

PRIVACY POLICY ARVP

OUR LEGAL RESPONSIBILITIES

We are required by law to give you this notice. It provides you on how we may use and disclose protected health information about you and describes your rights and our obligations regarding the use and disclosure of that information. We shall maintain the privacy of protected health information and provide you with notice of our legal duties and privacy practices with respect to your protected health information.

We have the right to change these policies at any time. If we change our privacy policies, we will notify you of these changes immediately. This current policy is in effect unless stated otherwise. If the policy is changed, it will apply to all your current and past health information. You may request a copy of our notice any time. You may contact American River Visiting Providers 916-365-9100 at any time to request a copy of this privacy policy. HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI)

The following examples describe ways that we may use your PHI for your treatment, payments, healthcare procedures, etc., but be advised that not every use or disclosure in a particular category will be listed. Treatment: We may use and disclose your PHI to provide you treatment. This includes disclosing your PHI to other medical providers, trainees, therapists, medical staff, and office staff that are involved in your health care.

Your medical provider might need to consult with another provider to coordinate your care. Also, the office staff may need to use and disclose your protected health information to other individuals outside of our office such as the pharmacy when a prescription is called in.

Payment: Your PHI may also be used to obtain payment from an insurance company or another third party. This may include providing an insurance company your PHI for a pre-authorization for a medication, etc. Health Care Operations: We may use or disclose your PHI in order to operate this medical practice. These activities include training students, reviewing cases with employees, utilizing your information to improve the quality of care, and contacting you by telephone, email, or text to remind you of your appointments.

If we must share your PHI to third party "business associates" such as a billing service, we will have a written contract that contains terms that will protect the privacy of your protected health information.

We may also use and disclose your protected health information for marketing activities. For example, we might send you a thank you card in the mail with a coupon for specialized services or products. We may also send you information about products or services that might be of interest to you. You can contact us at any point to stop receiving this information.

We will not use/disclose your PHI for any purpose other than those identified in this policy without your specific, written authorization. You may give us written authorization to use your PHI or to disclose it to anyone for any purpose. You can revoke this authorization at any time but will not affect the PHI that was shared while the authorization was in effect.

Appointment reminders: We may contact you that you have an appointment for your initial or follow-up visit, lab work via text, phone, or email.

Others Involved in Your Care: We may disclose PHI about you to your family members or friends if we obtain your verbal agreement to do so, or if we give you an opportunity to object to such a disclosure. We may assume that if your spouse or friend is present during your evaluation, that we can disclose PHI to this person. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment if there is an urgent or emergent need.

Research: We will not use or disclose your PHI for research purposes unless you give us authorization to do so. Organ Donation: If you are an organ donor, we may release PHI to organizations that handle organ procurement or organ, eye or tissue transplantation if it is

necessary to facilitate this process. Public Health Risks: We may disclose your PHI, if necessary, in order to prevent or control disease, report adverse events from medications or products, prevent injury, disability or death. This information may be disclosed to healthcare systems, government agencies, or public health authorities. We may have to disclose your PHI to the Food and Drug Administration to report adverse events, defects, problems, enable recalls etc. if required by FDA regulation. Health Oversight Activities: We may disclose protected health information to health oversight agencies for audits, investigations, inspections or licensing purposes. These disclosures might be necessary for state and federal agencies to monitor healthcare systems and compliance with civil law. Required by Law: We will disclose protected health information about you when required to do so by federal, state and/or local law. Workman's compensation: We may disclose your protected health information to workman's comp or similar programs. Lawsuits: We may disclose your protected health information in response to a court action, administrative action or a subpoena. Law Enforcement: We may release protected health information to a law enforcement official in response to a court order, subpoena, warrant, subject to all applicable legal requirements. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION. Access to medical records: You have the right to access and receive copies of your PHI that we use to make decisions about your care. You must submit a written request to obtain your PHI to the individual listed at the end of this privacy policy. We reserve the right to charge you a fee for the time it takes to obtain and copy the protected health information and provide it to you. Amendment: If you believe the PHI, we have about you is incorrect or incomplete, you may ask us to amend the information. You will need to submit a written request on why you feel the health information should be amended. We may deny your request to amend if you did not send a written request or give a reason on why it should be amended. If we deny your request, we will provide a written explanation. We may deny your request if we believe the PHI is accurate and complete. Accounting of Disclosures: You have the right to receive a list of instances in which we disclosed your PHI unless the disclosure was used for treatment, payment, healthcare operations, was pursuant to a valid authorization and as otherwise provided in applicable federal and state laws and regulations. You must submit a written request to obtain this "accounting of disclosures" to the individual listed at the bottom of this policy. After your request has been approved, we will provide you the dates of the disclosure, the name of the individual or entity we disclosed the information to, a description of the information that was disclosed, the reason why it was disclosed, and any additional pertinent information. This information may not be longer than (STATUTE OF LIMITATIONS) years ago prior to the date the accounting is requested. We reserve the right to charge a reasonable fee for this process. Restriction Requests: You have the right to request a restriction/limitation on the PHI we use/disclose about you for treatment, payment, or healthcare operations. We shall accommodate your request except where the disclosure is required by law. We require this be a written request submitted to the individual at the end of this policy. Confidential Communication: You have the right to request that we communicate with you about healthcare matters in a certain way and at a certain location. We must accommodate your request if it is reasonable and allows us to continue to collect payments and bill you. Paper notice: You may request a hard copy of this policy if you reviewed/signed it electronically. To obtain, contact the individual at the end of this policy. Complaints: If you believe your privacy has been violated, you may file a complaint with our office or with the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint, upon request.

Billing for services will be sent directly to Medicare. No upfront payment required unless otherwise specified. Name of Contact: Melisa Godoy, Revenue Cycle Manager at American River Healthcare

Medicare, Medicaid, and Other Insurance

By signing this form, you agree to be financially responsible for any out-of-pocket requirement from Medicare or other co-insurance(s) you carry, and do not hold American River Visiting Providers liable for bills received. This includes the 20% patient responsibility per Medicare

Guidelines.

You understand that American River Visiting Providers does NOT take Medi-Cal or Medicaid of any sort, and is not contracted with state insurance program, and you will be financially responsible for any out-of-pocket expenses after Medicare and any other co-insurance(s) you carry.

- I agree.
- I do not agree.

Enter your signature
