

NOTICE OF PRIVACY RIGHTS AND PRACTICES

**BLAND COUNTY MEDICAL CLINIC
12301 GRAPEFIELD RD
BASTIAN, VA 24314
276-688-4331**

<http://www.blandclinic.com>

This notice is for your information and describes how medical information about you may be used and disclosed. This notice also explains how you may gain access to this information. **Please review it carefully.**

YOUR RIGHTS

As a patient of Bland County Medical Clinic, you have certain rights. Those rights are explained below.

1. Obtain an electronic or paper copy of your medical record

- a. You may request to see or obtain an electronic or paper copy of your medical record and other health information we may have about you. You may use the Patient Portal to do so, or you may make speak to our staff to make this request.
- b. We will provide you with a copy or summary of your health information, within 30 days of your request. Please note that for certain requests we may charge a reasonable, cost-based fee.

2. Ask us to correct your medical record

- a. If you feel that your health information is incorrect or incomplete, you may request us to correct this information by sending your request in writing.
- b. We may say “no” to your request, but will tell you why in a written explanation within 60 days.

3. Request confidential communications

- a. It is your right to request us to contact you in a specific way (for example you may prefer that we only contact you using your home number).
- b. All reasonable requests will be honored.

4. Ask that we limit what information is used or shared

- a. You have the right to ask us NOT to use or share certain health information for treatment, payment, or our operations.
 - i. By law, we are NOT required to agree to your request, and will say “no” if it would affect your care.
- b. If you wish to pay IN FULL for a service (office visit, procedure, testing, etc) you can ask us not to share that information for the purpose of payment or operations with your health insurer.
 - i. We will allow you to do this as long as the law does not require us to share that information.

- 5. Get a list of those whom we have shared your information**
 - a. You can ask for a list of the times we've shared your health information for six years prior to the date you ask, who we share it with, and why.
 - i. We will provide you with all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you ask us to make). We will only provide one accounting per year for free. Should you request a second accounting, there will be a reasonable, cost-based fee.
- 6. Get a copy of this privacy notice**
 - a. You may request a copy of this notice at any time and we will provide this for you. A copy will be posted on our website, but should you request a new paper copy at any time, this will be given to you at no cost.
- 7. Choose someone to act for you**
 - a. If you have a medical power of attorney or legal guardian that person can exercise your rights and make choices about your health information. However, our office will require documentation or proof of another person having medical power of attorney or guardianship prior to taking any action requested by that individual.
- 8. File a complaint if you feel your rights are violated**
 - a. If you feel that your rights as a patient have been violated you may contact our office at 276-688-4331 and request to speak to someone about the complaint, the reception area will put you in contact with the appropriate individual.
 - b. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil rights: go to their website for more information: [www. Hhs.gov/ocr/privacy/hipaa/complaints/](http://www.Hhs.gov/ocr/privacy/hipaa/complaints/). There will be no retaliation from our office towards you for filing a complaint.

YOUR CHOICES

There is certain health information that you can tell us your choices about what we share. If you have preferences for the items listed below, you will need to contact our office and tell us what that preference is. Our staff will be able to assist you in making this preference clear in your chart.

- 1. You have the right to tell us if you have a preference or choice in any of the following:**
 - a. Family members with whom you wish to have your information shared or grant permission for staff to speak to about you and your health information.
 - b. Sharing information in a disaster relief situation
- 2. We will NEVER share your information in the following situations without your permission**
 - a. Marketing purposes
 - b. Most psychotherapy notes unless it is deemed critical to your care such as for emergent mental health treatment

HOW WE USE AND DISCLOSE YOUR INFORMATION

We will use and disclose your information in the following ways.

1. To provide treatment to you

- a. We can use your health information and share it with other professionals who are treating you. For example, if you are referred to a specialist for treatment, we will send that provider progress notes, labs, x-ray reports and any other information necessary for that provider to be able to treat you and have knowledge of your health and health condition

2. To run our organization

- a. Will may use your information and share your information in order to run our practice, improve your care, and contact you when necessary. For example we use health information to manage treatment and services and for quality assurance purposes.

3. To bill you for services

- a. We will use your health information and share your information to bill and get payment from health plans or other entities. In other words we give information about you to your health insurance plan so it will pay for your services. Sometimes other facilities that we have referred you to for such things as MRI's may request additional information about you so that they may bill for that service and receive payment. We will aid the other facility with that information, but only provide information related to the service for which you were referred. For example, we may send a copy of your x-ray report to the other facility so that they may use that as documentation that you have had plain films prior to specialized imaging completed.

4. To help with public health and safety issues

- a. We can share your information for certain situations such as:
 - i. Preventing disease
 - ii. Helping with product recalls
 - iii. Reporting adverse reactions to medications
 - iv. Reporting suspected abuse, neglect or domestic violence
 - v. Preventing or reducing a serious threat to anyone's health or safety
- b. Our office must comply with all conditions of the law before we share any information for the above reasons.

5. To do research or for quality assurance purposes

- a. We can share your information for research or for quality assurance purposes.

6. To comply with the law

- a. Our office will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

7. To respond to organ donation and tissue requests

- a. Your health information can be shared with organ procurement organizations.

- 8. To work with a medical examiner or funeral director**
 - a. It is legal for us to share your information with a coroner, medical examiner, or funeral director upon your death if information is requested.

- 9. To address worker's compensation, law enforcement, and other government requests**
 - a. It is legal for us to share your information with and in the following manners:
 - i. For workers compensations claims
 - ii. For law enforcement purposes or with a law enforcement official
 - iii. With health oversight agencies for activities authorized by the law
 - iv. For special government functions such as military, national security, and presidential protective services

- 10. To respond to lawsuits and legal actions**
 - a. Our office will share your information in response to a court order or in a response to a subpoena.

- 11. To comply with any other requirement specified by Virginia Law**

OUR RESPONSIBILITIES

- 1. Our facility is required by law to maintain the privacy and security of your protected health information.**
- 2. Our office must notify you promptly if a breach occurs that may have compromised the privacy or security of your information.**
- 3. Our office must adhere to the privacy practices described in this notice and provide you with a copy of it.**
- 4. No staff member can use or share your information other than the methods stated within this notice unless given written person from you (verbal permission with two staff members hearing may be requested for special circumstances).**
- 5. Our office must honor any revoked sharing permissions from you.**

CHANGES TO THIS NOTICE

The terms of this notice can be changed as clinic policy dictates. *All changes will apply to all the information we have about you.* Any revised or new notice will be available upon request, in our office, and on our website.

CONTACT INFORMATION

If you have concerns or questions about your privacy or protected information, you may contact the following individuals.

Tanya Holdren
QA/Compliance Director
276-688-2601

Susan Greever
Executive Director
276-688-4331

Effective Date: January 20, 2014