

Monongahela Valley Association of Health Centers, Inc. (MVA)

Including

- MVA Health Center — Fairmont ■ MVA Health Center — Shinnston ■ MVA Health Center — Mannington
- MVA Health Center — North Marion High School Wellness Center ■ MVA Health Center — East Fairmont High School Wellness Center

Notice of Privacy Practices

Effective Date: January 1st, 2023

**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.**

The clinic is required by law to maintain your privacy. This notice describes how we may use or disclose your health information. We are required by law to give you this notice, and we are required to follow the terms of this notice.

**HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION**

**Treatment**

We may use or disclose health information about you to provide you with treatment or other services. For example, information may be shared with the clinic doctors, nurses, medical assistants and other healthcare personnel. We may also share information with providers at another clinic or hospital that will be seeing you for treatment purposes.

**Appointment Reminders**

We may call you or send you a letter to remind you that you have an appointment at the clinic, unless you tell us not to.

**Public Health Activities**

We may use or disclose health information about you for public health activities required or permitted by law.

**Judicial and Administrative Proceedings**

We may disclose health information about you in response to a court order.

**Coroners**

We may disclose your health information to a coroner, medical examiner or funeral director as authorized by law.

**Health or Safety**

We may disclose your health information to law enforcement in order to avoid a serious threat to the health and safety of a person, or the public.

**Payment**

We may use or disclose your health information to get payment for the services that you receive at the clinic. For example, we may provide information to your health plan in order to obtain payment for the care that we provided to you.

**Treatment Alternatives**

We may use your health information to tell you about services that may be of interest to you.

**Victims of Abuse, Neglect or Domestic Violence**

If we suspect abuse, neglect or domestic violence, we may disclose health information about you as required or permitted by law.

**Law Enforcement**

We may disclose health information about you when required or permitted by Federal or State law.

**Organ and Tissue Procurement**

We may disclose your health information to organizations for organ, eye or tissue procurement, tissue banking or transplantation.

**Worker's Compensation**

We may disclose your health information as authorized by law to the Worker's Compensation Program.

**Healthcare Operations**

We may use or disclose your health information for healthcare operations. Healthcare operations include quality improvement for the services you receive at our clinic. We may also give information about you to HRSA for population-based activities to improve the health of our patients. Healthcare Operations includes reporting information for public health activities, such as immunization reporting and communicable disease reporting.

**Individuals Involved in Your Care or Payment for Your Care**

We may disclose your health information to your family or other people who are involved in your health care. You have the right to object to the sharing of your information.

**Health Oversight Activities**

We may give health information to a health oversight agency that monitors the State health care delivery system.

**Required by Law**

We may disclose health information about you when we are required to do by Federal or State law.

**Research**

We may disclose your health information for research purposes if you have signed an authorization to disclose your information, or if an Institutional Review Board has waived that requirement.

**Specialized Government Functions**

We may disclose your health information to government agencies with special functions as required or permitted by law.

**DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION**

**Marketing**

We may communicate with you about products or services related to your treatment, case management or care coordination. However, we must obtain your authorization prior to using your health information to send you any marketing material that results in payment to us that is above and beyond the cost of providing the service for our clinic. Sale of Protected Health Information; We are required to obtain your authorization for the sale of your protected health information in exchange for payment.

**Other Laws Protecting Health Information**

Other laws may require your written authorization to disclose certain mental health, alcohol and drug treatment, HIV/AIDS testing or treatment and genetic testing information.

**YOUR PROTECTED HEALTH INFORMATION PRIVACY RIGHTS**

**Right to Inspect and Copy**

You have the right to review and receive copies of your medical, payment, and other records. MVA will adhere to all Federal and State laws regarding access to your medical records, such as the 21st Century Cures Act: Interoperability, Information Blocking, and the ONC Health IT Certification Program Final Rule (Final Rule), which implements provisions of the Cures Act that are designed to advance interoperability; support the seamless exchange, access, and use of electronic health information (EHI) you have the right to "self-serve" and access, view and download your medical information on your Patient Portal. Your doctor has up to 30 days to provide you with a copy of your information. You may also access your records via a web portal.

**Right to Opt Out of Fundraising Campaigns**

Some clinics participate in fundraising activities using individuals' names and treatment dates. If our clinic chooses to participate in any fundraising campaigns using your information, you will be sent a notice about the fundraising activity and you will be given an opportunity to tell us that you don't want your information used that way. Doing that will mean that you have opted out of participating. You may also request to opt out of all future fundraising communications, but if you do that, you will need to opt back in if you change your mind, by sending us a letter telling us that you would like to start getting those letters or notices, again.

**Right to Revoke Your Authorization**

You have the right to revoke an authorization that you previously made for release of your health information. In situations where we may have already released your health information, we cannot take the information back. However, we will stop releasing any more of your information.

**Right to Request an Amendment**

You have the right to request that we amend your health information that we maintain in your medical record or billing records. You must request the change in writing. We may deny your request under certain circumstances.

**Right to Request Restrictions**

You have the right to request restrictions on how your information is used or disclosed. You must make your request in writing. This includes your right to limit disclosure of information for treatment or services you (or a family member or friend) paid for in-full out of your own pocket. This does not include services that have been paid for in-whole or in-part by your health plan.

**Right to Receive a Paper Copy of this Notice**

You have the right to receive a paper copy of this notice at any time.

**Right to a List of Disclosures**

You have the right to be notified following any unauthorized disclosure of your protected health information. It is the intention of our clinic to notify affected individuals immediately following the discovery of a breach of protected health information. You also have the right to ask for a list of certain disclosures of your health information that occurred after February 2006. The list will not include disclosures that were made with your authorization.

**Right to Request Confidential Communications**

You have the right to request to receive communications from us in a certain way or to a certain place in order to protect your confidentiality. We will accommodate reasonable requests.

**Complaints**

You have the right to file a complaint with MVA's Patient Advocate. You may also file a written complaint with the Secretary of the Department of Health and Human Services in Washington, DC. We will not retaliate against you if you file a complaint.

**We reserve the right to change this notice. If we change the notice, we will post a current copy of the notice, and will make a copy of the new notice available to you. For more information about this notice, or if you need more information, please contact MVA's Privacy Officer.**

**ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-304-366-0700**

**注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-304-366-0700**