

HIPAA Notice of Privacy Practices

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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.

This Notice of Privacy Practices describes how High Country Community Health (HCCH) may use and disclose your Protected Health Information (PHI) to carry out treatment, payment or operations (TPO) of your health care, and for other purposes which are permitted or required by law. "Protected Health Information" is information about you, including demographic information, which might identify you and could potentially relate to your past, present or future physical or mental health condition and/or other related health care services. In addition, this HIPAA Notice of Privacy Practices describes your rights to access and control of your PHI. HCCH is committed to protecting health information about you.

Uses and Disclosures of Protected Health Information

This notice describes the practices of HCCH at all its locations (including but not limited to all of our medical and dental facilities). Your PHI may be used and disclosed by your physician, our staff and others outside of our office that are involved in treatment plan. All employees, interns, volunteers, contracted employees, business associates and as needed (PRN) staff, will follow this notice. Disclosure of health information assists by, providing health care services to you, to pay your healthcare bills, to support the operation of the physician's practice, and any other use required by law. In this Notice of Privacy Practices, "HCCH" and "We" include all of the above listed persons and entities.

Treatment: We may use and disclose your PHI to provide, coordinate, or manage your healthcare and any related services. This includes the coordination or management of your healthcare with a third party. Examples include: 1) Disclosure of your PHI as necessary to a home health agency which provides care to you. 2) Your PHI may be provided to a physician to whom you have been referred to ensure the physician has the necessary information to diagnose or treat you.

Payment: We may use and disclose your PHI as needed, to obtain payment for treatment and service. For example, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the health plan to obtain approval for the hospital admission.

Health care Operations: We may use or disclose, as needed, your PHI in order to support the business activities of your physician's practice. These activities include, but not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities. For example, we may disclose your PHI to medical school students that see patients at our office. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your PHI as necessary, to contact you to remind you of your appointment.

We may use or disclose your PHI in the following situations without your authorization. These situations include; as Required by Law, Public Health issues as required by law, Communicable Diseases; Health Oversight; Abuse or Neglect; Food and Drug Administration requirements; Legal Proceedings; Law Enforcement; Coroners, Funeral Directors, and Organ Donation; Research; Criminal Activity; Military Activity and National Security; Workers' Compensation; Inmates; and Required Uses and Disclosures. Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Sections 164.500.

Incidental disclosures of your health information may take place even with reasonable safeguards utilized by HCCH in the health care setting and are permitted by law. As an example, discussion of your treatment plan is permitted at a nurses' station or in other treatment settings away from patients, at a whisper where conversations may still be overheard.

We may disclose your health information to the health information exchange networks (HIEs) in which HCCH participates. The HIE is an electronic system which allows other health care providers to access your medical information in order to assist with your treatment plan. This type of access and the sharing of health information can help any provider who provides care for your health care needs, additional quality care because they are privy to your past and present health conditions and treatments.

Other Permitted and Required Uses and Disclosures will be made only with your consent, authorization or opportunity to object unless required by law.

You may revoke this authorization, at any time, in writing, except to the extent that your physician or physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

Following is a statement of your rights with respect to your protected health information

You have the right to request to receive confidential communication from us, by alternative means or at an alternative location. You also, have the right to inspect and copy your protected health information. Under Federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to protected health information. We may assess a fee for copying your records.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in the Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restrictions to apply.

Your physician is not required to agree to a restriction you may request. If a physician believes it is in your best interest to permit use and disclosure of your protected health information, your PHI will not be restricted.

You may have the right to have your physician amend your PHI. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. You may have the right to receive an accounting of certain disclosures we have made, if any, of your PHI.

HCCH reserves the right to change the terms of this notice and to make the new provisions effective for all PHI it maintains about you. This notice will be made available to you by posting on our website at www.highcountrycommunityhealth.com. You have the right to obtain a paper copy of this notice from us, upon request even if you agreed to accept this notice alternatively (i.e. electronically). You then have the right to object or withdraw as provided in this notice.

Should a breach in health information should occur, HCCH will investigate any discovered unauthorized use or disclosure of your health information to determine if it constitutes a breach of the federal privacy or security regulations protecting such information. If we determine a breach has occurred, you will be notified in writing. We will provide information regarding our actions and intentions to mitigate the damage (if any) caused by the breach. You will be instructed on what steps you should take to protect yourself from potential harm resulting from this breach.

Complaints

You may complain to us or the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer or the Chief Operations Officer at 828-262-3886. We will not retaliate against you for filing a complaint.