



## Notice of Privacy Practices

### Your Information. Your Rights. Our Responsibilities.

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

Mid-Valley Hospital and Mid-Valley Clinic respect your privacy. We understand that your personal health information is very sensitive. We will not disclose your information to others unless you tell us to do so, or the law authorizes or requires us to do so.

The law protects the privacy of the health information we create and obtain in providing our care and services to you. Information in any form, whether electronic, paper, or oral that could reasonably be used to identify an individual is protected. For example, your protected health information includes your mental or physical condition, your symptoms, test results, diagnoses, treatment, health information from other providers, and billing and payment information relating to these services.

Federal and state law allows us to use and disclose your protected health information for purposes of treatment and health care operations. State law requires us to get your authorization to disclose this information for payment purposes.

Who will follow this notice: Unless otherwise noted, this notice describes the practices of Mid-Valley Hospital, Mid-Valley Clinic and the members of the medical staff, all of whom are part of an Organized Healthcare Arrangement (OHCA).

### EXAMPLES of Use and Disclosures of Protected Health Information (PHI) for Treatment, Payment, and Health Operations:

#### Treatment:

- Information obtained by a physician, nurse or other member of our health care team will be recorded in your medical record and used to help decide what care may be right for you.
- We may also provide information to others providing your care. This will help them stay informed about your care.

#### Payment:

- We request payment from your health insurance plan. Health plans need information from us about your medical care. Information provided to health plans may include your diagnoses, procedures performed, or recommended care.
- Mid-Valley Hospital & Clinic (MVHC) has entered an arrangement with BridgeMed/PayZen (BridgeMed), to help patients pay the amounts they owe to MVHC by permitting them to make payments over time
  - BridgeMed is a private finance company and is not a part of MVHC.
  - BridgeMed is a patient financing option offered to patients as a long-term financing option for patients who are not able to pay their balance within MVHC's payment plan option, per policy.
  - MVHC will assign my self-pay balance to BridgeMed so I have an opportunity to review this patient financing option, and I can opt in or out.
  - Once I have chosen to opt into a payment plan with BridgeMed and my account is assigned to BridgeMed, my debt will be owed to BridgeMed, not MVHC.
  - I will make payments to BridgeMed on a schedule and in the amount, I agree with BridgeMed.

#### ADMINISTRATION

 509.826.7663  
 PO BOX 793  
Omak, WA 98841

#### HOSPITAL

 509.826.1760  
 810 Jasmine St  
Omak, WA 98841

#### CLINIC

 509.826.1600  
 529 Jasmine St  
Omak, WA 98841



[mvhealth.org](https://www.mvhealth.org)

### **Health Care Operations:**

- We use your medical records to assess quality and improve services.
- We may use and disclose medical records to review the qualifications and performance of our health care providers and to train our staff.
- We may contact you to remind you about appointments and give you information about treatment alternatives or other health-related benefits and services.
- We may contact you to discuss payments or make payment arrangements.
- We may use and disclose your information to conduct or arrange for services, including:
  - Medical quality review by your health plan.
  - Accounting, legal risk management, and insurance services.
  - Audit functions, including fraud and abuse detection and compliance programs.

### **Your Private Health Information Rights**

The health and billing records we create, and store are the property of Mid-Valley Hospital and Mid-Valley Clinic. The protected health information in it, however, generally belongs to you.

#### **You have the right to:**

- Receive, read, and ask questions about this Notice.
- Ask us to restrict certain uses and disclosures.
- Request and receive from us a paper copy of the most current Notice of Privacy Practices for Protected Health Information.
- Request that you be allowed to see and get a copy of your protected health information. You must make this request in writing. We have a form available for this type of request. A reasonable cost-based fee may be charged.
- Have us review a denial of access to your health information - except in certain circumstances.
- Ask us to change your health information. You must give us this request in writing. You may write a statement of disagreement if your request is denied. It will be stored in your medical record and included with any release of your records.
- Request a list of disclosures of your health information. This list will not include disclosures for treatment, payment and/or operations of the medical staff of Mid-Valley Hospital, Mid-Valley Clinic or to third-party payors. You may receive this information without charge once every 12 months. We will notify you of the cost involved if you request this information more than once in 12 months.
- Ask that your health information be given to you by another means or at another location. Please submit a dated, signed, written request.
- Cancel prior authorizations to use or disclose health information by giving us a written revocation. Your revocation does not affect information that has already been released. It also does not affect any action taken before we have it. Sometimes, you cannot cancel an authorization if its purpose was to obtain insurance.

You may request in writing that we restrict disclosure of your protected health information to a health plan if the disclosure is for payment or health care operations purposes. If you pay for the item or service in full at the time the service is rendered, we must comply with your request. "Payment in full at the time of service" means that you will pay cash or with a credit or debit card for the full amount due at the time service is rendered. Payment by check or other means is not allowed.

### **Our Responsibilities**

#### **We are required to:**

- Keep your protected health information private.
- Give you this Notice.
- Follow the terms of this Notice.

We have the right to change our practices regarding the protected health information we maintain. If we make change, we will update this Notice. You may receive the most recent copy of this Notice by calling and asking for a copy at the admissions desk.

### **To Ask for Help or Complain**

If you have questions, want more information, or want to report a problem about the handling of your protected health information, you may contact: Mid-Valley Privacy Officer by calling (509) 826-7643, or by email [coffellr@mvhealth.org](mailto:coffellr@mvhealth.org), or the Compliance Officer by calling (509) 826-7636, or by email [pauls@mvhealth.org](mailto:pauls@mvhealth.org). If you believe your privacy rights have been violated, you may discuss your concerns with any staff member.

#### **You may also deliver a written complaint to:**

**Mid-Valley Hospital  
Attention: Privacy Officer  
PO Box 793, Omak WA, 98841**

You may also file a written or electronic complaint with the U. S. Secretary of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). We respect your right to file a complaint with us or with the U. S. Secretary of Health and Human Services and there will be no repercussions if a complaint is filed.

#### **Other Disclosures and Uses of Protected Health Information:**

- Notification of Family and Others: Unless you object, we may release health information about you to a family member or friend who is involved in your medical care. We may also give information to someone who helps pay for your care. We may tell your family or friends your condition and that you are in the hospital.
- In addition, we may disclose health information about you to assist in disaster relief efforts.
- Information may be provided to people who ask for you by name.
- We may use and disclose the following information in a hospital directory: your name, location, general condition, and religion (only to clergy).
- You have the right to object to this use or disclosure of your information. If you object, we will not use or disclose it.
- Information disclosed to others may be subject to redisclosure by the recipient and may no longer be protected by federal privacy laws, including HIPAA.

#### **We may use and disclose your protected health information without your authorization as follows:**

- Medical Researchers - if the research has been approved and has policies to protect the privacy of your health information. We may also share information with medical researchers preparing to conduct a research project.
- Funeral Directors/Coroners consistent with applicable law to allow them to carry out their duties.
- Organ Procurement Organizations (tissue donation and transplant) or persons who obtain, store, or transplant organs.
- Food and Drug Administration (FDA) relating to problems with food, supplements, and products.
- Public Health and Safety Purposes as Allowed or Required by Law:
  - to prevent or reduce a serious, immediate threat to the health or safety of a person or the public
  - to Public Health or legal authorities
  - to protect public health and safety
  - to prevent or control disease, injury, or disability.
  - to report vital statistics such as births or deaths
- For Health and Safety Oversight Activities. For example, we may share health information with the Department of Health.
- To Report Suspected Abuse or Neglect to public authorities.
- To Comply with Workers' Compensation Laws if you make a workers' compensation claim.
- To Correctional Institutions if you are in jail or prison, as necessary for your health and the health and safety of others.
- For Law Enforcement Purposes such as when we receive a subpoena, court order, or other legal process, or you are the victim of a crime.
- For Disaster Relief Purposes. For example, we may share health information with disaster relief agencies to assist in notification of your condition to family or others.

- For Work-Related Conditions That Could Affect Employee Health. For example, an employer may ask us to assess health risks on a job site.
- To the Military Authorities of U. S. and Foreign Military Personnel. For example, the law may require us to provide information necessary to a military mission.
- In the Course of Judicial / Administrative Proceedings at your request, or as directed by a subpoena or court for Specialized Government Functions. For example, we may share information for national security purposes.

**Uses and Disclosures of Protected Health Information that require written authorization:**

- Except where required or allowed by law, we will not disclose your psychotherapy notes without your written authorization.
- We will not use your protected health information for marketing purposes without your written authorization.
- We will not sell your protected health information without your written authorization.
- If we intend to use your name and contact information to contact you when our organization engages in fundraising activities, you will have the right to opt out of our fundraising activities and direct us to not use your name or contact information for fundraising.
- We will not disclose genetic information, consistent with the Genetic Information Nondiscrimination Act of 2008, without your written authorization.
- We will never share any substance abuse treatment records without your written authorization.
- Certain substance use disorder records may be subject to additional federal confidentiality protections under 42 CFR Part 2, which may limit how such information is used and disclosed. Where applicable, we will comply with those protections.

Uses and disclosures not in this Notice will be made only as allowed or required by law or with your written authorization. If an improper disclosure of your unsecured protected health information (breach) occurs, you will be notified of it in writing.

We have a Web site that provides information about us. For your benefit, this Notice is posted on the Web site at this address: [www.mvhealth.org](http://www.mvhealth.org)

*This notice applies to all Okanogan Public Hospital District No. 3 entities which operate Mid-Valley Hospital and Mid-Valley Clinic.*