

## Notice of Privacy Practices

**This Notice Describes How Medical Information About You May Be Used And Disclosed And How You Can Get Access To This Information. Please Review it Carefully.**

East Valley Community Health Center is committed to protecting the confidentiality of your medical information and is required by law to do so. The Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment, or health care operations, and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services. Generally, we may not use or disclose your personal health information without your permission. Further, once your permission has been obtained, we must use or disclose your personal health information in accordance with the specific terms of that permission. Please let us know if you would like further information.

### **USES AND DISCLOSURES**

East Valley Community Health Center may use and disclose our protected health information as follows:

**For Treatment:** We will use and disclose your PHI to provide and coordinate your health care and any related services. We may also disclose your PHI to another health care for purposes of your treatment.

**For Payment:** We may use and disclose PHI about you for the purpose of determining coverage, billing, claims management, medical data processing, and reimbursement. The information may be released to an insurance company or a third party payer, or its agent.

**For Health Care Operations:** We may use and disclose PHI about you in order to support quality improvement and other business activities of our organization. These uses and disclosures are necessary for our operations and ensure the quality of care received by our patients.

**Other Uses and Disclosures Provided by Law without Authorization:** We may use and disclose PHI about you for other purposes and to other individuals and entities without a signed authorization, as provided by state and federal law.

**Uses and Disclosures with Your Permission:** Uses and disclosures of PHI will generally only be made with your written permission, called an "authorization." You have the right to revoke an authorization at any time.

### **YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION**

You have the following rights regarding your protected health information (PHI):

- Right to Inspect and Copy
- Right to Amend
- Right to a Paper Copy of Notice
- Right to Request Confidential Communications
- Right to Request Restrictions
- Right to an Accounting of Certain Disclosures

**Complaints:** If you have a complaint about how East Valley Community Health Center handles your health information, or if you otherwise believe that your privacy rights have been violated, your complaint should be directed to our Director of Operations at (626) 919-5724. If you are not satisfied with the manner in which East Valley Community Health Center handles a complaint, you may submit a formal complaint to the U.S. Secretary of Health and Human Services in Washington, DC. We will not retaliate in any way if you choose to file a complaint.

Please sign patient acknowledgement below. Please note that by signing you are acknowledging that you have received or been given the opportunity to receive a copy of our Notice of Privacy Practices.

\_\_\_\_\_  
Print Patient Name

\_\_\_\_\_  
Signature of Patient or Patient's Representative

\_\_\_\_\_  
Relationship to Patient  
(If not self)

\_\_\_\_\_  
Date