

# High Desert Healthcare



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## Notice of Privacy Practices Effective Date: 01 June 2013

In accordance with federal law, this notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully, ask questions if you do not understand and keep for any future reference.

This notice describes our practices for the protection of your health information, explains how we may use and disclose your health information or financial information, describes your rights, explains the duties we have regarding the use and disclosure and applies to all your records on file here at High Desert Healthcare, LLC.

We are required to:

- Maintain privacy of your information. Currently we use an encrypted, passworded system of a web-based electronic health record. Very limited information is kept on site, and we strive to scan all paper records to your electronic health record and return or destroy any paper based records. Our computer based systems are encrypted and compliant with regular security updates to prevent any unauthorized entry to our network. We have an independent company who monitors our network and we will report any significant breaches via our website at [www.highdeserthealthcare.org](http://www.highdeserthealthcare.org) and in personal communication with you in accordance with the HITECH Breach Notification requirements.
- Make this notice available to you of the legal duties and practices with respect to your information.
- Abide by the terms set forth in the notice and to notify you if our practices change or if breach occurs.
- We must ask specific permission from you for any use or disclosure of psychotherapy notes.
- If you ask us not to disclose medical information on visits that you chose to pay for yourself and not use insurance, we can not disclose the information obtained in that visit to a health plan.
- Notify you of any breach of security that discloses your healthcare data to entities or persons that are not employed or contracted with our facility when it meets certain standards.

How we may use your information:

- *For your treatment.* Information gathered by any member of our staff may be recorded in your record and used to determine a treatment plan that works best for you in accordance with our practices and beliefs.
- *For payment.* We will use your health information to request payment from your insurance. In the event of self-pay, we are not required to submit information to anyone other than the patient and the caregivers.
- *For healthcare operations and improvement.* Members of the quality assurance committees may, from time to time use information contained in your health record to assess cares and outcomes in your case and others like it. Usually this information will be de-identified prior to use.
- *Disclosure to persons whom you have identified may share in your healthcare.*
- *Disclosure to business associations such as lab or radiology to whom we have referred your for further care or diagnostic capabilities.*
- *Research.* We may use your information for specific research purposes. All research projects will attempt to use any de-identified data, or we will contact you for specific permission prior to implementation. You will have the right to refuse to participate in any research.
- *As required by federal, state or local laws in cases of neglect, abuse, or violence.*
- *To prevent serious threat to health or safety we will disclose information about you when threat to your life or another life is in jeopardy.* This disclosure would be made to an appropriate law enforcement official.

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- *Military and Veterans as required by military command authorities*
- *Worker's Compensation as authorized for worker's compensation or other programs.*
- *Public Health Risks: as required for preventing or controlling disease, injury or disability*
- *Health Oversight for activities as authorized by federal, state or local law*
- *Coroner, Medical Examiner and Funeral Director as required by federal, state or local law*
- *National Security and Intelligence as required by federal, state or local law*
- *Protective Services for the President or others as required by federal, state or local law*
- *Correctional Institution/Law Enforcement as required by federal, state or local law*
- *Lawsuits and Disputes – we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if effort have been made to tell you about the requires or to obtain an order protecting the information requested.*

## **How We WON'T Use Your Information**

- We will not sell your personal or medical information to any party, ever. If we ever change that policy we will notify you.
- We will not use your information to promote marketing or fundraising, although we may send you information from time to time to help you maintain your health.

## **Your Rights Regarding Health Information about you**

Your health records are the property of High Desert Healthcare, LLC. The information in the record belongs to you. You have the following rights regarding the information we maintain:

- Request restriction on certain uses and disclosures of your information as provided in 45 CFR 164.522
- Obtain a paper or electronic copy of the notice of information practices upon request. This notice is available on our website at [www.highdeserthealthcare.org](http://www.highdeserthealthcare.org)
- Inspect and obtain a paper or electronic copy of your record as provided in 45 CFR 164.524. We do reserve the right to request a reasonable fee for copy charges.
- Amend your health record as provided in 45 CFR 164.528
- Obtain an accounting of disclosures of your health information as provided for in as provided in 45 CFR 164.522
- Revoke your authorization to use or disclose your health information except to the extent of actions already taken.
- Request a current copy of the notice that is in effect on that date.

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For more information about your rights under as provided in 45 CFR 160 and 164 or to report a problem:

- You may file a written concern or complaint with High Desert Healthcare without fear of penalty
- You may file a complaint with the Secretary of the Department of Health and Human Services.  
Office of Civil Rights  
200 Independence Ave SW  
Washington, DC 20201  
(202) 619-0257  
Toll Free 1-877-696-6775

Changes to this Notice:

- We reserve the right to change this notice
- We reserve the right to make the revised notice effective for information we already have about you or to any information in the future we may obtain about you.
- A copy of the current notice will be available for review.

If you do not understand the information contained in this notice, please ask one of our staff members to sit with you and explain your rights to you. We want you to be informed.

The signature on this page represents that I have read or been given a copy of this privacy notice.

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Signature of patient or responsible party

Date

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Printed name of patient or responsible party

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Signature of Witness

Date