



## **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 READ IT CAREFULLY.***

Our goal is to take appropriate steps to safeguard any medical or other personal information that is provided to us. We are required by law to: (i) maintain the privacy of medical information provided to us; (ii) provide notice of our legal duties and privacy practices; and (iii) abide by the terms of our Notice of Privacy Practices currently in effect.

### **Who Will Follow This Notice**

This notice describes the practices of our employees and staff as well as:

- The medical providers and their staff
- Our billing agency
- Any health care professional or student authorized to enter information into your medical record maintained at our facility

The individuals identified above will share protected health information with each other, as necessary to carry out treatment, payment, or health care operations as described in this Notice.

### **Information Collected About You**

In the ordinary course of receiving treatment and health care services from us, you will be providing us with personal information such as:

- Your name, address, and phone number
- Information relating to your medical history
- Your insurance information and coverage
- Information concerning your doctor, nurse or other medical providers

In addition, we will gather certain medical information about you and will create a record of the care provided to you. Some information also may be provided to us by other individuals or organizations that are part of your "circle of care" – such as the referring physician, your other doctors, your health plan, and close friends or family members.

**How We May Use and Disclose Information About You** We may use and disclose personal and identifiable health information about you in different ways. All of the ways in which we may use and disclose information will fall within one of the following categories, but not every use or disclosure in a category will be listed.

*For Treatment.* We will use health information about you to furnish services and supplies to you, in accordance with our policies and procedures. For example, we will use your medical history, such as any presence or absence of heart disease, to assess your health and perform requested ultrasound or other diagnostic services.

*For Payment.* We will use and disclose health information about you to bill for our services and to collect payment from you or your insurance company. For example, we may need to give a payer information about your current medical condition so that it will pay us for the ultrasound examinations or other services that we have furnished you. We may also need to inform your payer of the tests that you are going to receive in order to obtain prior approval or to determine whether the service is covered.

*For Health Care Operations.* We may use and disclose information about you for the general operation of our business. For example, we sometimes arrange for accreditation organizations, auditors or other consultants to review our practice, evaluate our operations, and tell us how to improve our services. We may remove identifiable information to protect your privacy.



*Public Policy Uses and Disclosures.* There are a number of public policy reasons why we may disclose information about you, including but not limited to:

- As required by law
- Food and Drug Administration
- Funeral Directors and Coroners
- Organ and Tissue Donation Organizations
- Workers Compensation Agents
- Correctional Institutions
- Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability
- In reports about child abuse, domestic violence or neglect
- Military Command Authorities
- Health Oversight Agencies
- National Security and Intelligence Agencies
- Protective Services for the President and Others
- For legal proceedings including judicial or administrative proceedings and in certain conditions in response to a subpoena, discovery request or other lawful process
- To prevent a serious threat to your health and safety or the health and safety of others

We may use or disclose certain personal health information about your condition and treatment for research purposes where an Institutional Review Board or a similar body referred to as a Privacy Board determines that your privacy interests will be adequately protected in the study. We may also use and disclose your protected health information to prepare or analyze a research protocol and for other research purposes.

*Our Business Associates.* We sometimes work with outside individuals and businesses who help us operate our business successfully. We may disclose your health information to these business associates so that they can perform the tasks that we hire them to do. Our business associates must guarantee to us that they will respect the confidentiality of your personal and identifiable health information.

*Individuals Involved in Your Care or Payment for Your Care.* We may disclose information to individuals involved in your care or in the payment for your care. This includes people and organizations that are part of your “circle of care” – such as your spouse, your other doctors, or an aide who may be providing services to you. Although we must be able to speak with your physicians or health care providers, you can let us know if we should not speak with other individuals, such as your spouse or family.

*Appointment Reminders.* We may use and disclose medical information to contact you as a reminder that you have an appointment or that you should schedule an appointment.

*Treatment Alternatives.* We may use and disclose your personal health information in order to tell you about or recommend possible treatment options, alternatives or health-related services that may be of interest to you.

### **Other Uses and Disclosures of Personal Information**

Most uses and disclosures of protected health information for marketing purposes, and disclosures that constitute a sale of protected health information require authorization.

We are required to obtain written authorization from you for any other uses and disclosures of medical information other than those described above. If you provide us with such permission, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose personal information about you for the reasons covered by your written authorization. We will be unable to take back any disclosures already made based upon your original permission.

### **Individual Rights**

*Request Restrictions.* You have the right to ask for restrictions on the ways in which we use and disclose your medical information beyond those imposed by law. We will consider your request but we are not required to accept it.



*Confidential Communications.* You have the right to request that you receive communications containing your protected health information from us by alternative means or at alternative locations. For example, you may ask that we only contact you at home or by mail.

*Copy of Records.* Except under certain circumstances, you have the right to inspect and copy medical and billing records about you. If you ask for copies of this information, we may charge you a fee for portable media, copying and mailing.

*Amend Records.* If you believe that information in your records is incorrect or incomplete, you have the right to ask us to correct the existing information or correct the missing information. Under certain circumstances, we may deny your request.

*Accounting of Disclosures.* You have a right to ask for a list of instances when we have used or disclosed your medical information for reasons other than your treatment, payment for services furnished to you, our health care operations, or disclosures you give us authorization to make. If you ask for this information from us more than once every twelve months, we may charge you a fee.

*Health Plan Disclosure Restriction.* You have a right to restrict certain disclosures of protected health information to a health plan when you pay out of pocket in full for the health care service provided.

*Breach Notification.* You have the right to be notified following a breach of unsecured protected health information if the breach affects you.

*Marketing.* You have the right to restrict certain uses and disclosures of protected health information for marketing purposes which may result in remuneration by a third party to Cache Valley Vein.

*Copy of Notice.* You have the right to a copy of this Notice in paper form. You may ask us for a copy any time. This notice is also available electronically on our web site at [www.cachevalleyvein.com](http://www.cachevalleyvein.com).

To exercise any of your rights, please contact us in writing at HIPAA Compliance Officer, Cache Valley Vein, 565 W 465 N #130, Providence, UT 84332.

### **Changes to this Notice**

We reserve the right to make changes to this notice at any time. We reserve the right to make the revised notice effective for personal health information we have about you as well as any information we receive in the future. In the event there is a material change to this Notice, the revised Notice will be posted in our facility and on our website. In addition, you may request a copy of the revised Notice at any time.

### **Complaints, Comments, and Additional Information**

If you have any complaints about our Privacy Policy, you may contact the Secretary of the Department of Health and Human Services at 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201 (e-mail: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)). You may also contact us for the purpose of expressing your concerns, to provide your comments or to obtain additional information about this Privacy Policy to HIPAA Compliance Officer, Cache Valley Vein, 565 W 465 N #130, Providence, UT 84332 (435) 753-2842.

*Patients will not be retaliated against or penalized by us for filing a complaint.*

This Privacy Policy is effective January 1, 2019.

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