**Notice of Privacy Practices for Protected Health Information**

This notice describes how medical information about you may be used and disclosed, and

how you may get access to this information.

**Please Review All of the Following Information Carefully!**

Anderson Valley Health Center (AVHC) is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnoses, treatment and applying for future care of treatment. It also includes billing documents for these services.

Examples of uses of your health information for treatment purposes are:

* A nurse obtains treatment information about you and records it in a health record
* During the course of your treatment, the physician (he/she) will need to consult with another specialist in the area. He/she will share the information such specialist and obtain his/her input.

Example pf use of your health information for payment purposes:

* We submit requests for payment to your health insurance company. The health insurance company or business associate helping us obtain payment requests information from us regarding the medical care given to you. We will provide information to them about you and the care given.

Example of use of your information for health care operations:

* We may obtain services from business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guidelines development, training programs, credentialing, medial review, legal services and insurance. We will share information about you with such business associates as necessary to obtain these services.

**Your Health Information Rights**

The health and billing records we maintain are the physical property of Anderson Valley Health Center. You have the following rights with respect to your Protected Health Information.

* Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office – we are not required to grant the request, but we will comply with any request granted.
* Obtain a paper copy of the Notice of Privacy Practices for Protected Health Information (“Notice”) by making a request at our office.
* Right to inspect and copy your health record and billing record – you may exercise this right by delivering the request in writing to our office using the form we provide to you upon request; appeal a denial of access to your protected health information except in certain circumstances.
* Right to request that your health care record by amended to correct incomplete or incorrect information by delivering a written request to our office using the form we provided to you upon request. (the doctor or other health care provider is not required to make such amendments) You may file a statement of disagreement if your amendment is denied and require that the request for amendment and any denial be an ached in all future disclosers of your protected health information.
* Right to receive an accounting of disclosure of your health information as required to be maintained by law by delivering a written request to our office using the form we provided to you upon request. An accountant will not include internal sues of information for treatment, payment or operations, disclosures made to you or made at your request, or disclosures made to family members or friends in the course of providing care,
* Right to confidential communication by requesting that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office using the form we give you upon request.
* If you want to exercise any of the above rights, please contact the receptionist in person or in writing during normal working hours. The receptionist will provide you with assistance on the steps to take to exercise your rights.

**Our Responsibilities**

Anderson Valley Health Center is required to:

* Maintain the privacy of your health information as required by law.
* Provide you with a notice as to our duties and privacy practices as to disclose information we collect and maintain about you.
* Abide by the terms of this Notice.
* Notify you if we cannot accommodate a request restriction or request.
* Accommodate your reasonable requests regarding methods to communicate health information with you.
* Accommodate your request for an accounting of disclosures.

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a copy of the notice by calling and requesting a copy of our notice or by visiting our office and picking up a copy.

**To Request Information or File a Complaint**

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact:

Chloe Guazzone

PO Box 338

Boonville, CA. 95415

Phone: (707)895-3477

Fax: (707)895-2035

Additionally, if you believe your privacy rights have been violated, you may file a written complaint to our office by delivering the written complaint to Chloe at the above address. A written complaint is best, but you may also email a complaint to: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov). AVHC cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from the office. AVHC cannot, and will not, retaliate against you for filling a complaint with the Secretary of Health and Human Resources.