

**VALLEY CHILDREN'S MEDICAL CENTER**  
**www.valleymc.com**

**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 PRIVACY**

Your Health Information is personal and private and we have been treating it as such and will continue do so. We get information about you when you register as one of our patients and when we treat you as our patients. We must give you this Notice of the Law of how we keep your health information private.

**CHANGES TO NOTICE OF PRIVACY PRACTICES**

The Clinic must obey the rules in this notice. We have the right to change our privacy practices. If we do make changes, we will send a new Notice right away to all our patients.

**HOW WE MAY USE AND SHARE YOUR INFORMATION**

The Clinic must obey laws on how we use and share your information such as your name, address, personal facts, the medical you had and your medical records. Any information shared must be for a reason related to treatment, payment and health care operations.

**WHY WE MAY USE OR SHARE YOUR HEALTH INFORMATION:**

1. For treatment: The Clinic needs an approval from your insurance before we can see you. We will share information with them to ensure you get the medical care you need.
2. For payment: When we sent out bills to your insurances, we, again, share information with them.
3. For healthcare operations: We may use your health records to conduct certain business and operational activities such as employee review activity, quality assessment and others.
4. For legal reasons: We may give information to a court, investigator or lawyer in cases of fraud or abuse or neglect. If a court orders us to give out your information, we will do so.
5. For appeals: We may appeal to your insurances about your health care services when it gets denied or refused.

**WRITTEN PERMISSION**

The Clinic may use or share your information in limited ways. If we want to use your health information in way not listed above, we must get your permission in writing. If you give permission, you may take it back in writing at any time.

**YOUR PRIVACY RIGHTS**

1. Ask not to use or share your medical information in the ways listed above. We may not be able to agree to your request
2. Ask us to contact you in writing only, at a different address, post office box or by telephone only. We will accept reasonable requests if needed for your safety.
3. Look at and get copy of your medical information. A personal representative who has the legal right to act for you may look at and get it for you. To get a copy of your records, ask us a form to fill out. You will need to pay a certain amount for us to copy and mail the records. We may keep you from seeing parts of your records when allowed by law.
4. Ask to change information in your records if it is not correct or complete. We may decline to change medical information if it is already correct and complete. You may request a review of the denial or send a letter to disagree with the denial. This letter will be kept with your medical records.
5. Ask us for information shared about you for reasons other than treatment, payment or healthcare operations. You may ask for a list for whom we shared your information with, when, why and what information was shared. The list will start on April 14, 2003.
6. Ask for a paper copy of this Notice of Privacy Practices.

**HOW DO I ASK ABOUT MY PRIVACY RIGHTS?**

If you want to use any of the privacy rights explained in this Notice, please call or write us at

Privacy Officer  
80-495 Shield Rd., HWY 111, Indio, CA 92201  
(760) 347-2887

**HOW DO I COMPLAIN?**

If you think your privacy rights have been violated and wish to complain, you may file complaint by.: )  
writing :

Privacy Officer  
CA Dept. of Health Services  
P.O. Box 942732  
Sacramento. Ca 94231-7320