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Notice of Privacy Practices for Village Health

This notice describes how medical information about you may be used and disclosed by Village Health and how you can get access to this information. We encourage you to read it carefully.

How We Use and Disclose Your Medical Information

At Village Health, we are committed to your confidentiality and honoring the trust that you place in us as your medical providers. Our release of your medical information is typically to use or share your health information in the following ways.

Treat you: We can use your health information and share it with other professionals who are treating you. Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization: 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 or the quality of care provided.

Bill for your services: 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 plan so it will pay for your services.

Other Ways We May Use and Disclose Your Medical 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.

Public health and safety issues: We can share health information about you for certain situations such as:

- Reporting information to prevent or control disease
- Helping with product recalls
- 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: We can use or share your information for health research.

Electronic Health Records and Health Information Exchanges: We use an electronic health record to store and retrieve much of your health information. One of the advantages of the electronic health record is the ability to share and exchange health information among health care providers on your medical team. When we enter your information into the electronic medical record, that information may be shared as permitted by law using shared clinical databases and health information exchanges. We may also receive information about you from other health care providers involved with your care by using shared databases or health information exchanges, including the Vermont Health Information Exchange (VHIE) or the Healthcare Information Xchange of New York (Hixny). We may seek your consent to access medical information from your other health care providers that is available on VHIE or Hixny. For information about VHIE, see www.vitl.net. For

information about Hixny, see hixny.org. If you have questions or concerns about this sharing of information, please contact us.

Comply with the law: 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 law. *Respond to organ and tissue donation requests:* We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director: 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: We can use or share health information about you:

- For workers' compensation claims in compliance with state Worker's Compensation Statute
- 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 lawsuits and legal actions: We can share health information about you in response to a court or administrative order, or in response to a subpoena. We may disclose your health information to law enforcement officials as required by law or disclose limited health information for identification and location purposes or to assist in criminal investigations.

Certain Health Information

Some types of health information are protected by additional laws, including Vermont or New York privacy laws. These laws may limit whether and how we share different kinds of information:

- In New York, HIV-related information (e.g. information regarding HIV testing, test results, or HIV treatment) can only be disclosed with special written authorization. We may share HIV-related information about your treatment as part of public health activities and as otherwise permitted by law.
- Substance abuse treatment program records
- Certain records of minors
- Certain mental health records

Your Rights

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

Get an electronic or paper copy of your medical record: 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. At your request, 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: 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'll tell you why in writing within 60 days.

Request confidential communications: 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: You can ask us not to use or share certain health information for treatment, payment, or our operations. 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. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information: You can ask for a list (accounting) of the times we've 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: 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: 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: You can complain if you feel we have violated your rights by contacting us using the contact information at the top of the page. You can also 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, S.W., Washington, D.C. 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

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. 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. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- Contact you for fundraising efforts (if we contact you for fundraising efforts, you can tell us not to contact you again)

We never share your information for marketing purposes, sale of your information, or most sharing of psychotherapy notes unless you give us written permission.

Our Responsibilities

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.
- 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

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 describes the privacy policies of Village Health, Inc. that became effective on September 1, 2019.