



PO Box 5681
Springfield, MO 65801
Phone: (417) 831-0150
www.jvchc.com

NOTICE OF PRIVACY PRACTICES

EFFECTIVE DATE: JULY 1, 2009

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

FOR YOUR SAFETY, PLEASE REVIEW AND BE FAMILIAR WITH THIS INFORMATION.

This notice will explain how Jordan Valley Community Health Center may use and disclose your medical information, our obligations related to the use and disclosure of your medical information and your rights related to any medical information that we have about you. This notice applies to the medical records that are generated in or by Jordan Valley's Clinics, school services, mobile services, home services, and nursing home services known hereafter as Jordan Valley entities.

This notice also describes the practices of Jordan Valley and that of any service provider acting on behalf of the organization with regards to your Protected Health Information (PHI) created while you are a patient of our clinics. All providers and personnel acting on behalf of Jordan Valley are also subject to this notice. In addition, providers and staff working collaboratively may share medical information with each other for treatment, payment, or health operations described in this notice. As required by law, we ensure that medical information that identifies you is kept private, that you have access to privacy policies regarding our legal duties, and that these policies are current.

I understand that the providers participating in my care at Jordan Valley may not be employees or agents of Jordan Valley and may not be acting for or on behalf of Jordan Valley, but are independent providers who have been granted privileges to use Jordan Valley's facilities for the care of our patients. I understand that medical decisions regarding my care and treatment may be made by such physicians and not by Jordan Valley.

With a few exceptions, we are required to obtain your authorization for the use or disclosure of your information. We have listed some of the reasons why we might use or disclose your medical information and some examples of the types of uses or disclosures below. Not every use or disclosure is covered. However, all of the ways that we are allowed to use and disclose information will fall into one of these categories.

If you have any questions about the contents of this Notice of Privacy Practices, or if you need to contact someone at this site about any of the information contained in this Notice of Privacy Practices, please contact:

Privacy Officer
PO Box 5681, Springfield, MO 65801
Phone: (417) 851-1551.

In addition to clinic departments, employees, physicians, dentists, and other Jordan Valley personnel, the following persons will also follow the practices described in this Notice of Privacy Practices:

- Any health care professional who is authorized to enter information in your medical record;
- Any member of a volunteer group that we allow to help while you are within our facilities; any student, resident or intern.

USE AND DISCLOSURE OF MEDICAL INFORMATION

We can use or disclose medical information about you regarding treatment, payment for services or for health care operations. We may also disclose your protected health information (PHI) for the treatment activities of another provider, the payment activities of another provider, and certain limited health care operations of another collaborative entity.

For Treatment: To provide you with medical treatment or services, we may need to use or disclose information about you to doctors, dentists, nurses, technicians, health care students, or other personnel who are involved in your treatment. Departments within our operations may share medical information about you to coordinate your care. We may

also disclose medical information about you to people who may be involved in your medical care after you leave our facilities such as home health agencies, your family, emergency personnel, or long term care facilities.

For Payment: We may use and disclose your medical information to bill and receive payment for the treatment that you receive from Jordan Valley.

For Health Care Operations: We can use and disclose your medical information for health care operations. These include uses and disclosures that are necessary to effectively operate and ensure that our patients receive quality care. Medical information about you and other Jordan Valley patients may be combined to evaluate the quality or effectiveness of our operations, to compare information to other health care organizations, or to improve our services. **To protect your privacy, when combining information, we will remove any information that identifies you known as “facially de-identified information.”**

USES AND DISCLOSURES OF MEDICAL INFORMATION THAT DO NOT REQUIRE YOUR AUTHORIZATION:

We can use or disclose your medical information without authorization when there is an emergency, when we are required by law to use or disclose certain information, or when there are substantial communication barriers to obtaining authorization from you. The following circumstances may require that we use or disclose your health information without your authorization:

- Appointment reminders;
- Information or treatment alternatives or other health related benefits of services that may be of interest to you;
- When it is required by law;
- When it involved use or disclosure for public health activities such as mandated disease reporting, etc;
- When reporting information about victims of abuse, neglect, or domestic violence;
- When disclosing information for the purpose of health oversight activities such as audits, investigations, licensure or disciplinary actions or legal proceedings or actions;
- When disclosing information to collaborative organizations for the purposes of creating a limited data set which may include zip codes, dates of birth, or dates of service but may not contain patient identifiers such as name, address, phone number or social security number;
- When disclosing information for law enforcement purposes;
- When disclosing or using information for organ and tissue donation purposes;
- When we believe in good faith that the disclosure is necessary to avert a serious health or safety threat to you or to the public's safety;
- When disclosure is necessary to comply with Worker's Compensation laws or purposes;
- When required by law to notify a person subject to the jurisdiction of the FDA for public health purposes related to the quality, safety, or effectiveness of FDA regulated products or activities;
- When disclosure is necessary for specialized government functions;
- When required by military command authorities; when you are a prison inmate, information can be released to the correctional facility in which you reside for the following purposes: for the institution to provide you with health care, to protect the health and safety of others, or for the safety and security of the correctional facility.

PLANNED USES OR DISCLOSURES TO WHICH YOU MAY OBJECT

We will use or disclose your health information for any of the purposes described in the previous section unless you affirmatively object to or otherwise restrict a particular release. You must direct your written objections or restrictions to: Privacy Officer, PO Box 5681, Springfield, MO 65801.

We may release health information about you to a friend and/or family member who is involved in your care. We can also give this information to someone who will or is helping to pay for your care.

We can disclose health information about you to a public or private entity that is authorized by law or its charter to assist in disaster relief efforts for the purpose of notification of family and/or friends of your whereabouts and condition.

OTHER USES OR DISCLOSURES

We will not use or disclose your private health information without your written authorization except as described in this Notice of Privacy Practices. If you provide us written authorization to use or disclose information, you can change your mind and revoke your authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your private information. However, we will not be able to take back any disclosures that we had made prior to the date of your written notice of revocation.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the property of Jordan Valley Community Health Center, you have the right to:

- **Request Restrictions:** You have the right to request that we restrict any use or disclosure of your health information. However, Jordan Valley is not required to agree to any restriction that you request. If restriction is agreed upon, we will comply with your request unless the information is needed to provide you treatment. Any request to restrict uses or disclosures must be made in writing to the Privacy Officer at Jordan Valley. Your request must indicate: what information you want limited; whether you want to limit our use, disclosure or both; and to whom you want the limits to apply.

- **Receive Information in Certain Form and Location:** You have the right to receive information about your health in a certain form and location. To request confidential communications, you must make your request in writing to the Jordan Valley's Privacy Officer. The request must detail how and/or where you want to receive information. Jordan Valley will make every attempt to accommodate reasonable requests. If your request is approved, the confidential communication will remain in effect until revoked in writing by you.
- **Inspect and Copy your Protected Health Information (PHI):** You have the right to inspect and copy your protected health information that may be used to make decisions about your care, with the exception of psychotherapy notes. If you want to see or copy your medical information, you must submit your request in writing to Jordan Valley's Privacy Officer. If you request copies, the state-allowed fee will be assessed for the cost associated with your request, including the cost of copies, mailing, or other supplies.

Note: In limited circumstances Jordan Valley Community Health Center may deny access to your health information. If access is denied, you can request that the denial be reviewed. Another licensed health care professional chosen by Jordan Valley will review your request and the denial. Jordan Valley will adhere to the decision of the reviewer.

- **Request Amendment to your Protected Health Information (PHI):** You have the right to request that your health information be amended (changed) if you believe that it is incorrect or incomplete. You have a right to request changes for as long as the information is retained by Jordan Valley. To request a change in your PHI, you must submit in writing a request to Jordan Valley's Privacy Officer which includes the reason you think the information is incorrect or incomplete and specification as to whom you want notified of the change. We must notify you within 60 days upon receipt of your written request. This period may be extended by 30 days provided we notify you of our reason for delay and the expected date of completion.

Note: Jordan Valley may deny your request if it is not in writing and if it does not include a reason why the information should be changed. We can also deny your request for the following reasons: the information in question was not created by Jordan Valley or the individual or outside entity is no longer available; the information is not maintained as part of your medical records at Jordan Valley; the information is not part of the information that you would be permitted to inspect or copy; or we have reason to believe that the information is accurate and complete.

- **Accounting of Disclosures:** You have the right to receive an accounting of disclosures of medical information that we have made, with some exceptions. You must submit a written request to Jordan Valley's Privacy Officer the specific time period of the request and how you want the information reported to you. Requests cannot be made for periods longer than six years and may not include dates prior to January 1, 2003. You have the right to receive a free accounting of disclosures every twelve months. If you request more than one accounting in a single twelve month period, the state-allowed fee will be assessed for the cost associated with your request, including the cost of copies, mailing, or other supplies. Jordan Valley will notify you of the charge for such a request and you will have the opportunity to withdraw or change your request before any cost is incurred. Disclosures made prior to an authorization signed by you or your representative are exempt from the accounting of disclosures policy.
- **Receive a Copy of this Notice of Privacy Practices:** Even if you have agreed to receive this notice in another form, you can still have a paper copy of this notice. To obtain a paper copy of this notice, contact the medical records department of the Privacy Officer. You can also obtain a copy of this notice at our website: www.jvchc.com

COMPLAINTS

If you believe that we have violated any of our privacy rights or have not adhered to the information contained in this Notice of Privacy Practices, you can file a complaint by putting them in writing and sending it to the Privacy Officer, PO Box 5681, Springfield, MO 65801. You may also file a complaint with the Secretary of the US Department of Health and Human Services, 200 Independent Ave, S.W., Washington, D.C. 20201. To acquire a copy of Jordan Valley Community Health Center's complaint form, contact the medical records department at (417) 831-0150 or you may contact the Office for Civil Rights at 1(800) 368-1019.

According to the law, you will not be retaliated against nor intimidated for filing a complaint with any Jordan Valley Community Health Center clinic or the U.S. Department of Health and Human Services.

CHANGES TO THIS NOTICE OF PRIVACY PRACTICES

Jordan Valley Community Health Center reserves the right to change or modify this Notice of Privacy Practices. Any changes can be made effective for any health information that we have or might obtain about you. Each time you receive services from Jordan Valley, you will have the opportunity to review the most current copy of our Notice of Privacy Practices. The most recent version of our Notice of Privacy Practices will be posted in our clinics or can be obtained from the Privacy Officer.

Si teine alguna pregunta o quiere recibir el presente Aviso de Prácticas de Privacidad en español, dirijase al Departamento de Privacidad y Seguridad de Datos al (417) 831-1050.