

Attachment A – Valley View Notice of Privacy Practices
VALLEY VIEW HOSPITAL ASSOCIATION (“VALLEY VIEW”)
Notice of Privacy Practices

Effective Date: April 14, 2003
Last Revision Date: January 29, 2026

*THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION, HOW YOU CAN GET ACCESS TO YOUR HEALTH INFORMATION, AND HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION. YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH THE PRIVACY OFFICER AS PROVIDED AT THE END OF THIS NOTICE IF YOU HAVE ANY QUESTIONS. **PLEASE REVIEW IT CAREFULLY***

This Notice tells you how we may use and disclose protected health information about you. Protected health information generally means health information about you that identifies you or that could be used to identify you and is protected by the Health Insurance Portability and Accountability Act (HIPAA). In this Notice, we refer to protected health information as “health information”. This Notice also tells you about your rights and our duties with respect to health information about you.

WHO WILL FOLLOW THIS NOTICE

This Notice applies to the Valley View Hospital Association also known as Valley View Hospital, Valley View Specialty Centers, and the Valley View Physician Practices. The following are included as part of these departments:

- Any health care professional who treats you at any of our locations;
- All departments and units of Valley View Hospital and Valley View Specialty Centers and Physician Practices that must use your health information as a part of their job;
- All Valley View employees, volunteers, and staff ;
- Any business associate who performs work for us that requires them to access your health information;
- All students in certified training programs.

All Valley View Hospital Departments, Specialty Centers and Physician Practices will follow what is said in this Notice. In addition, they may share health information with each other for your treatment, payment or their health care operations described in this Notice. This Notice will also apply if Valley View participates in certain “organized health care arrangements” (OHCAs) such as with the independent members of its medical staff and with other health care organizations that are clinically integrated or participate in joint payment, quality assessment and improvement, or utilization review activities and share PHI for such purposes. Your personal doctor, if not an employee of Valley View Hospital, may have different policies or notices regarding the doctor’s use and disclosure of your health information at their own practice.

This Notice only applies to those parts of Valley View's websites and mobile device applications where you can access your health information or interact with a clinician regarding your specific care, such as Valley View's patient portal with respect to your health information. However, these websites and applications may contain additional terms associated with your use. You should review those terms as well as the website terms contained on the Valley View website that you visit. This Notice does not apply to health information that is not subject to HIPAA or similar state health information privacy laws, or information used or shared in a manner that cannot identify you. This Notice does not apply to any Valley View health plan or to Valley View as an employer. Any Valley View health plan is considered a separate covered entity for the purpose of HIPAA and has its own notice of privacy practices.

OUR PLEDGE REGARDING HEALTH INFORMATION

The Valley View Hospital Departments, Specialty Centers and Physician Practices understand that health information about you and your health is personal. We are committed to protecting your health information. We create and maintain a record of the care and services you receive at Valley View. We are required by law to:

- Make sure that health information that identifies you is kept private;
- Give you this Notice of our legal duties and privacy practices with respect to health information about you; and
- Follow the terms of the Notice that is currently in effect.

USES AND DISCLOSURES

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU WITHOUT YOUR PRIOR WRITTEN AGREEMENT

The following categories describe different ways that we use and disclose your health information. Not every use or disclosure in a category will be listed. All of the ways we are permitted to use and disclose information will fall into one of the categories.

For Treatment

We may use health information about you to provide, coordinate or manage your health care and related services. *For example*, we may disclose health information about you to doctors, nurses, hospitals, students and other health facilities that become involved in your care as well as those that may assist with your care after you leave Valley View, such as home health agencies or another health care provider.

For Payment

We may use and disclose your health information to other providers so they may bill and collect payment for treatment and services they provided to you. Before you receive scheduled services, we may share information about these services with your health plan(s) to obtain prior approval or to determine whether your insurance will cover the treatment. We may also share your health information with billing and collection departments or agencies, insurance companies and health plans to collect payment for services, departments that review the appropriateness of the care provided and the costs associated with that care and to consumer reporting agencies (e.g., credit bureaus). *For example*, if you have a broken leg, we may need to give your health plan(s) information about your condition, supplies used (medications or crutches) and services you received (X-rays or surgery). This information may be provided to a billing agency and your health plan so we can be paid or you can be reimbursed.

For Health Care Operations

We may use and disclose health information about you for our own health care operations or the health care operation of another health care provider or health plan when certain conditions are met. These activities include, but are not limited to, quality assessment, employee review, licensing, and conducting other business activities. *For example*, we may use health information to review your treatment and our services and to evaluate the performance of our staff caring for you. We may disclose information to doctors, nurses, technicians, medical students, trainees and other hospital personnel for review and learning purposes. We may also share your health information for case management and care coordination purposes.

Incidental Disclosure

Certain disclosures may occur incidentally. *For example*, conversations regarding your medical care may be overheard by other persons or patients in an office or facility or someone may view your name on the sign-in sheet in the waiting area. We will use our best efforts to limit these disclosures, but the efficient delivery of medical care in our hospital and physician practices will not permit incidental disclosures to be totally eliminated.

Business Associates

There are some services provided in our organization through contracts with business associates. *For example*, we may contract with a copy service to make copies of your health record. We may also share your health information with a Business Associate who will remove information that identifies you so that the remaining information can be used or disclosed for purposes outside of this Notice. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we’ve asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate as well as any subcontractor used by the business associate to appropriately safeguard your information.

Minors:

Health information of minors will be disclosed to their parents or legal guardians acting as personal representatives, unless prohibited by law or in circumstances where the law permits us to withhold health information, such as to prevent harm to the minor or another person or in cases of suspected child abuse or neglect. We will comply with additional state law confidentiality protections if you are a minor and receive treatment for pregnancy, drug and/or alcohol abuse, venereal disease or emotional disturbances.

As Required by Law

We will use or disclose your health information when required to do so by local, state, federal, and international law. For example, we may share your health information as required to report a suspicious death or suspected child abuse or neglect.

Public Health and Safety Activities

We may disclose health information about you for public health activities and purposes. This includes reporting health information to a public health authority that is authorized by law to collect or receive the information for purposes of preventing or controlling disease. *For example*, if you have cancer, we may release health information about you to the State Cancer Registry.

Victims of Abuse, Neglect or Domestic Violence

We may disclose health information about you to a government agency authorized by law to receive reports of abuse, neglect, or domestic violence, if we believe you are a victim of abuse, neglect, or domestic violence. This will occur to the extent the disclosure is:

- required by law;
- agreed to by you; or,
- authorized by law and we believe the disclosure is necessary to prevent serious harm to you or to other potential victims.

If you are incapacitated and certain other conditions are met, information may be given to a law enforcement officer or other public official if he or she represents that immediate enforcement activity depends on the disclosure.

Health Oversight Activities

We may disclose health information to a Federal or State Health Oversight Agency that is authorized by law to oversee our operations. *For example*, the Department of Health may come in and review records to make sure we are providing good care to our patients.

Judicial and Administrative Proceedings, Lawsuits and Disputes

We may use and disclose your health information in conjunction with judicial or administrative proceedings or for purposes of litigation as permitted by law. We may disclose health information about you in the course of any judicial or administrative proceeding in response to an order of the court or administrative tribunal. We also may disclose health information about you in response to a subpoena, discovery request, or other legal process but only if efforts have been made to tell you about the request or to obtain an order protecting the information from being disclosed.

Law Enforcement

We may release health information if asked to do so by a law enforcement official and such release is required or permitted by law. This includes, but is not limited to, law enforcement due to identifying or locating a suspect, fugitive, material witness or missing person; complying with a court order or warrant, and grand jury subpoena; reporting information about a victim of a crime, reporting a death we believe resulted from criminal conduct, reporting criminal conduct occurring on our premises, or reporting crime in an emergency, such as the location of the crime or victims or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors

We may release health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release health information to funeral directors as necessary for them to carry out their duties.

Organ, Eye or Tissue Donation

If you are an organ donor, we may release health information to organizations or organ banks that handle organ procurement or organ, eye or tissue transplantation, as necessary to promote organ or tissue donation and transplantation.

Research

Under certain circumstances, we may use and disclose health information about you for

research purposes. All research projects, however, are subject to a special approval process. Before we use or disclose medical information for research, the project will have been approved through this research approval process or we will have obtained your authorization. We may, however, use health information about you in preparing to conduct a research project, *for example*, to look for patients with specific needs, so long as the health information reviewed does not leave our entity. We may use and share your health information with a researcher if certain parts of your health information that would identify you are removed before we share it with the researcher. This will only be done if the researcher agrees in writing not to share the information, will not try to contact you, and will obey other requirements that the law provides.

- **To Avert a Serious Threat to Health or Safety**

We may use and disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent or reduce the threat. Certain laws may require us to make such a disclosure.

- **Specialized Government Functions**

We may disclose your health information, if you are in the Armed Forces, for activities deemed necessary by appropriate military command authorities for determination of benefit eligibility by the Department of Veterans Affairs or to foreign military authorities if you are a member of that foreign military service. We may disclose your health information to authorized federal officials for conducting national security and intelligence activities or special investigations (including for the provision of protective services to the President of the United States, other authorized persons, or foreign heads of state) or to the Department of State to make medical suitability determinations.

- **Inmates and Persons in Custody**

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official having custody of you. This release will be made if necessary

- for the institution to provide you with health care;
- to protect your health and safety or the health and safety of others;
- for the safety and security of the correctional institution.

- **Workers Compensation**

We may disclose health information about you to the extent necessary to comply with workers’ compensation and similar laws that provide benefits for work-related injuries or illness.

- **State-Specific Requirements**

Many States have requirements for reporting including population-based activities relating to improving health or reducing health care costs. Some states have separate privacy laws that may apply additional legal requirements or give patients additional rights. Applicable state or federal laws that provide greater privacy protection or broader privacy rights will continue to apply and we will comply with such laws to the extent they are applicable. These may include laws governing health information related to certain sensitive information (e.g., behavioral health information, substance use disorder information, reproductive health information, and information related to HIV/AIDS or other communicable diseases).

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU WITH THE OPPORTUNITY TO AGREE OR OBJECT

- **Hospital Directory**

The hospital directory includes your name, location in our facility, general health condition, and religious affiliation. Information in the directory, except for religious affiliation, may be disclosed to anyone who asks for you by name. Directory information, including religious affiliation, may be disclosed to members of the clergy, even if they do not ask for you by name. If you do not wish to be listed in the directory or for certain information not to be shared, notify the admitting clerk or a member of our nursing staff.

- **Fundraising Activities**

We may use certain information (name, address, telephone number or e-mail information, age, date of birth, gender, health insurance status, dates of service, department of service information, treating physician information or outcome information) to contact you for the purpose of raising money for Valley View. You will have the right to opt out of receiving such communications and be provided with instruction on how to do so with each solicitation

For the same purpose, we may provide your name to our institutionally related Foundation. The money raised will be used to expand and improve the services and programs we provide the community. You are free to opt out of fundraising solicitation and your decision will have no impact on your treatment or payment for services at Valley View. If you do not want to receive any fundraising requests in the future notify our Foundation at 970.384.6620.

- **Individuals Involved in Your Care or Payment for Your Care**

We may share your health information with a family member or other person identified by you or who is involved in your care or payment for your care. We may share your health information with these persons if you are present or available before we share your health information with them and you do not object to our sharing your health information with them, or we reasonably believe that you would not object to this. If you are not present and certain circumstances indicate to us that it would be in your best interests to do so, we will share information with a friend or family member or someone else identified by you, to the extent necessary. This could include sharing information with your family or friend so that they could pick up a prescription or a medical supply. If you do not want health information about you released to those involved in your care, please contact Valley View’s HIPAA Privacy Officer as provided at the end of this Notice.

- **Disaster Relief**

We may use or disclose health information about you to a public or private organization authorized by law or by its charter to assist in disaster relief efforts. This will be done to coordinate notifying family members, other relatives, close personal friends, or other people identified by you of your location, general condition or death. Whenever possible, we will provide you with an opportunity to agree or object.

- **Health Information Networks and Exchanges**

We may participate in certain health information networks or exchanges ("HIEs") that permit health care providers or other health care entities, such as your health plan or health insurer, to share your health information for treatment, payment and other purposes permitted by law, including those described in this Notice. You are automatically opted in to such HIEs. If you wish to opt out, please submit a written request to us, which we will comply with unless disclosure is required by law. If you opt out of participating in these HIEs, your health information will no longer be provided to other health care entities through the HIE. However, your decision does not affect the health information that was exchanged prior to the time you opted out of participation.

COMMUNICATING WITH YOU

- **How We Will Contact You**

Unless you tell us otherwise, in writing, we may contact you through telephone, e-mail, text message, patient portal communication, or mail at either your home or your office, for example to remind you of appointments. We may leave messages for you on the answering machine, with someone who answers the phone or on voice mail. We will try not to leave messages with specific information about you. If you want us to communicate with you in a certain way or at a certain location, let the person registering or treating you know so that you may be given a form to make this request.

- **Future Communications:**

We may communicate to you via newsletters, mail outs or other means regarding treatment options, health related information, disease-management programs, wellness programs, or other community-based initiatives or activities our facility is participating in. If you would like to opt out of receiving these communications, please let us know.

- **Breach Notifications:**

If for any reason there is an unsecured breach of your health information, we will utilize the contact information you have provided us with to notify you of the breach, as required by law. In addition, your health information may be disclosed as a part of the breach notification and reporting process.

SUBSTANCE USE DISORDER RECORDS SUBJECT TO PART 2

Federal law protects the confidentiality of substance use disorder (SUD) patient records and places additional restrictions on the use or disclosure of such health information. These laws apply to certain programs that are federally funded and hold themselves out as and/or have the primary purpose of providing SUD treatment, diagnosis, or referral for treatment. Valley View does not currently operate any such programs covered by these laws, but does retain certain historic patient records on behalf of such programs due to record retention requirements. Valley View may also receive records regarding your SUD diagnosis or treatment from a program subject to Part 2 pursuant to your specific consent that remain subject to protections under these federal laws. Where applicable, Valley View will comply with the federal Confidentiality of Substance Use Disorder Patient Records laws and regulations that protect information regarding SUD diagnosis, treatment, and referral for treatment, including limiting use and disclosure without patient consent unless permitted or required by applicable law and complying with patient rights with respect to such records. See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 and 42 CFR Part 2 (collectively, "Part 2") for more information.

Part 2 does not protect all SUD information that Valley View may have. If your SUD information is disclosed to us or our business associates by a Part 2 program pursuant to your written consent for treatment, payment, and healthcare operations or are disclosed by you or another person involved in your care to Valley View, we or our business associates may generally use and disclose such health information without your written consent to the extent that the HIPAA regulations permit such uses and disclosures, consistent with the other provisions in this Notice regarding health information.

Unless you provide specific written consent (separate from any other consent) or a court issues an appropriate order, Valley View will not provide any SUD record subject to Part 2 or testimony relaying the content of such SUD record for use or disclosure in a civil, administrative, criminal, or legislative proceeding against you. Your SUD records will only be used or disclosed in such circumstances based on a court order after notice and an opportunity to be heard is provided to you, Valley View or other holder of the SUD record in accordance with Part 2. A court order authorizing use or disclosure of SUD records must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the SUD records may be used or disclosed.

USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written permission. We will ask your written permission before we use or disclose health information, *for example*, for the following purposes:

- Psychotherapy notes or SUD counseling notes made by your individual mental health provider during a counseling session, except for certain limited purposes related to treatment, payment and health care operations, or other limited exceptions, including government oversight and safety purposes.
- Certain marketing activities, including if we are paid by a third party for marketing statements as described in your executed authorization.

If you provide us permission to use or disclose your health information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your health information for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your permission. We are required to retain records of the care that we provided to you.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, you have the following rights regarding the health information Valley View maintains on you. *A request for one of the following rights must be made in writing on the appropriate Valley View form.* Please contact the Health Information Department 970-384-6800 to obtain the correct form.

- **Right to Inspect and Copy**

You have the right to inspect and obtain a copy of the health information that may be used to make decisions about your care You have a right to obtain an electronic copy of your health information if you so choose. You may direct Valley View to transmit the copy to another entity or person that you designate provided the choice is clear, obvious and specific.

Your written request should state specifically what health information you want to inspect or copy. If you request a copy of the information, we may charge a fee for the costs of copying and, if you ask that it be mailed to you, the cost of mailing. If we grant your request, in whole or in part, we will inform you of our acceptance of your request and provide access and copying. You have the right to request only a summary of your health information if you do not desire to obtain a copy of your entire record. You also have the option to request an explanation of the health information to which you were provided access when you request your entire record. Under federal law, you may not inspect or copy the following types of records: psychotherapy notes, information compiled as it relates to civil, criminal, or administrative action or proceeding; information restricted by law; information related to medical research in which you have agreed to participate; information obtained under a promise of confidentiality; and information whose disclosure may result in harm or injury to yourself or others.

We may also deny your request to inspect and copy in certain limited circumstances. If we deny your request, we will inform you of the basis for the denial, how you may have our denial reviewed, and how you may complain. If you request a review of our denial, it will be conducted by a licensed health care professional designated by us who was not directly involved in the denial. We will comply with the outcome of that review.

We will make every attempt to provide the records in the format you request; however, in the case that the information is not readily accessible or producible in the format you request, we will provide the record in a standard electronic format or a legible hard copy form. We provide the Valley View patient portal as one option for patients to electronically access their health information. There is no fee for you to access information through the Valley View patient portal.

- **Right to Request Amendments**
You have the right to request that we make amendments to clinical, billing and other records used to make decisions about you. Your request must be in writing and must explain your reason(s) for the amendment. We may deny your request if:
 - The information was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
 - The information is not part of the health information used to make decisions about you.
 - We believe the information is correct and complete.
 - You would not have the right to inspect and copy the record as described above.

We will tell you in writing the reasons for the denial and describe your rights to give us a written statement disagreeing with the denial. If we accept your request to amend the information, we will make reasonable efforts to inform others of the amendment, including persons you name that have received your health information.

- **Right to an Accounting of Disclosures:**
You have the right to receive a written list of certain disclosures we made of your health information. You may ask for disclosures made, up to six (6) years before your request. We are required to provide a listing of all disclosures *except* the following:
 - To carry out treatment, payment and health care operations.
 - Made to or requested by you or your personal representative.
 - Incidental disclosures made in connection with a use or disclosure otherwise permitted or required by HIPAA.
 - Authorized by you or your personal representative.
 - Made to individuals involved in your care, for directory or other notification purposes.
 - For national security or intelligence purposes.
 - To correctional institutions, or to law enforcement officials under certain circumstances.
 - As part of a limited set of information which does not contain certain information which would identify you.
 - Occurring prior to April 14, 2003.

The list will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed, and the purpose of the disclosure. There is no charge for the first accounting we provide to you in any twelve (12) month period. For additional accountings, we may charge you for the cost of providing the list. If there will be a charge, we will notify you of the cost involved and give you an opportunity to withdraw or modify your request to avoid or reduce the fee.

- **Right to Request Restrictions**
You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request that we restrict the uses or disclosures we make to a family member, other relative, a close personal friend or any other person identified by you; or, to public or private entities for disaster relief efforts. *We are not required to agree to your request.* If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. Even if we agree to a restriction, either you or we can later terminate the restriction.

- **Right to Request Restrictions to Health Plans:**
You have the right to request us to restrict disclosure of your health information to your insurer or health plan if:
 - the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, and
- you (or anyone on your behalf other than the insurer/health plan) *have paid us in full* for the services you are requesting us to restrict.

- **Right to Request Confidential Communications**
You have the right to request that we communicate health information about you to you in a certain way or at a certain location. *For example*, you can ask that we only contact you by mail or at work. We will not require you to tell us why you are asking for the confidential communication. Your request must state how or where you can be contacted. You will be notified if your request can be granted. We will attempt to accommodate all reasonable requests. However, we may, when appropriate, require information from you concerning how payment will be handled.

- **Right to Appoint a Personal Representative**
You have the right to appoint a personal representative, such as a medical power of attorney or if you have legal guardian. Your personal representative may be authorized to exercise your rights and make choices about your health information. We will confirm the person has this authority and can act for you before we take any action based on their request.

- **A Paper Copy of This Notice:**
You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. You may also obtain a copy of this Notice over the Internet at our web site, www.vvh.org

To exercise any of your rights, please obtain the required forms by contacting the HIPAA Privacy Officer as provided at the end of this Notice and submit your request in writing.

SHARING THROUGH ELECTRONIC INTERFACES

You have the right to request or authorize that your electronic health information in your designated record set be transmitted to you or another person or organization through an application programming interface (API). APIs are computer coding mechanisms that permit two or more electronic computer applications or software programs to communicate with each other and share information. Valley View is required by law to comply with requests regarding API transmissions, subject to certain exceptions. You understand that health information transmitted through an API at your request will no longer be under Valley View's protection and control, will no longer be subject to the protections and rights outlined in this Notice, and may no longer be subject to the same laws, regulations, policies or procedures regarding its confidentiality, security, privacy, use, or disclosure. You understand and agree that you make any request to Valley View to transmit your health information through an API at your own risk and you assume all liability for the consequences of such action taken by Valley View at your direction. Valley View cautions you to confirm any confidentiality, security, or privacy protections with respect to your transmitted health information with the recipient of the health information prior to submitting a request to Valley View to transmit your health information through an API.

NOTICE OF REDISCLOSURE

Health information that is disclosed pursuant to this Notice may be subject to redisclosure by the recipient and no longer protected by HIPAA. Law applicable to the recipient may limit their ability to use and disclose the health information received, such as if they are another covered entity subject to HIPAA or a program or entity subject to Part 2.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice and the revised or changed Notice will be effective for information we already have about you as well as any information we receive in the future. The current Notice will be posted in our facilities and include the effective date. In addition, each time you register at or are admitted to a Valley View for treatment or health care services as a patient we will offer you a copy of the current Notice in effect. You may obtain a copy of our current Notice by: contacting the Valley View HIPAA Privacy Officer as provided at the end of this Notice; picking a copy up in an admitting or registration area within Valley View; or from our website, www.vvh.org.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services (HHS) Office for Civil Rights. These complaints must be in writing and must be filed within 180 days of when you learn of or should have known about the violation.

To file a complaint with Valley View, you may

- Put your complaint in writing and address it to the Privacy Officer as provided at the end of this Notice.
- Valley View’s HIPAA Grievance Hotline at 970-384-8156
- Call Valley View’s Compliance Hotline at 1-844-759-0033
The compliance Hotline allows anonymous reporting and is available 24 hours per day, 7 days per week, including holidays.

To complain to the Secretary of the Department of Health and Human Services, visit the website of the Office for Civil Rights (www.hhs.gov/ocr/hipaa/) for information on how to submit your complaint via web portal, mail, fax or email. Complaints may also be mailed to:

Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201

You will not be retaliated against or penalized for filing a complaint. We will not take any action against you or change our treatment of you in any way.

You may contact our HIPAA Privacy Officer if you have questions or comments about our privacy practices.

HIPAA Privacy Officer

Valley View Hospital
1906 Blake Ave.
Glenwood Springs, CO 81601
Telephone: 970-384-7043

Email: compliance@vvh.org