

Brenda M Vale MD PLLC  
16 River Road  
Hanover, New Hampshire 03755

T 603-359-7623    F 802-800-2577  
[brendavalemd@gmail.com](mailto:brendavalemd@gmail.com)  
[www.brendavalemd.com](http://www.brendavalemd.com)

## Notice of Patient Privacy Practices

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. *If you have any questions about this Notice, please contact our Privacy Officer at the number listed at the end of this Notice.*

Each time you visit a healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information. This Notice applies to all of the records of your care generated by your health care provider.

### **Our Responsibilities**

Brenda M Vale MD PLLC is required by law to maintain the privacy of your health information and to provide you with a description of our legal duties and privacy practices regarding your health information. The current Notice will be posted in the main reception area and on our website at [www.brendavalemd.com](http://www.brendavalemd.com). In addition, we will make our best effort to provide you with a copy of this Notice, and we request that you acknowledge receipt with your signature.

We are required by law to abide by the terms of this Notice and provide you with a new Notice if we make changes to it, which may be at any time. Changes to the Notice will apply to your medical information that we already maintain as well as new information received after the change occurs. If we change our Notice, it will be available to anyone who asks for it, and posted in the main reception area and on our website at [www.brendavalemd.com](http://www.brendavalemd.com). You may also request that a revised Notice be sent to you in the mail or you may ask for one at your next appointment or appropriate visit. This Notice will also serve to advise you as to your rights with regard to your medical information.

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We will not use or share your information other than as described herein unless you tell us we can in writing, and you may

change your mind at any time by notifying us in writing.

### **How We May Use and Disclose Medical Information About You.**

The following categories describe examples of the way we use and disclose medical information without your authorization:

1. **For Treatment:** We may use medical information about you to provide, coordinate and manage your treatment or services. We may disclose medical information about you to other doctors, nurses, technicians (e.g. clinical laboratories, pharmacies or imaging companies), medical students, or other personnel who are involved in your care. We may communicate your information either orally or in writing by mail or facsimile. We may also provide a subsequent healthcare provider with copies of various reports that should assist him or her in treating you. For example, your medical information may be provided to a physician to whom you have been referred, to ensure that the physician has appropriate information regarding your previous treatment and diagnosis.

2. **For Payment:** We may use and disclose medical information about your treatment and services to bill and collect payment from you, your insurance company or a third-party payer. For example, we may need to give your insurance company information before it approves or pays for the health care services we recommend for you.

3. **For Health Care Operations:** We may use or disclose, as needed, your health information in order to support our business activities. These activities may include, but are not limited to quality assessment activities, employee review activities, licensing, legal advice, accounting support, information systems support and conducting or arranging for other business activities. In addition, we may also call you by name in the waiting room when ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment by telephone or reminder card.

4. **Business Associates:** Some services may be provided in our organization through contracts with business associates. Examples include transcription, quality assurance, software support or collections. If these services are contracted, we may disclose your health information to our business associate so that they can perform the job that we have asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information through a written contract. In addition, business associates are individually required to abide by the HIPAA and HITECH Rules.

### **Other Permitted and Required Uses and Disclosures That May Be Made With Your Consent, Authorization or Opportunity to Object**

We also may use and disclose your health information as set forth below. You have the opportunity to agree or object to the use or disclosure of all or part of

your health information in these instances. If you are not present or able to agree or object to the use or disclosure of the health information (such as in an emergency situation), then your clinician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the information that is relevant to your health care will be disclosed.

1. Individuals Involved in Your Care or Payment for Your Care: Unless you object, we may release medical information about you to a friend or family member who is involved in your medical care or who helps to pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

2. Future Communications: We may communicate to you via newsletters, mailings or other means regarding treatment options, information on health-related benefits or services; to remind you that you have an appointment for medical care; or other community-based initiatives or activities in which our facility is participating. If you are not interested in receiving these materials, please contact our Privacy Officer.

3. Fundraising: We have no plans to contact you for fundraising, but in the event we ever do, you can tell us not to contact you again.

### **In These Cases We Never Share Your Information Unless You Give Us Written Permission**

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

### **Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object**

We may use or disclose your health information in the following situations without your authorization or without providing you with an opportunity to object. These situations include:

1. As Required by Law. We may use and disclose health information to the following types of entities, including but not limited to:
  - Food and Drug Administration
  - Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability
  - Correctional Institutions
  - Workers Compensation Agents
  - Organ and Tissue Donation Organizations
  - Military Command Authorities
  - Health Oversight Agencies

- Funeral Directors, Coroners and Medical Directors
- National Security and Intelligence Agencies
- Protective Services for the President and Others
- Authority that receives reports on abuse and neglect

2. Law Enforcement/Legal Proceedings: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

3. State-Specific Requirements: Many states have requirements for reporting, including population-based activities relating to improving health or reducing health care costs.

**Child Abuse**: If we have a reason to suspect that a child has been abused or neglected, we are required by law to report this to the Bureau of Child and Family Services.

**Adult and Domestic Abuse**: If we suspect or have a good faith reason to believe that any vulnerable adult has been subject to abuse, neglect, self-neglect or exploitation, or is living in hazardous conditions, we are required by law to report that information to the Commissioner of the Department of Health and Human Services.

**Health Oversight**: If the State Board of Psychological Examiners is conducting an investigation, then we are required to disclose your mental health records upon receipt of a subpoena from the Board.

**Judicial or Administrative Proceedings**: If you are involved in a court proceeding and a request is made for information about the professional services that we provided you and/or the records thereof, such information is privileged under state law, and we may not release information without your written authorization, or a court order.

**Serious Threat to Health or Safety**: If you have communicated to us a serious threat of physical violence against a clearly identified or reasonably identifiable victim or victims, or in New Hampshire if you have made a serious threat of substantial damage to real property, we are required by law to take reasonable precautions to provide protection from such threats by warning the victim or victims of your threat and to notify the police department closest to your residence or the potential victim's residence, or obtain your civil commitment to the state mental health system.

### **Your Health Information Rights**

Although your health record is the physical property of Brenda M Vale MD PLLC that compiled it, you have the right to:

1. Inspect and Copy: You have the right to inspect and copy medical information

that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes as that term is used in the HIPAA Privacy and Security Rules.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Requests for access to and copies of your medical information must be submitted to Brenda M Vale MD PLLC in writing. The practice reserves the right to charge for copying PHI per state guidelines.

Every effort will be made to respond to requests for your electronic health record in the manner requested, but we may need to discuss alternatives if we are technically unable to provide the records in the format requested.

We may deny or limit access under the following circumstances:

- To prevent harm to the life or physical safety of you or another person;
- To protect an individual's privacy;
- To protect the security of electronic health information;
- If it is infeasible\* to fulfill a request due to uncontrollable events or data that cannot be separated; or
- If the electronic health record is unavailable due to routine maintenance or in response to an emergency.

\*If responding to a request for electronic health information is infeasible, we will notify the requestor within ten (10) business days of the request with a written explanation.

2. Amend: If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information by submitting a request in writing. You have the right to request an amendment for as long as we keep the information. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.

3. An Accounting of Disclosures: You have the right to request an accounting of our disclosures of medical information about you except for certain circumstances, including disclosures for treatment, payment, health care operations or where you specifically authorized a disclosure. Brenda M Vale MD PLLC will provide one accounting in any 12-month period for free, but we will charge a reasonable, cost-based fee if you ask for another one within 12 months. We ask that you submit these requests in writing.

4. Request Restrictions: You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment

or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a procedure that you had. We ask that you submit these requests in writing. Except under specific circumstances, 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 with emergency treatment or as required by law. We must agree to restrict the disclosure of protected health information to a health plan for purposes of carrying out payment or health care operations (as defined by HIPAA) if the information pertains solely to a health care item or service for which we have been paid by you out-of-pocket, and in full.

5. Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. We will agree to the request to the extent that it is reasonable for us to do so. For example, you can ask that we use an alternative address for billing purposes. We ask that you submit these requests in writing.

6. A Paper Copy of This Notice: You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

To exercise any of your rights, please obtain the required forms from the Privacy Officer and submit your request in writing.

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with us by calling (603) 359-7623 and asking for the Privacy Officer or by contacting the Secretary of the Federal Department of Health and Human Services. All complaints must be also submitted in writing. You will not be penalized for filing a complaint.

### **Other Uses of Medical Information**

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. We are unable to recall any disclosures previously made with your permission, and we are required to retain our records of the care that we provided to you.

Privacy Officer: Brenda M Vale, MD      Telephone Number: (603) 359-7623

**Acknowledgement of Receipt of Privacy Notice**

**Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By signing below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.**

**BY SIGNING BELOW, I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

PRINTED NAME: \_\_\_\_\_