

Notice of Privacy Practices



Your Rights

Your Choices

Your Responsibilities

Our Uses

Our Disclosures

Our Responsibilities

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. It also reviews your rights and responsibilities regarding your health care.

Please review it carefully.



Your Rights Related to your Protected Health Information

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record	<ul style="list-style-type: none">You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable cost-based fee.
Ask us to correct your medical record	<ul style="list-style-type: none">You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.We may say “no” to your request, but we will tell you why in writing within 60 days.
Request confidential communications	<ul style="list-style-type: none">You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.We will say “yes” to all reasonable requests.
Ask us to limit what we use or share	<ul style="list-style-type: none">You can ask us not to use or share certain health information for treatment, payment, or our operations.<ul style="list-style-type: none">We are not required to agree to your request, and we may say “no” if it would affect your care.If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.<ul style="list-style-type: none">We will say “yes” unless a law requires us to share that information.
Get a list of those with whom we have shared information	<ul style="list-style-type: none">You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get a copy of this privacy notice	<ul style="list-style-type: none">You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
Choose someone to act for you	<ul style="list-style-type: none">If you have given someone medical power of attorney, or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.We will make sure the person has this authority and can act for you before we take any action.
File a complaint if you feel your rights are violated	<ul style="list-style-type: none">You can file a complaint if you feel we have violated your rights by contacting us using the information on the last page.You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, Washington, DC 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.We will not retaliate against you for filing a complaint.

Your Choices Related to your Protected Health Information

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and the choice to tell us to:	<ul style="list-style-type: none">Share information with your family, close friends, or others involved in your careShare information in a disaster relief situationInclude your information in a hospital directory <p>If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.</p>
In these cases we never share your information unless you give us written permission:	<ul style="list-style-type: none">Marketing purposesSale of your informationMost sharing of psychotherapy notes
In the case of fundraising:	<ul style="list-style-type: none">We may contact you for fundraising efforts, but you can tell us not to contact you again.

Uses and Disclosures about Protected Health Information

Treat you	<ul style="list-style-type: none">• We can use your health information and share it with other professionals who are treating you. EXAMPLE: A doctor treating you for an injury may ask another doctor about your overall health condition.
Run our organization	<ul style="list-style-type: none">• We can use and share your health information to run our practice, improve your care, and contact you when necessary. EXAMPLE: we use health information about you to manage your treatment and services.
Bill for your services	<ul style="list-style-type: none">• We can use and share your health information to bill and get payment from health plans or other entities. EXAMPLE: we give information about you to your health insurance plans so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways—usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Help with public health and safety issues	<ul style="list-style-type: none">• We can share health information about you for certain situations such as:<ul style="list-style-type: none">• Preventing disease• Helping with product recall• Reporting adverse reactions to medications• Reporting suspected abuse, neglect, or domestic violence• Preventing or reducing a serious threat to anyone's health or safety.
Do research	<ul style="list-style-type: none">• We can use or share your information for health research.
Comply with the law	<ul style="list-style-type: none">• We 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 laws.
Respond to organ and tissue donation requests	<ul style="list-style-type: none">• We can share health information about you with organ procurement organizations.
Work with a medical examiner or funeral director	<ul style="list-style-type: none">• We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
Address workers' compensation, law enforcement, and other government requests	<ul style="list-style-type: none">• We can use or share health information about you :<ul style="list-style-type: none">• For workers' compensation claims• For law enforcement purposes or with a law enforcement official• With health oversight agencies for activities authorized by law• For special government functions such as military, national security, and presidential protective services
Respond to lawsuit and legal actions	<ul style="list-style-type: none">• We can share health information about you in response to a court or administrative order or in response to a subpoena.

Our Responsibilities Related to Protected Health Information

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it when requested.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Your Rights Related to Your Health Care

When it comes to your treatment and care, you have certain rights. This section explains these.

- A reasonable response to your requests for treatment and pain management, within the scope of the organization's mission, capacity and regulations
- Considerate and respectful care
- Know who is providing your care
- Confidential treatment
- Approve or prohibit the release of any disclosures or records, except when release is required by law
- Information about your diagnoses, treatments and prognosis that will help you to make informed decisions regarding your care
- Participate in decisions about the intensity and scope of your treatment
- Consideration of your psychosocial, spiritual and cultural values, and ethical issues that arise in your care
- Accept or refuse medical care and treatment, to the extent permitted by law, and be informed of the medical consequences of refusing such
- Be informed of investigational studies, research, or educational activities related to care
- Be made aware of advanced directives and how this organization will respond to such advance directives
- Designate a surrogate health care decision-maker that can exercise your rights for you if you have been medically or legally determined to be unable to participate yourself
- Be made aware of organ donation and how this organization with respond to such organ donation

Your Responsibilities Regarding Your Health Care

When it comes to your treatment and care, you have certain responsibilities. The following elaborates on your responsibilities as they relate to your health care.

- Be truthful and express your concerns clearly
- Provide a complete medical history, to the extent possible
- Request information or clarification about your health status or treatment when you do not fully understand what has been described
- Cooperate with the treatment plan agreed upon
- Take personal responsibility for a healthy lifestyle
- Make your wishes known to your provider regarding end-of-life decisions
- Meet your financial obligations with regard to medical care
- Be respectful of other patients and staff members by refraining from behavior that unreasonably places the health and well-being of others at risk
- Be considerate of other patients and staff members by honoring your appointment time
- Avoid initiating or participating in fraudulent health care activities

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request in our office and on our web site.

This Notice of Privacy Practices applies to the following organization.

Shenandoah Valley Medical System, Inc., doing business as Shenandoah Community Health which includes:

- Shenandoah Community Health Center, 99 Tavern Road, Martinsburg, WV 25401
- Healthy Smiles Community Oral Health Center, 58 Warm Springs Ave., Martinsburg, WV 25404
- Shenandoah Behavioral Health Services, 44 Trifecta Place, Charles Town, WV 25414
- Winchester Family Health Center, 1330 Amherst Street, Winchester VA 22601

For additional information please contact Randy Jacobs, Compliance Officer for Shenandoah Valley Medical System, Inc., telephone 304-596-2610 or email feedback@svms.net

