

## 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: February 11, 2021

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*THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.*

#### ***TO PROTECT YOUR RIGHTS, PLEASE REVIEW IT CAREFULLY***

This Notice tells you how we may use and disclose protected health information about you. Protected health information means any health information about you that identifies you or that could be used to identify you. In this Notice, we call protected health information “health information”. This Notice also tells you about your rights and our duties with respect to health information about you. In addition, it will tell you how to complain to us if you believe we have violated your privacy rights.

If you have any questions about this Notice, please contact the Valley View Privacy Officer by dialing (970-384-6810).

#### **WHO WILL FOLLOW THIS NOTICE**

This Notice describes 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 to 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.

#### **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 a record of the care and services you receive. This Notice applies to all of the records of your care, whether made by clinic personnel, research staff, nursing students, or your own personal doctor. 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. 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 given 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. *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.

- **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. 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.

- **Hospital Directory**

The hospital directory includes your name, location in our facility, general health condition, and religious affiliation in a patient directory, unless you disagree or object. 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, notify the admitting clerk or a member of our nursing staff.

- **How We Will Contact You**

Unless you tell us otherwise, in writing, we may contact you by telephone, e-mail or mail at either your home or your office. 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.

- **Appointment Reminders**

We may use and disclose health information about you to contact you to remind you of an appointment you have with us. Reminders may be sent through the mail, over the phone or e-mailed.

- **Treatment Alternatives**

We may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

- **Health Related Benefits and Services**

We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you.

- **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 and you will have the right to opt out of receiving such communications 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 tell your family or friends your condition. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition and location. If you do not want health information about you released to those involved in your care, please call Valley View's HIPAA Privacy Officer at 970-384-6810. 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.

- **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.

- **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.

- **As Required by Law**

We may use or disclose health information about you when we are required to do so by Federal, State or local law or judicial or administrative proceedings. These include, but are not limited to:

- Food and Drug Administration
- Public health or legal authorities charged with preventing or controlling disease, injury or disability
- Correctional Institutions
- Workers Compensation Agents
- Organ and Tissue Donation Organizations
- Military Command Authorities
- National Security and Intelligence Agencies
- Protective Services for the President and Others

- **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.

These activities generally include, but are not limited to, the following:

- Prevent or control disease, injury or disability;
- To report births and deaths;
- To report reactions to medications or problems with products;
- Notify people of recalls of products they may be using;
- Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe an adult patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law; or
- To support public health surveillance and combat bioterrorism.

- **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 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. *For example*, we may disclose your health information to report a gunshot wound. However, if you request treatment and rehabilitation for drug dependence from us, your request will be treated as confidential and we will not disclose your name to any law enforcement officer unless you consent.

- **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. 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.

- **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.

- **Specialized Government Functions**

We may disclose health information about you if it relates to military and veterans' activities, national security and intelligence activities, protective services for the President, and medical suitability or determinations of the Department of State.

- **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 it is 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. If the applicable state privacy laws are more stringent than Federal privacy laws, the state law preempts the Federal law.

## **USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION**

- **HIV, Substance Abuse, Mental Health and Genetic Information**

Special privacy protections apply to HIV-related information, alcohol and substance abuse, mental health, and genetic information. Some parts of this general Notice may not apply to these kinds of PHI. Please check with our Privacy Officer (970-384-6810) for information about the special protections that do apply. *For example*, if we give you a test to determine if you have been exposed to HIV, we will not disclose the fact that you have taken the test to anyone without your written consent unless otherwise required by law.

- **Other Uses and Disclosures**

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 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.
- Certain marketing activities, including if we are paid by a third party for marketing statements as described in your executed authorization.
- Sale of your health information except certain purposes permitted under the regulations.

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. Usually, this includes medical and billing records, but does not include psychotherapy notes. 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. We will act on your request within thirty (30) calendar days after we receive your request. 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. We may deny your request to inspect and copy health information if the health information involved is:

- Psychotherapy notes; Information compiled in anticipation of, or use in, a civil, criminal or administrative action or proceeding;
- Restricted by the Clinical Laboratory Improvements Amendments of 1988 (CLIA); or Information that is not part of the record set we use to make decisions about your care and treatment; Part of a research trial.

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.

- **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. Once we have received a written request for an accounting of disclosures made by Valley View, we will usually act on your request within sixty (60) calendar days after we receive your request. Within that time, we will either provide the accounting of disclosures to you or give you a written statement of when we will provide the accounting and why the delay is necessary.

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. You also have the right to limit the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. *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 (Alternative Ways)**

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 Receive Notice of a Breach**

Valley View is required to notify you by first class mail or by e-mail (if you have indicated a preference to receive information by e-mail), of any breach of your Unsecured PHI.

- **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](http://www.vvh.org)

*To exercise any of your rights, please obtain the required forms from the HIPAA Privacy Officer (970-384-6810) and submit your request in writing.*

## **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 any revised Notice by: contacting the Valley View HIPAA Privacy Officer (970-384-6810); picking a copy up in an admitting or registration area within Valley View; or from our website, [www.vvh.org](http://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  
Valley View HIPAA Privacy Officer  
1906 Blake Avenue  
Glenwood Springs, CO 81601  
Telephone: 970-384-6810
- 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 contact:

Region VIII, Office for Civil Rights  
U.S. Department of Health and Human Services  
1961 Stout Street – Room 1185 FOB  
Denver, CO 80294-3538  
Fax: (303) 844-2025

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 also 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: 970-384-6810