

Notice of Privacy Practices

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

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

About Us

In this Notice, we use terms like “we,” “us” or “our” to refer to Tri-Valley Medical Center, Inc. and its staff. We provide medical services to children, adolescents and adults; our goal is to keep you in good health. This Notice applies to Tri-Valley Medical Center, Inc. We share your Protected Health Information to provide you with health care services, to treat you, to bill your health plan for your care and to conduct our business operations.

What is “Protected Health Information” or “PHI”?

“Protected Health Information,” or “PHI” for short, is information that identifies who you are and relates to your past, present, or future physical or mental health or condition and the provision of health care to you, past, present, or future. PHI does not include information about you that is publicly available, or that is in a summary form that does not identify who you are.

Purpose of this Notice

In the course of doing business, we gather and maintain PHI about all of our patients. We respect the privacy of your PHI and understand the importance of keeping this information confidential and secure. This Notice describes our privacy practices and how we protect the confidentiality of your PHI. We are obligated to maintain the privacy of your PHI by implementing reasonable and appropriate safeguards. We are also obligated to explain to you by this Notice our legal obligations to maintain the privacy of your PHI. We must follow this Notice of Privacy Practice.

How We Protect Your PHI

We restrict access to your PHI to those employees who need access in order to provide services to you as our patient. We have established and will maintain appropriate physical, electronic and procedural safeguards to protect your PHI against unauthorized use or disclosure. We have established a training program that our employees must complete and update annually. We have also established a Privacy Office, which has overall responsibility for developing, training and overseeing the implementation and enforcement of policies and procedures to safeguard your PHI against inappropriate access, use and disclosure.

Types of Use and Disclosure of PHI We May Make Without Your Authorization

Federal and state law allow us to use and disclose your PHI in order to provide health care services to you, as well as to bill and collect payments for the health care services provided to you by our office. For example, we may use your PHI to authorize referrals to specialists and to request authorization for a non-formulary medication from your health plan. Federal and state law also allows us to use and disclose your PHI as necessary in connection with our health care operations. For example, we may use your PHI for resolution of any grievance or appeal that you file if you are unhappy with the care you have received. We may also use your PHI in connection with population-based disease management programs. We may use or disclose your PHI to perform certain business functions with our business associates, (for example, provide your diagnosis to a hospital when we order an x-ray). Our business associates must also agree to safeguard your PHI as required by law.

We are also allowed to use and disclose your PHI without your authorization when required by law for the following purposes:

- *For public health activities - such as reports about communicable diseases, defective medical devices to the Food and Drug Administration, or work related health issues;*
- *Reports of abuse, neglect, or domestic violence about yourself or your child;*
- *For health oversight activities - such as reports to governmental agencies that are responsible for licensing physicians or other health care providers;*
- *For lawsuits and other legal disputes - in connection with court proceedings or proceedings before administrative agencies, or to defend us in a legal dispute;*
- *For law enforcement purposes - such as responding to a warrant, or reporting a crime;*
- *Reports to coroners, medical examiners, or funeral directors – to assist them in performance of their legal duties;*
- *For tissue or organ donations - to assist organ procurement or transplant organizations;*
- *For research - to medical researchers with an approval of an institutional review board (IRB) or privacy board that oversees studies on human subjects. Researchers are also required to safeguard your PHI;*
- *To avert a serious threat to the health or safety of you or other members of the public;*
- *For national security and intelligence/military activities - such as protection of the President or foreign dignitaries; and*
- *In connection with services provided under workers’ compensation laws.*

We may disclose your PHI, without your written authorization, to your family members or other persons if they are involved in your care or payment for that care. We may also notify disaster relief organizations to assist them with their relief efforts. When you are a patient at a hospital or medical facility with which we are affiliated, we may create a directory that includes your name,



your location at the facility, your general condition and your religious affiliation. Information in this directory may be disclosed to visitors and clergy. However, we must first provide you with an opportunity to agree or object to such disclosure. If you cannot agree or object because you are incapacitated or otherwise unavailable, we will use our professional judgment.

You, as a parent, can generally control your minor child's PHI. In some cases, however, we are permitted or even required by law to deny your access to your child's PHI, such as when your child can legally consent to medical services without your permission (e.g. when your child is 18 years old, pregnant, or legally emancipated).

There are some types of PHI, such as HIV test results or mental health information, which are protected by stricter laws. However, even such PHI may be used or disclosed without your written authorization if required or permitted by law.

Authorizations

All other uses and disclosures of your PHI must be made with your written authorization.

If you need an authorization form, we will send you one for you or your personal representative to complete. When you receive the form, please fill it out and send it to the following address:

Tri-Valley Medical Center, Inc.
1081 Market Place Suite 200
San Ramon, California 94583
Attention: Medical Records Department.

You may revoke or modify your authorization at any time by writing to us at the same address. Please note that your revocation or modification may not be effective in some circumstances, such as when we have already taken action relying on your authorization.

Your Rights Regarding Your PHI Access to Your PHI

You have the right to review and copy your PHI that we maintain. If you wish to access your PHI, please write to us. We will respond to your request and tell you when and where you can review your PHI in our possession within our normal business hours. If you would like a copy of the information we have, please write to us at the same address. If we provide you with a copy, we will charge a reasonable administrative fee for copying your PHI to the extent permitted by applicable law. If we deny your request for review or copy of your PHI, we will explain the reason in writing. If we don't have your PHI, but know who does, we will tell you whom to contact.

Right to Amend Your PHI

You have the right to request amendments to your PHI. When you wish to have your PHI corrected or updated, please write to us and tell us what you want changed and why. We will respond to you in writing, either accepting or denying your request. If we deny your request, we will explain why. You may also send us an addendum that is not longer than 250 words in length for each item you believe is incorrect. Please clearly indicate that you want the addendum to be included in your PHI. We will attach your addendum to the record(s) of your PHI. Your amended PHI will be available for your review upon request.

Right to Receive an Accounting of Disclosures of Your PHI

You have the right to request an accounting of certain disclosures that we make of your PHI. You can request an accounting by writing to us. Please note that certain disclosure, such as those made for treatment, payment, or health care operations need not be included in the accounting we provide to you. We will respond to your request within a reasonable period of time, but no later than 60 days after we receive your written request.

Right to Receive a Copy of This Notice

You have the right to request and receive a paper copy of this notice. You may contact our Medical Records Department for a copy, and one will be provided to you at no charge.

Right to Request Restrictions

You have the right to request restrictions on how we use and disclose your PHI for our treatment, payment, and healthcare operations. All requests must be made in writing. Upon receipt, we will review your request and notify you whether we have accepted or denied your request. Please note that we are not required to accept your request for restrictions. Your PHI is critical for providing you with quality health care. We believe we have taken appropriate safeguards and internal restrictions to protect your PHI, and that additional restrictions may be harmful to your care.

Right to Confidential Communications

You have the right to request that we provide your PHI to you in a confidential manner. For example, you may request that we send your PHI by an alternate means (e.g. sealed envelopes) or to an alternate address (e.g. calling you at a different telephone number, or sending a letter to you at your office address rather than your home address). We will accommodate any reasonable requests, unless they are administratively too burdensome or prohibited by law.

Right to Complain

We must follow the privacy practices set forth in this Notice while in effect. If you have any questions about this Notice, wish to exercise your rights, or a file a complaint, please direct your inquiries to:

Tri-Valley Medical Center, Inc.

Attention: Privacy Officer

1081 Market Place Ste 200

San Ramon, California 94583

Please note: *This copy is for your records and will require a signature of receipt with the Patient Registration document. Thank you very much for completing the necessary and required paperwork.*

WELCOME TO TRI-VALLEY MEDICAL CENTER, INC. OUR STAFF AND DOCTORS

LOOK FORWARD TO PROVIDING YOU WITH THE BEST OF CARE.



Internal Medicine

and

Podiatry

Phone: 925-866-8800

Phone: 925-866-8800

Fax: 925-866-8802

Fax: 925-866-8802

510-574-0227 (Fremont)

510-574-0228 (Fremont)