

# NEVHC SUMMARY OF NOTICE OF PRIVACY PRACTICES (2020)

This is a summary of the Northeast Valley Health Corporation (NEVHC) Notice of Privacy Practices. You have a right to receive a copy of the complete document.

NEVHC recognizes that your medical information is personal. We are committed to providing privacy and confidentiality of your medical information. This summary notice briefly describes NEVHC's privacy practices and the way in which we may use and disclose medical information about you.

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. We must maintain this information in a safe and secure manner that protects your privacy and confidentiality. With a few exceptions (described in the complete NEVHC Notice of Privacy Practices), we are prohibited from selling your medical information without first obtaining your authorization to do so. You have the right to read or get a copy of your medical information in most circumstances.

**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 May Use and Disclose Medical Information about You in the Following Ways:

1. **At Your Request:** We may disclose information when requested by you to do so, and sometimes this may require you to sign a written authorization. We may also charge a fee for this release as permitted by law.
2. **For Treatment:** Other health professionals within or outside of NEVHC who are involved in your care may need to access your information in order to provide you with appropriate care.
3. **For Payment:** To bill or collect for payment of services from you, your insurance company, or a third party billing agency, we may disclose your information.
4. **For Healthcare Operations:** We may use or disclose medical information about you to the extent necessary to run the facility or ensure quality care.
5. **For Research:** Patient records and medical information are valuable tools used by researchers to discover new treatment options, and we may disclose your information so that others may use it to study healthcare. If we do so, we will remove information that identifies you, unless otherwise required or permitted by law.
6. **Appointment Reminders:** We may use your information to contact you as a reminder that you have a scheduled appointment.
7. **Treatment Alternatives, Health-related Benefits and Services:** We may use or disclose medical information to tell you about or recommend possible treatment options, alternatives to your current treatment, or health-related benefits or services that may be of interest to you.
8. **To Avoid Serious Threat to Health or Safety:** When necessary, your information may be used or disclosed to prevent a serious threat to the health and safety of you, the public or another person.
9. **Public Health Risks:** We may disclose medical information about you for public health activities to prevent or control disease, injury or disability; to report births and deaths; to report child abuse and/or neglect; to report reactions to medications or problems with products; to notify people of recalls of products; to notify a person that they may have been exposed to a disease or may be at risk for contracting or spreading a disease; and to notify a government agency about abuse, neglect or domestic violence as required by law.
10. **Health Oversight Activities:** We may disclose your medical information to a health oversight agency for lawful oversight activities, such as audits or inspections.
11. **Worker's Compensation:** We may release medical information about you for worker's compensation benefits for work-related injuries or illnesses.
12. **Specialized Government Functions:** We may release your medical information pursuant to specialized government functions, such as military activities, national security and intelligence activities, protective services for the President and others, and correctional institutions and other law enforcement custodial situations. For example, if you are a member of the armed forces, we may release information about you as required by military command authorities.

13. **Fundraising Activities:** We may use medical information about you to contact you in an effort to raise money for the facility and its operations, but we will only release contact information about you and/or the dates you received treatment or services from us.
14. **Judicial and Administrative Proceedings; Law Enforcement:** We may release information about you if asked to do so by a law enforcement official or in the course of a judicial or administrative proceeding in various ways, such as in response to a court order, subpoena, warrant, summons; to identify or locate suspect, fugitive, material witness or missing person; about a victim of crime; about a death as a result of a crime; about criminal conduct at our clinic; and in emergency circumstances to report a crime.
15. **Coroners, Medical Examiners and Funeral Directors:** We may release medical information about you to a coroner or medical examiner to identify a deceased person or determine cause of death. We may release information to funeral directors as necessary to carry out their duties.
16. **Victims of Abuse, Neglect or Domestic Violence:** We may disclose your medical information to a government authority if we reasonably believe that you are a victim of abuse, neglect, or domestic violence.
17. **Organ, Eye or Tissue Donation:** We may use or disclose your medical information to appropriate organizations for the purpose of facilitating organ, eye, or tissue donation and transplantation.
18. **Health Information Exchange:** This 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. **Unless you specifically tell us you want to OPT OUT your medical information will be shared via an HIE**
19. **As Permitted or Required by Law:** We may release your information as permitted or required by California and/or federal law.

Except as permitted or required by law, we do not allow others outside of NEVHC to access your medical information unless we have authorization from you to do so. Any authorization to use or disclose medical information may be revoked by you in writing at any time unless: (1) NEVHC has already taken action in reliance on that authorization, or (2) the authorization was obtained as a condition of obtaining insurance coverage.

In certain specific circumstances (described in the complete NEVHC Notice of Privacy Practices) as required by law, we will inform you in advance of a use or disclosure and give you the opportunity to prohibit or restrict that use or disclosure. Whenever specific patient permission is required to use or disclose your information, we will not use or disclose that information without first obtaining your specific permission.

**YOU HAVE THE FOLLOWING RIGHTS REGARDING MEDICAL INFORMATION WE MAINTAIN ABOUT YOU:**

1. You have the right to inspect and receive a copy of your medical information except in limited circumstances.
2. You have the right to amend your medical information if you believe it is incorrect or incomplete (restrictions may apply).
3. You have the right to request restrictions or limitations of your medical information, but we are not required to agree.
4. You have the right to request the method by which we communicate with you about medical matters so that the communication is kept confidential. We will accommodate all reasonable requests.
5. You have a right to receive an accounting of certain disclosures that we have made of your medical information.
6. You have a right to receive a paper copy of the complete NEVHC Notice of Privacy Practices.

**FILING A COMPLAINT:**

If you wish to request restrictions, amendments or accountings of your medical information, you may file such a request in writing with the NEVHC Privacy Officer located at 1172 North Maclay Avenue, San Fernando, CA, 91340. You may also send an e-mail to [privacyoffice@nevhc.org](mailto:privacyoffice@nevhc.org) or call (818) 898-1388.

If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer of NEVHC or with the Secretary of the Department of Health and Human Services. To file a complaint with the Secretary, you can ask NEVHC's Privacy Officer for the appropriate contact information, or you can visit [www.hhs.gov/ocr](http://www.hhs.gov/ocr) for further information on how to file a complaint. All complaints must be in writing. You will not be penalized in any way for filing a complaint.