

Notice of Privacy Practices
OUR POLICY AND RESPONSIBILITIES REGARDING YOUR HEALTH INFORMATION
THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.

We at White Mountain Community Health Center (WMCHC) understand that health information about you and your health care is personal and confidential. Your health information in our records includes both medical and personal information such as your name, address, date of birth, social security number, insurance information, care you have received here, results of tests done, and diagnoses made. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this health care practice, whether made by your personal health care provider or others working in this office. This notice will tell you about the ways in which we may use and share information about you. It will also describe your rights to the information we keep about you and describe certain obligations we have regarding the use and sharing of your health information.

We are required by law to: Give you this notice of our legal duties and privacy practices with respect to health information about you; Make sure that health information that identifies you is kept private; Follow the terms of this notice.

WHO MUST FOLLOW THIS NOTICE All health care providers, staff, and volunteers at WMCHC must follow the terms of this notice. Occasionally, our providers may decide that your health care would be best served if you were seen by a provider or practitioner outside of our facility. These providers will have their own health information practices in their own offices, but they have to abide by the practices described in this notice for health information in your records at WMCHC.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU WMCHC may share health information about you in order to provide services to you and to be paid for the services rendered to you. Following are descriptions of different ways your health information may be used and shared with others. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and share information will fall within one of the categories. **For Treatment:** We may use your health information to provide you with healthcare treatment or services. We may share health information about you with doctors, nurses, technicians, health students, or other personnel who are involved in taking care of you. They may work at our office or at another health care provider's office to which we may refer you for treatment or consultation. We may share information with a laboratory that is testing your blood, a pharmacy that will fill your prescriptions, and a hospital radiology department where you may have x-rays, ultrasound, CT scans or MRIs. We may also share information with agencies such as a home health care and physical therapists if you need those services. **For Payment:** We may use and share your health information so that the treatment and services you receive from us may be billed and payment collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about a medical procedure you received so your health plan will pay us or reimburse you for the procedure. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. **For Health Care Operations:** We may use and share health information about you for operations of our health care practice. These uses and disclosures are necessary to run our practice and to make sure that all of our patients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many patients to decide what additional services we should offer, what services are not needed, whether certain new treatments are effective, or to compare how we are doing with other health care facilities and to see where we can make improvements. We may remove information that identifies you from this set of health information so others may use it to study health care delivery without learning who our specific patients are. **Appointment Reminders:** We may use and share health information to contact you as a reminder that you have an appointment. Please let us know if you do not wish to have us contact you concerning your appointment, or if you wish to have us use a different telephone number or address to contact you for this purpose. **Health Related Services and Treatment Alternatives:** We may use and share health information to tell you about health related services or recommend possible treatment options or alternatives that may be of interest to you. Please let us know if you do not wish to have us contact you concerning your appointment, or if you wish to have us use a different telephone number or address to contact you for this purpose. **As Required By Law:** We will disclose health information about you when required to do so by federal, state, or local law. For example, HIV testing information is subject to greater protections and more limited disclosure under New Hampshire law. Information about alcohol and drug abuse treatment is subject to more limited disclosure requirements under federal law. **To Prevent a Serious Threat to Health or Safety:** We may use and share health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. **Workers' Compensation:** We may release health information about you for worker's compensation or similar programs. These programs provide benefits for work related injuries or illness. **Public Health:** We may share health information about you for public health activities which may include the following: to prevent or control disease, injury or disability, report birth and deaths, report abuse and neglect, report reactions to medications or problems with products, notify people of recalls of products they may be using, notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition, notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only share this information if you agree or when required or authorized by law. **Audits, Investigations, Inspections:** We may share health information with a health agency performing audits, investigations, inspections and licensure, if required by law. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights law. **For Court or Administrative Proceedings:** As with a lawsuit or dispute, when ordered by a court, we must share your health information. If someone else is causing this to happen, we will make efforts to tell you about this request or to obtain an order protecting the information requested. **Law Enforcement:** We must share your health information with law enforcement officials including, for example, reporting certain types of wounds or injuries like gunshot wounds or animal bites. We may also release information: in response to a court order, subpoena, warrant, summons, or similar process, to identify or locate a suspect, fugitive, material witness, or missing person, about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement, about a death we believe may be the result of criminal conduct, about criminal conduct at our facility, in emergency situations to report a crime, the location of the crime or victims, or the identity, descriptions, or location of the person who committed the crime. **Coroners, Medical Examiners and Funeral Directors:** We may release health information about you to coroners, medical examiners or funeral directors in order to identify a deceased person, determine a cause of death, or in the process of carrying out their duties under the law.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU **Right to Inspect and Copy:** You have the right to look at your health records, and copy health information that may be used to make decisions about your care. If you request a copy of information, we may charge a fee for the cost of copying, mailing, or other costs associated with your request. Remember, the actual records that we maintain about you belong to us, though the information in those records belongs to you. To inspect and copy health information that may be used to make decisions about you, you must submit your request in writing to: **Medical Records, White Mountain Community Health Center, PO Box 2800, Conway, NH 03818.** We may deny your request to inspect and copy in certain very limited circumstances. You may then request that the denial be reviewed. Another licensed health care professional chosen by our practice will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review. **Right to Amend:** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we keep the information. You must send your request in writing to **Medical Records, White Mountain Community Health Center, PO Box 2800, Conway, NH 03818** and must include a reason for your request. We may deny the request but, if we do, you will be notified of the reason for the denial. **Right to an Accounting of Disclosures:** You have the right to request a list of those with whom we have shared your health information except for when that sharing was for treatment, payment and health care operations, as previously discussed. **Right to request Restrictions:** You have the right to request that we limit the health information we share about you for treatment, payment, health care operations, or to someone who is involved with your care or the payment of your care, like a family member or friend. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or when required by law. **Right to Request Confidential Communications:** You have the right to request that we communicate with you about health matter in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail to a post office box. To request confidential communications, you must make your request in writing to the receptionist. We will not ask you the reason for your request. We will accommodate all reasonable requests. **Right to a Paper Copy of this Notice:** You have the right to obtain a paper copy of this notice at any time. To obtain a copy, please request it from medical records. You may also obtain a copy of this notice at our website, www.whitemountainhealth.org. If you wish to exercise any of these rights or you have questions about any of them, please direct your request to **Privacy Officer, White Mountain Community Health Center, PO Box 2800, Conway, NH 03818.**

CHANGES TO THIS NOTICE We reserve the right to change our privacy practices and the terms of this Notice. We reserve the right to make these changes effective for health information we already have about you as well as any information we receive or create about you in the future. The revised Notice will be available to patients at the facility and will be posted on the website.

COMPLAINTS OR QUESTIONS If you believe your privacy rights have been violated, you may file a complaint with our Privacy Office or with the Secretary of the Department of Health and Human Services. To file a complaint with the Privacy Officer, contact: **Privacy Officer, White Mountain Community Health Center, PO Box 2800, Conway, NH 03818.** All complaints must be submitted in writing. You will not be penalized or retaliated against in any way for filing a complaint.

If you have any questions about this notice, please contact: **Privacy Officer, White Mountain Community Health Center, PO Box 2800, Conway, NH 03818.**