

Valley Children's Clinic, PA / Harlingen Family Night Clinic, PA

Notice of Privacy Practices

PURPOSE:

The Notice of Privacy Practices describes how medical information about a patient may be used and disclosed and how the patient can get access to this information.

HOW WE USE AND DISCLOSE YOUR MEDICAL INFORMATION

TREATMENT

1. We may use your medical information to provide you with medical services and supplies. We may also disclose your medical information to others who need that information to treat you, such as doctors, physician assistants, nurses, medical and nursing students, technicians, therapists, emergency service and medical transportation providers, medical equipment providers, and other healthcare facilities involved in your care. For example, we will allow your physician to have access to your medical record to assist in your treatment and for follow-up care.
2. We also may use and disclose your medical information to contact you to remind you of an upcoming appointment, to inform you about possible treatment options or alternatives, or to tell you about health-related services available to you.
3. Certain uses and disclosures of your medical information require a patient authorization (i.e., PHI for marketing purposes and the sale of PHI require an authorization). Other uses and disclosures not described in the notice will be made only with the individual's authorization.

PAYMENT

We may use and disclose your medical information to get paid for the medical services and supplies we provide to you. For example, your health plan or Health Insurance Company may ask to see parts of your medical record before they will pay us for your treatment.

OTHER WAYS WE MAY USE YOUR INFORMATION

1. Healthcare Operations
2. Family Members and Others Involved in Your Care
3. Research
4. Required by Law
5. Public Health
6. Public Safety
7. Health Oversight Activities
8. Coroners, Medical Examiners, and Funeral Directors
9. Military, Veterans, National Security and Other Government Purposes
10. Organ and Tissue Donation
11. Judicial Proceedings
12. Information with Additional Protection
13. Restrictions on disclosure of PHI to health plan

OTHER USES AND DISCLOSURES

If VCC/FNC wishes to use or disclose your medical information for a purpose that is not discussed in this notice, VCC/FNC will seek your authorization. If you give your authorization to VCC/FNC, you may take back that authorization any time, unless we have already relied on your authorization to use or disclose information. If you would ever like to revoke your authorization, please notify the Medical Records Department in writing.

WHAT ARE YOUR RIGHTS?

RIGHT TO REQUEST YOUR MEDICAL INFORMATION:

You have the right to look at your own medical information and to get a copy of that information. Please note that exceptions may apply as provided by law. (The law requires us to keep the original record.) This includes your medical record, your billing record, and other records we use to make decisions about your care. To request your medical information, call or write to the Medical Records Department (contact information at the end of this Notice). If you request a copy of your information, we will charge you for our costs to copy the information. We will tell you in advance what this copying will cost. You can look at your record at no cost.

OTHER RIGHTS YOU HAVE

1. Right to Request Amendment of Medical Information
2. Right to Get a List of Certain Disclosures of Your Medical Information
3. Right to Request Restrictions
4. Right to Request Confidential Communications
5. Right to be Notified Following a Breach of Unsecured PHI

CHANGES TO THIS NOTICE

From time to time, we may change our practices concerning how we use or disclose patient medical information, or how we will implement patient rights concerning their information. We reserve the right to change this notice and to make the provisions in our new Notice effective for all medical information we maintain. If we change these practices, we will publish a revised Notice of Privacy Practices. You can get a copy of our current Notice of Privacy Practices at any time at any VCC/FNC Facility or by requesting one from the Compliance / Privacy Officer.

DO YOU HAVE CONCERNS OR COMPLAINTS?

1. Please tell us about any problems or concerns you have with your Privacy Rights or how VCC/FNC uses or discloses your medical information. If you have a concern, please contact the Compliance / Privacy Officer.
2. If for some reason VCC/FNC cannot resolve your concern, you may also file a complaint with the federal government.

Department of Health and Human Services
50 United Nations Plaza, Room 322
San Francisco, CA 94102

3. We will not penalize you or retaliate against you in any way for filing a complaint with the federal government.

DO YOU HAVE QUESTIONS?

VCC/FNC is required by law to give you this notice and to follow the terms of the notice that is currently in effect. If you have any questions about this notice, or have further questions about how VCC/FNC may use and disclose your medical information, please contact the Compliance / Privacy Officer.

Contact information for the Compliance / Privacy Officer & Medical Records:

*2226 Haine Dr
Harlingen, TX 78550
956-423-1283
956-412-3033 fax*