounting of Disclosures of PHI. You have the right to request a list of certain disclosures we made and to receive an accounting of such disclosures, including disclosures to or by business associates of NEVHC, of your PHI in the six years prior to the request. Such request must be made in writing to NEVHC's Privacy Officer, whose contact information is provided at the end of this notice. Certain disclosures are exempted, including: a) those made for the purpose of carrying out treatment, payment, and health care operations, b) those made to individuals of their PHI) those made incident to a use or disclosure otherwise permitted or required by 45 CFR, part 164, subpart E, d) those made pursuant to an authorization, e) those made for the purpose of compiling the facility's directory or to persons involved in the individual's care, f) those made for national security or intelligence purposes, g) those made to a correctional institution or law enforcement official, h) those made of PHI that cannot reasonably be used to identify you or anyone connected to you, or i) those made prior to the compliance date for NEVHC. In addition, other exemptions may apply.

Except in a limited set of circumstances (described at 45 CFR 164.528(b)(3) and (4)), the accounting provided under this section must include for each disclosure: a) the date of the disclosure, b) the name of the entity or person who received the medical information and, if known, the address of such entity or person, c) a brief description of the PHI disclosed, and d) a brief statement of the purpose of the disclosure that reasonably informs you of the basis for the disclosure, or, in lieu of such a statement, a copy of a written request for a disclosure. If there are questions regarding any additional exceptions, the NEVHC Privacy Officer may be contacted (818-8981388 ext 41645 or l.yayoff@nevhc.org) as the person designated to answer any such questions.

NEVHC must provide the first accounting to you in any 12 month period free of charge, but it may impose a reasonable, cost-based fee for each subsequent request for an accounting by you within the 12 month period, provided that you are informed in advance of the fee and provided an opportunity to withdraw or modify the request for a subsequent accounting in order to avoid or reduce the fee.

In the case that NEVHC uses or maintains an electronic health record with respect to your medical information, the exemption for disclosures to carry out treatment, payment and health care operations from having to provide an accounting does not apply, which means that an accounting will have to be provided with respect to such disclosures, but only for the three years prior to the date on which the accounting is requested.

6. Right to a Paper Copy of this Notice. You have the right to request an additional paper copy of this notice at any time.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the facility or with the Secretary of Health and Human Services. To file a complaint with the facility, please contact NEVHC's Privacy Officer at the contact information provided below. All complaints must be made in writing. To file a complaint with the Secretary of Health and Human Services, you can ask NEVHC's Privacy Officer for the appropriate contact information or you can visit www.hhs.gov/ocr for further information on how to file a complaint. You will not be penalized or retaliated against in any way for filing a complaint.

Contact Information

If you have questions, concerns, or complaints about this notice or the privacy of your medical records please direct your questions to the Privacy Officer. The Privacy Office is located at 1172 North Maclay Ave., San Fernando, CA 91340. You may also send an email to privacyoffice@nevhc.org or call (818) 898-1388. We will be happy to help you.