



## NOTICE OF PRIVACY PRACTICES

**This notice describes how health information about you may be used and disclosed, as well as how you can get access to this information. Please review it carefully.**

This Notice of Privacy Practices (NPP) outlines how Battenkill Valley Health Center (BVHC) maintains confidentiality and protects against prohibited disclosure of protected health information/electronic protected health information (PHI/ePHI) under the privacy regulations mandated by the Health Insurance Portability and Accountability Act ("HIPAA") and further expanded by the Health Information Technology for Economic and Clinical Health Act ("HITECH"). BVHC is required to abide by the terms of the Notice currently in effect but reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all PHI/ePHI that it maintains.

PHI/ePHI includes information such as name, address, telephone number; past, present, or future information about your physical or mental health condition; and information about the medical, dental, or behavioral health services provided to you, including payment information. Your PHI/ePHI may be maintained by us electronically and/or on paper.

The elements of this NPP and associated authorizations are required by state and federal law for your protection and to ensure your informed consent to the use and disclosure of PHI/ePHI.

If you have any questions about BVHC's NPP, please contact the **Compliance Officer at (802) 375-6566 Ext. 105.**

### **Safeguarding PHI/ePHI within our Health Center**

BVHC has administrative, technical, and physical safeguards in place to ensure the privacy and security of your PHI/ePHI. Staff are oriented upon hire and then trained annually thereafter on their responsibilities to follow regulations and policies developed to protect your PHI/ePHI. BVHC staff understand that a violation of this NPP may result in disciplinary action per our internal policies.

All paper health records are held in a secure area. The electronic health record system is monitored and updated to address security risks in compliance with the HIPAA Security Rule. Only staff members who have a legitimate need related to their assigned tasks are permitted access to your health records and other PHI/ePHI.

### **Uses and Disclosures of PHI/ePHI**

As your healthcare provider, BVHC has the right to use your PHI/ePHI for the following reasons:

- **Treatment:** The provision, coordination, or management of your healthcare and related services by BVHC and healthcare providers involved in your care.
- **Payment:** Activities to obtain reimbursement for the health services provided to you, including billing, claims management, and collection activities.
- **Healthcare Operations:** Healthcare operations mean the legitimate business activities of our practice.

### **Electronic Exchange of PHI/ePHI**

We may transmit your PHI/ePHI to other treating healthcare providers and/or to your insurance carrier electronically. We may make your PHI/ePHI available to your other treating providers using the Vermont Health Information Exchange ("VHIE") or other similar health information exchanges unless you have opted out of them. The VHIE is a health information network operated by VITL, Inc. which will share information between treating providers. For information about the VHIE, see [www.vitl.net](http://www.vitl.net).

### **Uses and Disclosures of PHI/ePHI Based Upon Your Written Authorization**

Other uses and disclosures of your PHI/ePHI will be made only with your specific written authorization. For example, you may wish to authorize disclosures to a family member or a school physical education program.

### **Uses and Disclosures of PHI/ePHI Permitted or Required by Law**

In some circumstances, we may be legally bound to use or disclose your PHI/ePHI without your consent or authorization. State and federal privacy law permit or require such use or disclosure regardless of your consent or authorization in certain situations, including, but not limited to:

- **Emergencies:** If you are incapacitated and require emergency medical treatment.
- **Others Involved in Your Healthcare:** We may need to notify a family member, personal representative, or someone else responsible for your care, of your location and general condition.
- **Communication barriers:** Your provider, using their professional judgment, infers that you consent to the use or disclosure, or the provider determines that a limited disclosure is in your best interest, BVHC may permit the use or disclosure.
- **Required by Law:** To the extent that its use or disclosure is required by law.
- **Public Health/Regulatory Activities:** To an authorized public health authority to prevent or control disease, injury, or disability or to comply with state child or adult abuse or neglect law. We are obligated to report suspicion of abuse and neglect to the appropriate regulatory agency.
- **Food and Drug Administration:** As required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations as well as to track product usage, enable product recalls, make repairs or replacements, or conduct post-marketing surveillance.
- **Health oversight activities:** To a health oversight agency for audits, investigations, inspections, and other activities necessary for the appropriate oversight of the healthcare system and government benefit programs such as Medicare and Medicaid.
- **Judicial and administrative proceedings:** In the course of a judicial or administrative proceeding in response to a court order expressly directing disclosure, or per specific statutory obligation compelling us to do so.
- **Law enforcement activities:** Under Vermont state law, we may not disclose your PHI/ePHI to a law enforcement officer for law enforcement purposes without a court order, statutory obligation, or patient authorization.
- **Coroners, medical examiners, funeral directors, and organ donation organizations:** To a coroner or medical examiner to identify a deceased person, determining a cause of death, or other lawful duties; a funeral director to carry out their lawful duties; organ banks for cadaveric organ, eye, bone, tissue, and other donation purposes.
- **Research:** For medical or scientific research where approved by an institutional review board and where the researchers have a protocol to ensure the privacy of your PHI/ePHI.
- **Serious threats to health or safety:** To prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- **Military activity & national security:** To members of the armed forces for activities deemed necessary by appropriate military command authorities to assure the proper execution of the military mission and/or to certain federal officials for lawful intelligence and other national security activities.
- **Worker's Compensation:** As authorized to comply with worker's compensation law.
- **Inmates of a Correctional Facility:** If you are an inmate of a correctional facility and our health center created or received your PHI/ePHI in the course of providing care to you while in custody.
- **US Department of Health and Human Services:** To the Secretary of the United States Department of Health & Human Services to investigate or determine our compliance with the privacy laws.
- **Disaster Relief Activities:** To local, state, or federal agencies engaged in disaster relief and to private disaster relief assistance organizations (such as the Red Cross).

#### Your Rights Regarding PHI/ePHI

- **Right to request the restriction of uses and disclosures:** You have the right to request that we not use or disclose any part of your PHI/ePHI unless it is a use or disclosure required by law. Please provide the request in writing to the Director of Practice Administration, advising us of the specific PHI/ePHI you wish restricted and the individual(s) who should not receive the restricted PHI/ePHI. We are not required to agree to your restriction request, with one exception\*, but if we do agree to the request, we will not use or disclose the restricted PHI/ePHI unless necessary for emergency care. In that case, we will ask that the recipient not further use or disclose the restricted PHI/ePHI. (\*If you request access to your PHI/ePHI be restricted for services for which you have fully paid out-of-pocket and not be made available to your insurance carrier, we must agree to your request.)

- **Right of access to PHI/ePHI:** You have the right to inspect and obtain a copy of your PHI/ePHI upon your request. Eight exceptions would lead to a denial of the right of access: preventing harm, privacy, security, infeasibility, health IT performance, content and manner, fees, or licensing. To request access to your health record call BVHC during business hours. We will respond to your request without unnecessary delay. If access is denied you will receive a denial letter within 10 business days. There is an appeals process. We have the right to charge a reasonable fee for providing copies of your PHI/ePHI, a copy of our release of health record fees will be made available upon request.
- **Right to confidential communications:** You have the right to reasonable accommodation of a request to receive communication of PHI/ePHI by alternate means or at alternate locations. For example, you may wish your bill to be sent to an address other than your home. Please make your request in writing to BVHC. We will not require an explanation for the request; you will be required to assume any costs associated with forwarding your PHI/ePHI by alternate means.
- **Right to amend PHI/ePHI:** You have the right to request an amendment of your PHI/ePHI. Your request must be made in writing to BVHC. BVHC will respond to your request as soon as possible, but no later than 60 days from the date of your request. If your request for amendment is denied, you have the right to submit a written statement disagreeing with the denial; BVHC also has the right to submit a rebuttal statement. A record of any disagreement about the amendment will become part of your health record and may be included in subsequent disclosures of your PHI/ePHI.
- **Right to an accounting of disclosures:** Subject to certain limitations, you have the right to a written accounting of disclosures by BVHC of your PHI/ePHI for not more than 6 years before the date of your request. Your right to an accounting applies to disclosures other than those for treatment, payment, or healthcare operations. Please make your request in writing. We will respond to your request as soon as possible, but no later than 60 days from the date of your request. One accounting will be provided at no charge every 12 months.
- **Right to a copy of our Notice of Privacy Practices:** We will ask you to sign a written acknowledgment of receipt of our NPP. We may periodically amend this NPP; you may obtain an updated NPP at any time.

#### Complaint Procedure

- **Within our Health Center:** If you have a complaint about the denial of any of the specific rights listed above, about our NPP, or about our compliance with state and federal privacy laws you may contact the **Director of Practice Administration at (802) 375-6566**. We will respond to your complaint in writing within the time-frames listed above or in any case within 30 days of the date of your complaint.
- **Outside our Health Center:** If you believe that BVHC is not complying with its legal obligations to protect the privacy of your PHI/ePHI, you may file a complaint with the Secretary of the U.S. Department of Health & Human Services, Office of Civil Rights. We will not retaliate against you for filing a complaint.

#### Marketing & Fundraising

- **Fundraising Use:** BVHC may use patient information for the express purpose of the organization's own internal fundraising activities. The information used shall be limited to contact information and dates of services rendered.
- **Patients' Right to "Opt-Out":** BVHC shall provide all patients with an opportunity to "opt-out" of having such information used for development purposes. To do so, we ask patients to contact our office at (802) 375-6566.
- **Marketing Use:** BVHC shall obtain a patient authorization for use or disclosure of PHI/ePHI for marketing purposes. If the marketing is expected to result in direct or indirect remuneration from a third party, the individual shall be notified that such remuneration is expected.

**Effective Date:** This Notice is effective as of February 27, 2014 and updated on April 22, 2022.

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