

WESTERN VALLEY FAMILY PRACTICE, P.C. REDLANDS AFTER HOURS

www.westernvalleyfp.com

281 N. Plum, Fruita, Colorado 81521 Phone 970-858-9894 Fax 970-858-1331
2237 Redlands Parkway, Grand Junction, Colorado 81507 Phone 970-243-1707 Fax 970-858-1331

Patient Consent Form

Welcome to Western Valley Family Practice Patient Portal.

WESTERN VALLEY FAMILY PRACTICE, P.C. REDLANDS AFTER HOURS

When using the patient portal, all communications between you and your physician's office are carried over a secure, encrypted connection. This secure connection utilizes industry standard Secure Socket Layer (SSL) 128-bit encryption to ensure secure data transmission as well as server-side digital certificate authentication. To prohibit unauthorized access, all medical information is stored behind our firewall in our electronic medical record system. Additionally, you set your own Password.

NOTICE OF PRIVACY PRACTICE OF WESTERN VALLEY FAMILY PRACTICE

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.**

Your health information is personal, and we are committed to protecting it. Your health information is also very important to our ability to provide you with quality care, and to comply with certain laws. This Notice applies to all records about your care that occurs at our facility.

**I. We Are Legally Required to Safeguard Your Protected Health Information.
We are required by law to:**

A. maintain the privacy of your health information, also known as protected health information or PHI;

B. provide you with this Notice, and

C. comply with this Notice.

II. Future Changes to Our Practices and This Notice. We reserve the right to change our privacy practices and to make any such change applicable to the PHI we obtained about you before the change. If a change is our practices

material, we will revise this Notice to reflect the change. You may obtain a copy of any revised Notice by contacting the Office Manager at (970) 858-9894. We will also make any revised Notice available at our Receptionist desk/Medical Records Department.

III. How We May Use and Disclose Your Protected Health Information. The law requires us to have your written authorization to some uses and disclosures. In other circumstances, the law allows us to use or disclose PHI without your written authorization. This Section III gives examples of each of these circumstances.

A. Uses and Disclosures for Treatment, Payment and Health Care Operations. We may use or disclose your PHI to provide treatment to you. For example, we may disclose your PHI to physicians, nurses, and other health care personnel who are involved in your care. We may also use and disclose your PHI to contact you as a reminder that you have an appointment for treatment at our facility, to tell you about or recommend possible treatment options or alternatives, or about health-related benefits or services that may interest you.

We may also use or disclose your PHI to your insurance carrier in order to get paid for treatment provided to you. For example, we may use your PHI to create the bills that we submit to the insurance company. We may also use or disclose your PHI in order to operate this facility. For example, we may use your PHI to evaluate the quality of care you receive from us, or to evaluate the performance of those involved with your care.

B. Uses and Disclosures That Require Us to Give You the Opportunity to Object. Unless you object, we may provide relevant portions of your PHI to a family member, friend or other person you indicate that is involved in your health care or in helping you get payment for your health care. In an emergency or when you are not capable of agreeing or objecting to these disclosures, we will disclose PHI as we determine is in your best interest, but will tell you about it later, after the emergency, and give you the opportunity to object to future disclosures to family and friends. Unless you object, we may also disclose your PHI to persons performing disaster relief notification activities.

C. Certain Uses and Disclosures Do Not Require Your Written Authorization Other than Treatment, payment and Health Care Operations. The law allows us to disclose PHI without your written authorization in the following circumstances:

(1) When Required by Law. We disclose PHI when we are required to do so by federal, state or local law.

(2) For Public Health Activities. For example, we disclose Phi when we report suspected child abuse, the occurrence of certain diseases, or adverse reactions to drug or medical device.

(3) For Reports about Victims of Abuse, Neglects or Domestic Violence. We will disclose your PHI in these reports only if we are required or authorized by law to do so, or if you otherwise agree.

(4) To health Oversight Agencies. We will provide PHI as requested to government agencies that have authorized to audit or investigate our operations.

(5) For Lawsuits and Disputes. If you are involved in a lawsuit or dispute, we may disclose your PHI in response to a subpoena or other lawful request, but only if efforts have been made to tell you about the request or to obtain a court order that will protect the PHI requested.

(6) The Law Enforcement. We may release PHI if asked to do so by a law enforcement official, in the following circumstances: (a) in response to a court order, subpoena, warrant, summons or similar process; (b) to identify or locate a suspect, fugitive, material witness or missing person; (c) about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; (d) about a death we believe may be due to criminal conduct; (e) about criminal conduct at our facility; and (f) in emergency circumstances, to report a crime, its location or victims, or the identity, description or location of the person who committed the crime.

(7) To Coroners, Medical Examiners and Funeral Directors. We may disclose PHI to facilitate the duties of these individuals.

(8) To Organ Procurement Organizations. We may disclose PHI to facilitate organ donation and transplantation.

(9) For Medical Research. We may disclose your PHI without your written authorization to medical researchers who request it for approved medical research projects; however, with very limited exception such disclosures must be cleared through a special approval process before any PHI is disclosed to the researchers, which will be required to safeguard the PHI they receive.

(10) To Avert a Serious Threat to Health or Safety. We may disclose your PHI to someone who can help prevent a serious threat to your health and safety or the health and safety of another person or the public.

(11) For Specialized Government Functions. For example, we may disclose your PHI to authorized federal officials for intelligence and national security activities that are authorized by law, or so that they may provide protective services to the President or foreign heads of state or conduct special investigations authorized by law.

(12) To Workers' Compensation or Similar Programs. We may provide your PHI to these programs in order for you to obtain benefits for work-related injuries or illness.

For some types of PHI, there may be stricter restrictions of our use or disclosure of PHI. For example, drug and alcohol abuse patient treatment information, HIV test results, mental health information, and genetic testing results may be subject to great protection of your privacy.

In general, we may disclose a minor patient's PHI to a parent or guardian, but we may deny the parent's access to the minor patient's PHI in some situations.

IV. Other Uses and Disclosures of Your Protected Health Information. Other uses and disclosures of your PHI that are not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you give us written authorization for a use or disclosure of your PHI, you may revoke that authorization, in writing, at any time. If you revoke your authorization we will no longer use or disclose your PHI for the purposes specified in the written authorization, except that we are unable to take back any disclosures we have already made with your permission, and are required to retain certain records of the uses and disclosures made when the authorizations was in effect.

V. Your Rights Related to Your Protected Health Information. You have the following rights:

A. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask us to limit how we use and disclose your PHI, as long as you are not asking us to limit uses and disclosures that we are required or authorized to make to the Secretary of the Federal Department of Health Services, or any of the disclosures described in Section III above. Any such request must be submitted in writing to our Privacy Officer. We are not required to agree to your request. If we do agree, we will put it in writing and will abide by the agreement except when you require emergency treatment.

B. The Right to Choose How We Communicate With You. You have the right to ask that we send information to you at a specific address (for example, at work rather than at home) or in a specific manner. We must agree to your request as long as it would not be disruptive to our operations to do so. You must make any such request in writing, addressed to our Privacy Officer.

C. The Right to See and Copy Your PHI. Except for limited circumstances, you may look at and copy your PHI if you ask in writing to do so. Any such request must be address to our Medical Records Department, which will respond to your request within 30 days (or 60 days if the extra time is needed). In certain situations we may deny your request, but if we do, we will tell you in writing of the reason for the denial and explain our right to have the denial reviewed.

If you ask us to copy your PHI, we may or could charge you for each page. Alternatively, we may provide you with a summary or explanation of your PHI, as long as you agree to that and to the cost, in advance.

D. The Right to Correct or Update Your PHI. If you believe that the PHI we have about you is incomplete or incorrect, you may ask us to amend it. Any such request may be made in writing and must be addressed to our Medical Records Department, and must tell us why you think that amendment is appropriate. We will not process your request if it is not in writing or does not tell us why you think the amendment is appropriate. We will act on your request within 60 days (or 90 days if the extra time is needed), and will inform you in writing as to whether the amendment will be made or denied. If we agree to make the amendment, we will ask you who else you would like us to notify of the amendment.

We may deny your request if you ask us to amend information that:

(1) Was not created by us, unless the person who created the information is no longer available to make the amendment;

(2) Is not part of the PHI we keep about you;

(3) Is not part of the PHI that you would be allowed to see or copy; or

(4) Is determined by us to be accurate and complete.

If we deny the requested amendment, we will tell you in writing how to submit a statement of disagreement or complaint, or to request inclusion of your original amendment request in your PHI.

E. The Right to Get a List of the Disclosures We Have Made. You have the right to get a list of instances in which we have disclosed your PHI. The list will not include disclosures we have made for our treatment, payment and health care operations purposes, those made directly to you or your family or friends or through or facility directory, or for disaster notification purposes. Neither will the list include disclosures we have made with your written authorization for national security purposes or to law enforcement personnel, disclosure of limited data set, or disclosures made before April 14, 2003.

Your request for a list of disclosures must be made in writing and be addressed to our Medical Records Department. We will respond to your request within 60 days (or 90 days if the extra time is needed). The list we provide will include disclosures made within the last six years unless you specify a shorter period. The first list you request within a 12-month period will be free. You will be charged our costs for providing any additional lists within the 12-month period.

F. The Right to Get a Paper Copy of This Notice. Even if you have agreed to receive the Notice by e-mail, you have the right to request a paper

copy as well. You may obtain a paper copy of this Notice by contacting Medical Records at (970) 858-9894 or (970) 243-1707. The Notice is also available at our receptionist desk.

VI. Complaints. If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Federal Department of Health and Human Services. To file a complaint with us, put your complaint in writing and address it to our Privacy Officer at 281 N. Plum Street, Fruita, CO 81521. We will not retaliate against you for filings complaint. You may also contact our Privacy Officer if you have questions or comments about our privacy practices.

Security Measures:

Do not store messages on your employee-provided computer, otherwise personal information could be accessible or owned by your employer. Use a screen saver or close your messages instead of leaving your messages on the screen for passerby's to read and keep your password safe and private. Do not allow other individuals or other third parties access to the computer(s) upon which you store medical communications.

Do Not Use e-mail for medical communications. Standard e-mail lacks security and privacy features and may expose medical communications to employers or other unintended third parties.

Withdrawal of this Informed Consent must be done by written online communications or in writing to our office.