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## Other Permitted Uses and Disclosures

We may use or disclose your protected health information in the following ways. You have the opportunity to agree or object to the use or disclosures of all or part of your protected health information in such ways. If you are not present or able to agree or object, then your physician may, using his or her professional judgment, determine whether the use or disclosure is in your best interest. Only the information that is relevant to your care will be disclosed.

- **Communication With Family.** Visalia Medical Clinic health professionals, using their best judgment, may disclose to a family member, other relative, or close personal friend (or any other person you identify) health information relevant to that person's involvement in your care or payment related to your care.
- **Emergencies.** Visalia Medical Clinic may use or disclose your protected health information in an emergency treatment situation. If this occurs, your physician will try to obtain your consent as soon as reasonably possible after the delivery of treatment.
- **Communication Barriers.** We may use or disclose your protected health information if your physician or another professional attempts to obtain consent from you but is unable to do so due to substantial communication issues.
- **Fundraising.** We may contact you as part of a fundraising effort. You have the option to opt-out of receiving such communications.
- **Notification.** We may use or disclose information to notify or assist a family member or personal representative (or other person responsible for your care) of your location while in our facility. Unless you request the contrary.

We may use or disclose your protected health information in the following ways without your consent or authorization.

- **Required by Law.** We may use or disclose your protected health information to the extent the law requires such use or disclosure.
- **Health Oversight.** We may disclose your protected health information to a health oversight agency for activities authorized by law, such as, audits, investigations and inspections.
- **Food and Drug Administration (FDA).** We may disclose your protected health information relative to adverse events with respect to food, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacements.
- **Workers Compensation.** We may disclose your protected health information to the extent authorized by and necessary to comply with laws relating to workers compensation or other similar programs established by law.

- **Public Health.** We may disclose your protected health information to a public health authority that is permitted by law to collect or receive such information when it is necessary to reduce or prevent a serious threat to your health and safety or that of another individual.
- **Abuse or Neglect.** We may disclose your protected health information to a public health authority, government entity or other agency that is authorized by law to receive reports of abuse or neglect.
- **Law Enforcement.** We may disclose your protected health information for law enforcement purposes as long as applicable legal requirements are met.
- **Legal Proceedings.** We may disclose your protected health information in response to an order of a court or administrative tribunal, or in response to a valid subpoena, discovery request, or other lawful process.
- **Military Personnel.** We may disclose the protected health information of individuals who are members of the Armed Forces for activities deemed necessary by appropriate military command authorities.
- **Medical Examiner.** We may disclose your protected health information to a coroner or medical examiner as necessary to assist them to carry out their legal duties.
- **Funeral Directors.** We may disclose your protected health information to funeral directors as necessary to assist them to carry out their legal duties.
- **Organ Procurement Organizations.** We may disclose your protected health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and/or transplantation.
- **Business Associates.** There are some services provided in our organization through contacts with business associates. Examples include, radiology, certain laboratory tests, transcription services we use to transfer dictated patient care into the medical record. Due to the nature of business associates' services, they must receive your health information in order to perform the jobs we've ask them to do. To protect your health information, however, when these services are contracted we require the business associate to appropriately safeguard your information.

The following uses and disclosures will only be made with your written authorization: (1) uses and disclosures for marketing purposes; (2) uses and disclosures that constitute the sale of protected health information; and (3) most uses and disclosures of psychotherapy notes. You have the right to revoke your authorization at any time in writing.

# Visalia Medical Clinic, Inc.

## 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.**

**Your information is confidential.**

Your information is important and confidential. Our ethics and policies require that your information be held in strict confidence.

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## Introduction

Visalia Medical Clinic is dedicated to the patients we serve and our community. We always treat your confidential information with the utmost care. We maintain protocols to ensure the security and confidentiality of your health information. For example, we have implemented physical safeguards to protect your information, as well as technical safeguards, including passwords to protect our computer databases and virus/intrusion detection software. Within Visalia Medical Clinic, access to your information is limited to individuals who need it in order to perform their jobs.

At Visalia Medical Clinic, we are committed to using and disclosing your protected health information responsibly. Protected Health Information is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health and related health care services. This Notice of Privacy Practices describes how Visalia Medical Clinic may use or disclose your protected health information to carry out treatment, payment, or health care operations as well as other purposes permitted or required by law. It also describes your rights as they relate to your protected health information. This Notice is effective June 1, 2013, and applies to all protected health information as defined by state and federal law.

## Understanding Your Health Record

Each time you visit Visalia Medical Clinic, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment,
- Means of communication among the many health professionals who contribute to your care,
- Legal document describing the care you received,
- Means by which you or a third-party payer can verify that services billed were actually provided,
- Tool in educating health professionals,
- Source of data for medical research,
- Source of information for public health officials, and
- Tool by which we can assess and continually work to improve the care we render and outcomes we achieve.

Understanding your health record and how your protected health information is used helps you to: ensure its accuracy; better understand who, what, when, where, and why others may

access your information; and make more informed decisions when authorizing disclosure to others.

## Your Health Information Rights

Although your health record is the physical property of Visalia Medical Clinic, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice upon request, even if you have also requested this notice electronically.
- Inspect and copy the protected health information in your health record. Your request must be in writing. Visalia Medical Clinic will respond to your request within 5 business days after we receive it. If we must deny your request, we will send you a written denial. You have the right to request a review of the denial.
- Request to amend the protected health information in your health record if you believe that it is incorrect or incomplete. Your request must be in writing and must include at least one reason to support the request. Your request may be denied if: (1) we believe that the information is complete and accurate; (2) the information is not part of the record that you are permitted to inspect or copy; or (3) if we did not create the information.
- Obtain an accounting of disclosures of your personal health information made by Visalia Medical Clinic over a previous 6 year period (not including service dates prior to April 14, 2003).
- Request a restriction on certain uses and disclosures of your information. Visalia Medical Clinic is not required by law to agree to your request. However, if we do agree, we will abide by your request except: (1) as required by law; (2) in emergencies; or (3) when the information is necessary to treat you. Your request must be in writing and must describe the information you want restricted, whether it is limited to our use, and to whom the restriction applies.
- Restrict Visalia Medical Clinic's disclosure of your personal health information to health plans if you (or a third party on your behalf) have paid for the services out of pocket and in full.
- Request that Visalia Medical Clinic communicate with you in a particular way or at a certain location in order to maintain your privacy. Your request must be in writing and must specify your preferred method of communication, as well as an alternate way to contact you.

- Opt-out of future fundraising communications from Visalia Medical Clinic.
- Receive notification in the event that your protected health information is acquired, used, accessed or disclosed in a manner not permitted by law which compromises the security or privacy of such information.
- Have Visalia Medical Clinic obtain a written authorization from you before using or disclosing your protected health information in ways that have not been identified in this notice or that are not permitted by law.

## Our Responsibilities

Visalia Medical Clinic is required by law to:

- Maintain the privacy of your health information.
- Provide you with this notice of our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a requested restriction on the disclosure of your health information.

We reserve the right to change our Notice of Privacy Practices at any time. The new notice will be effective for all protected health information that we maintain at that time. We will keep a posted copy of the most current notice at our registration desk and in our reception areas. In addition, you may request and obtain a copy of our current notice at any time. Please send your request to the Privacy Officer at the address below.

We will not use or disclose your health information in a manner that was not described in this notice without your written authorization. You may revoke such authorization at any time in writing, and we will honor such request except to the extent that we have already relied on your prior authorization.

**For More Information Or To  
Report a Problem**

If you have questions and would like additional information, you may contact our practice's Privacy Officer, Lyn Van Winkle, at (559) 738-7500 ext. 5513.

If you believe Visalia Medical Clinic has violated your privacy rights, you can file a complaint with Lyn Van Winkle or with the Office of Civil Rights, U.S. Department of Health and Human Services (OCR). There will be no retaliation for filing a complaint. The address for the OCR is as follows:

Office of Civil Rights  
U.S. Department of Health & Human Services  
200 Independence Avenue S.W.

Room 509F, HHH Building  
Washington, D.C. 20201



**Disclosures for Treatment, Payment, &  
Health Care Operations**

**We will use or disclose your protected health information for treatment purposes.**

*For example:*

Information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your health care team.

Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

We may also provide your protected health information to other physicians during the course of your treatment or to subsequent health care provider in order to assist them in treating you.

We may contact you before an exam to remind you about an appointment or to talk with you about preparing for the upcoming exam. We may also contact you with treatment and/or test results.

**We will use or disclose your protected health information for payment purposes.**

*For example:*

We may use or disclose information about your services to your health plan or another person financially responsible for your health care, so they will pay us or reimburse you. We may also contact your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**We will use or disclose your protected health information for health care operations purposes.**

*For example:*

We may use information in your health record to assess the care and outcomes in your case and others that are similar. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and services we provide. We may randomly select your health information and remove the information that identifies you in order to study health care delivery.

# NOTICE OF PRIVACY PRACTICES:

## *Acknowledgement of Receipt*

### ACKNOWLEDGEMENT OF RECEIPT

By signing this form, you acknowledge receipt of the *Notice of Privacy Practices* of Visalia Medical Clinic. Our *Notice of Privacy Practices* provides information about how we may use and disclose your protected health information. We encourage you to read it in full.

Our *Notice of Privacy Practices* is subject to change. If we change our notice, you may obtain a copy of the revised notice by accessing our web site or contacting our organization at 1-559-738-7500.

If you have any questions about our *Notice of Privacy Practices*, please contact:

Rick Strid  
5400 West Hillsdale Drive  
Visalia, CA 93291

I acknowledge receipt of the Notice of Privacy Practices of Visalia Medical Clinic.

Signature: \_\_\_\_\_  
(patient / parent / conservator / guardian)

Date: \_\_\_\_\_

### INABILITY TO OBTAIN ACKNOWLEDGEMENT

To be completed only if no signature is obtained. If it is not possible to obtain the individual's acknowledgement, describe the good faith efforts made to obtain the individual's acknowledgement, and the reasons why the acknowledgement was not obtained.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_