

Notice of Privacy Practices

Effective February 16, 2026

Your Information.
Your Rights.
Our Responsibility.

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.**

As a part of our responsibilities, all employees and patients of Northeastern Rural Health Clinics will follow this notice.

Previous versions were effective February 4th, 2021

For questions regarding this notice, contact:

Compliance Officer
1850 Spring Ridge Dr.
Susanville, CA 96130
Phone: (530) 251-1408



Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our duties to protect you.

Get an Electronic or Paper Copy of Your Medical Records

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. NRHC requires this request to be in written form.
[Authorization to Release Information Form](#)
- We will give you a copy or a summary of your health information, usually within 15 days of your request. We may charge a fair fee for labor plus \$0.10 per page. (Health and Safety Code Section 123110)
- You can ask NRHC to send your electronic e-health record to a third party. NRHC will charge \$5.00 for any requests on electronic media.
- We can deny access to all or part of your medical record. We must give a written reason within 5 working days.

Ask us to Correct Your Medical Record

- You can ask us to correct health information about you, if you think that your medical record is wrong or incomplete.
[Medical Record Amendment Form](#)
- We must respond to your amendment request within 60 days, if we deny your request for amendment, we must provide you with a written denial and explanation of the denial reason.
- If we are unable to meet your amendment request within 60 days, we are allotted one 30-day extension and must provide you with notice that explains the reason for delay.

Request Confidential Communications

- You can let us know how you would like to be contacted, for example: by home or office phone, or to send mail to a different address.
[Request for Confidential Communications Form](#)
- We will say “yes” to all fair requests.

Ask Us to Limit What We Use or Share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
[Request for Restriction of Health Record Form](#)
- If you pay out of your own pocket for a health care service or item, you can ask us not to bill your health insurance plan.
- We will say “yes” unless a law requires us to share that information.

Get a List of who we have shared your information with

- You can ask for a list of times we have shared your health information for up to six years before the date you ask. We will tell you who we shared it with, and why. We will also tell you if we were legally required to without your express consent. Examples of why we would do this are for the California Department of Public Health, or other licensing body, and for the purpose of reviewing patient files to review quality of care and

compliance with the law.

[Request for Accounting of Protected Health Information Disclosures Form](#)

- We will give you a list of all of the times we have shared your information, except for those about treatment, payment, and health care operations,
- and certain other times (such as any you asked us to make). The first request in a year is free, but we may charge a fair fee based on our cost if you make another request within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to get the notice electronically. We will give you a paper copy upon request.

Choose Someone to Act For You

- If you have given someone medical power of attorney or if someone is your legal guardian, or healthcare proxy, that person can exercise your rights and make choices about your health information.
- We will make sure that person has this authority and can act for you before we take any action.

Part 2 Disclosures

- You have the right to receive an accounting of disclosures of your Part 2 records (for electronic records, covering the past 3 years) upon request.

File a Complaint if You Feel We Have Failed to Protect Your Rights

- If you believe your rights have been violated, you may file a complaint with us by contacting our Administrative Assistant or Compliance Officer. You may submit a complaint verbally or in writing and we will respond in accordance with applicable law.
- If you feel as if we have failed to protect your rights, you can submit a formal complaint with the U.S. Department of Health and Human Services, Office of Civil Right. A complaint must be filed within 180 days (6 months) of when you knew or should have known about the violation.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights one of three ways:
- 1. Mail: 200 Independence Ave., S.W., Washington, D.C. 20201 2. Phone: 1-877-696-6775
- Online: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/>
- We will not retaliate against you for filing a complaint or exercising any of your privacy rights.

Your Choices

For certain health information, you can tell us what you want to share.

You can tell us how you want us to share your information in the situations listed below. Let us know what you want us to do and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care.
- Take away this consent at any time. This can be done by telling us verbally or in writing.
- Share information in a disaster relief situation
- **Health Information Exchange** - We participate in a Health Information Exchange (HIE) through SacValley MedShare, to share your health information with other health care providers Involved in your care. This allows your providers to access information needed for treatment, coordination of care and patient safety. Participation in the HIE is voluntary. You have the right to opt out of HIE participation at any time. Choosing not to participate will not affect your ability to receive care. To opt out please visit <http://sacvalleymms.org/>.
- **Appointment Reminders** - If we call you to remind you of an appointment at one of our health centers, we will only leave the name of the center and the time of appointment. Please let us know if you do NOT wish to be called or contacted by mail.
[Request for Confidential Communications Form](#)
You may ask to be contacted in other ways like text message or email.
[Consent to Text Messaging Form](#)

If you are not able to tell us what you would like, for example if you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to help with a serious and impending threat to health or safety.

We never share your information unless you give us written consent when you are seen for these reasons only:

- Most psychotherapy notes
- HIV status
- Substance use

**Our
Uses and
Disclosures**

How do we typically use or share your health information?

Most of the time we use or share your health information in these ways:

Treat you (Treatment)	We can use and share your health information to provide, coordinate or manage your healthcare.	<i>Example: A doctor treating you for an injury asks another doctor about your overall health.</i>
Bill for Your Services (Payment)	We can use and share your health information to bill and collect payment from health plans or other entities.	<i>Example: We give information about you to your health insurance plan so it will pay for your services.</i>
Health Center (Operations)	We can use and share your health information for quality assessments, training and compliance and contact you when needed.	<i>Example: We use health information about you to manage your treatment and services.</i>

What other ways can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that help to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these reasons. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumer/index.html.

Help with Public Health and Safety Issues	We can share health information about you for certain reasons such as: <ul style="list-style-type: none"> • Preventing disease • Helping with product recalls • Reporting bad or severe reactions to medications • Reporting suspected abuse, neglect, or domestic violence • Preventing or reducing a serious threat to anyone’s health or safety
Business Associates	A business associate is a person or group of people that do jobs or tasks that involve the use or sharing of protected health information (PHI) for a covered entity. NRHC is a covered entity. These business associates are held to following the following standards: <ul style="list-style-type: none"> • All HIPAA security administrative safeguards. • Physical and Technical Safeguards • Security Policies, procedures, and documentation requirements.
Research Purposes	We can use or share your information for health research
In accordance with the law	We will share information about you if state or federal law requires it, including with the Department of Health and Human Services, if they want to see that we are following federal privacy law.
Organ and Tissue Donation	We can share health information about you with organ collection organizations.

Requests Work with a Medical Examiner or Funeral Director	We can share health information with a coroner, medical examiner, or funeral director if you pass away.
Address worker's compensation, law enforcement, and other government requests	<p>We can use or share health information about you:</p> <ul style="list-style-type: none"> • For workers' compensation claims • For law enforcement purposes or with a law enforcement official • For correctional facility purposes • With health oversight agencies for activities authorized by law • For special government functions such as military, national security, and presidential protective services
Respond to Lawsuits and Legal Actions	We can share health information about you in response to a court or administrative order, or in response to an order to attend court (a subpoena).

Special Rules for Substance Use Disorder (SUD) Records:

If we create, receive, maintain or transmit records related to substance use disorder treatment, they are protected under federal regulations 42 CFR Part 2 (Part 2 Records), and follow stricter confidentiality rules than standard HIPAA protections.

- **Single Written Consent:** If you provide a single written consent, we may use and disclose Part 2 records for treatment, payment and health care operations as permitted under HIPAA, until you revoke it in writing. We will not redisclose Part 2 records without your consent or as otherwise permitted by Part 2. You have rights including, restricting disclosures to health plans for self-paid services, requesting an accounting of disclosures and discussing this Notice with our Compliance Officer.
- **Legal Proceedings:** Part 2 Records may not be used or disclosed in civil, criminal, administrative or legislative proceedings against you without your written consent or a court order (after you have received notice of the order and an opportunity to be heard). We will only use or disclose these records as permitted under Part 2 and HIPAA. For more details, see www.hhs.gov/hipaa or contact our Compliance Officer.

NRHC includes HITECH (Health Information Technology for Economic and Clinic Health) Act provisions to its Notice as follows:

NRHC is required to notify you if your PHI has been breached, this notice must be made by certified mail within 30 days of the discovery of the breach, unless a delay is permitted by law (such as for law enforcement purposes). A breach occurs when an unauthorized use or disclosure that compromises the privacy or security of PHI poses a significant risk for financial, reputation, or other harm to the individual. In other words, a breach is when someone gains access to or shares your PHI without your consent. This could put you at greater risk for fraud, harm your identity, or could impact you in other harmful ways.

This notice must include:

- A description of the breach, including the date of the breach and the date of the discovery
- Steps that you should take to protect yourself from any potential harm.
- What we are doing to investigate, reduce losses, and to protect against further breaches

We will not use or share your information other than as listed here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Our Responsibilities:

- We are required by law to maintain the privacy and security of your Protected Health Information (PHI).
- We are required to provide you with this Notice and abide by its terms.
- It is our duty to protect the privacy of all our patients. We must also protect our employee's privacy. It is against NRHC policy and California law to purposely record or take pictures of confidential information by way of an electronic device or recording device (including cell phones) unless express consent is given by your clinician.
- We will let you know if a breach occurs that may have compromised the privacy or security of your information.
- We are required to provide you with adequate notice of uses and disclosures of your Part 2 Protected SUD records, your rights regarding these records, and our legal duties with respect to them. We will not use or disclose Part 2 records except as described in this Notice or as otherwise permitted by law. You have the right to discuss this Notice or your Part 2 rights with our designated contact person.
- When using or disclosing your PHI or when requesting information from other covered entities or business associates, we make all reasonable efforts to limit the information to the minimum necessary to accomplish the intended purpose. This requirement does not apply to uses or disclosures made for Treatment.

Changes to the Terms of this Notice

We reserve the right to change the terms of this notice, and make new notice provisions effective for all PHI that we maintain. The most up to date notice will be available upon request, in our office, and on our website at www.northeasternhealth.org.