



HIPAA NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION (PHI)

Date of Notice: January 1, 2026

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

MountainView Behavioral Hospital (“we”, “us”, or “our”) respect the privacy of your protected health information and are committed to maintaining our residents’ confidentiality. This Notice applies to all information and records related to your care that our Facility has received or created. It extends to information received or created by our employees, staff, volunteers, and physicians. This Notice informs you about the possible uses and disclosures of your protected health information. It describes your rights and our obligations regarding your protected health information. Protected health information is any information that is created or received by a health care provider (including demographic and/or genetic information) that either identifies the resident, or could reasonably be used to identify the resident, that relates to the physical or mental condition of the resident, the provision of health care to the resident or the payment for that health care.

We are required by law to:

- Maintain the privacy of your protected health information;
- Provide to you this detailed Notice of our legal duties and privacy practices relating to your protected health information; and
- Abide by the terms of this Notice that are currently in effect.

I. WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION FOR TREATMENT, PAYMENT, AND HEALTHCARE OPERATIONS.

We have described uses and disclosures below and provide examples of the types of uses and disclosures we may make in each of these categories.

For Treatment. We will use and disclose your protected health information in providing you with treatment and services. We may disclose your protected health information to Facility and non-facility personnel, who may be involved in your care, such as physicians, nurses, nurse aides, and therapists. For example, a nurse caring for you will report any change in your condition to your physician. We may also disclose protected health information to individuals who will be involved in your care after you leave our Facility. In addition, we may elect to participate in one or more health information exchanges, pursuant to which health information about residents and patients is made readily available in electronic form to all health care providers participating in such exchange. The purpose of such exchanges is to improve health care quality by ensuring that all

providers treating a common patient are fully informed as to medical issues such as prescriptions, drug allergies and procedures performed.

For Payment. We may use and disclose your protected health information so that we can bill and receive payment for the treatment and services you receive at our Facility. For billing and payment purposes, we may disclose your protected health information to your representative, an insurance or managed care company, Medicare, Medicaid or another third-party payer. For example, we may contact Medicare or your health plan to confirm your coverage or request prior approval for a proposed treatment or service. We may also disclose protected health information to assist with payment to other covered providers.

For Health Care Operations. We may use and disclose your protected health information for Facility operations. These uses and disclosures are necessary to manage the Facility and to monitor our quality of care. For example, we may use protected health information to evaluate our Facility's services, including the performance of our staff. We may disclose health information for the purposes of health care operations of other covered entities.

II. WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU FOR OTHER SPECIFIC PURPOSES.

Facility Directory. Unless you object, we will include certain limited information about you in our Facility directory. This information may include your name, your location in the Facility, and your general condition and your religious affiliation. Our directory does not include specific medical information about you. We may release information in our directory, except for your religious affiliation, to people who ask for you by name. We may provide the directory information, including your religious affiliation, to any member of the clergy.

Individuals Involved in Your Care or Payment for your Care. Unless you object, we may disclose your protected health information to a family member or close personal friend, including clergy, who is involved in your care. Such disclosures shall be limited to information directly relevant to such person's involvement in your care.

Disaster Relief. We may disclose your protected health information to an organization assisting in a disaster relief effort.

As Required by Law. We will disclose your protected health information when required by law to do so.

Public Health Activities. We may disclose your protected health information to an organization for public health activities. These activities may include, for example:

- Reporting to a public health or other government authority for preventing or controlling disease, injury or disability, or reporting child abuse or neglect;
- Reporting to the Federal Drug Administration (FDA) concerning adverse events or problems with products for tracking products in certain circumstances, to enable product recalls or to comply with other FDA requirements.
- To notify a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition or
- To an employer for certain purposes involving certain workplace illness or injuries as required for the employer to meet its obligations under certain Federal regulations.

Reporting Victims of Abuse, Neglect or Domestic Violence. If we believe that you have been a victim of abuse, neglect, or domestic violence, we may use and disclose your protected health information to notify a government authority if required or authorized by law, or if you agree to the report.

Health Oversight Activities. We may disclose your protected health information to a health oversight agency for oversight activities authorized by law. These may include, for example, audits, investigations, inspections and licensure actions or other legal proceedings. These activities are necessary for government oversight of the health care system, government payment or regulatory programs, and compliance with civil rights laws.

Judicial and Administrative Proceedings. We may disclose your protected health information in response to a court or administrative order. We may also disclose information in response to a subpoena, discovery request, or other lawful process; effort must be made to contact you about the request or to obtain an order or agreement protecting the information.

Law Enforcement. We may disclose your protected health information for certain law enforcement purposes, including:

- as required by law to comply with reporting requirements;
- to comply with a court order, warrant, subpoena, summons, investigative demand or similar legal process;
- to identify or locate a suspect, fugitive, material witness or missing person;
- when information is requested about the victim of a crime if the individual agrees or under other limited circumstances;
- to report information about a suspicious death;
- to provide information about criminal conduct occurring at the Facility;
- to report information in emergency circumstances about a crime; or
- where necessary to identify or apprehend an individual in relation to a violent crime or an escape from lawful custody.

Research. We may allow protected health information of residents from our Facility to be used or disclosed for research purposes provided that the researcher adheres to certain privacy protections. Your protected health information may be used for research purposes only if privacy aspects of the research have been reviewed and approved by a special Privacy Board or Institutional Review Board, if the researcher is collecting information in preparing a research proposal, if the research occurs after your death, or if you authorize the use or disclosure.

Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations. We may release your protected health information to a coroner, medical examiner, funeral director or, if you are an organ donor, to an organization involved in the donation of organs and tissue.

To Avert a Serious Threat to Health or Safety. We may use and disclose your protected health information necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person. However, any disclosure would be made only to someone able to prevent the threat.

Military and Veterans. If you are a member of the armed forces, we may use and disclose your protected health information as required by military command authorities. We may also use and disclose protected health information about foreign military personnel as required by the appropriate foreign military authority.

Workers Compensation. We may use or disclose your protected health information to comply with laws relating to workers' compensation or similar programs.

National Security and Intelligence Activities; Services for the President and Others. We may disclose protected health information to authorized federal officials conducting national security and intelligence activities as needed to provide protection to the President of the United States, certain other persons or foreign heads of states or to conduct certain special investigations.

Appointment Reminders. We may use or disclose protected health information to remind you about an appointment.

Treatment Alternatives. We may use or disclose protected health information to inform you about treatment alternatives that may be of interest to you.

Health-Related Benefits and Services. We may use or disclose protected health information to inform you about health-related benefits and services that may be of interest to you.

Business Associates. We may share your protected health information with certain business associates, pursuant to the terms of a business associate agreement and as permitted by Federal privacy regulations, who perform certain services for or on behalf of the Facility. For more information about our business associates and our relationship with them, please contact the Facility Administrator or Executive Director.

Personal Representatives. In circumstances where an individual has the authority under applicable law to act on behalf of a Facility resident in making decisions related to health care, we may treat such person as a personal representative of the resident and may share the resident's personal health information with such personal representative.

Fundraising. Our Facility or any of its subsidiaries or affiliated organizations may use or disclose to a business associate or institutionally related entity demographic information relating to a resident and the dates that health care were provided to the resident for the purpose of raising funds for itself without an authorization from the resident.

You may opt out of receiving fundraising communications upon receipt of this Notice of Privacy Practices. In addition, if the Facility or any of its subsidiaries or affiliated organizations sends any fundraising materials to a resident, the material sent will include a description of how the resident may opt out of receiving further fundraising communications. The Facility will honor this request.

III. YOUR AUTHORIZATION IS REQUIRED FOR OTHER USES OF PROTECTED HEALTH INFORMATION.

We will use and disclose protected health information (other than as described in this Notice or required by law) only with your written Authorization. In particular, you should know that we must obtain your written Authorization to use or disclose your protected health information for most types of marketing initiatives, or to sell your protected health information. To the extent that the protected health information maintained by us contains psychotherapy notes, we may not use or disclose such information without first obtaining your written Authorization. You may revoke your Authorization to use or disclose protected health information in writing, at any time. If you revoke your Authorization, we will no longer use or disclose your protected health information for the purposes covered by the Authorization, except where we have already relied on the Authorization. For example, if the Facility uses your protected health information in a research project pursuant to your written authorization, and you later revoke this authorization,

we may continue to use the protected health information that we obtained prior to this revocation as necessary to maintain the integrity of the research study.

IV. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION.

You have the following rights regarding your protected health information at the Facility:

Right to Request Restrictions.

A. You have the right to restrict our use or disclosure of protected health information for services for which you paid in full (i.e., no insurance or government payment source was included), and we must honor any such request. You must give us written notice of your restriction on this information.

B. You also have the right to request restrictions on the protected health information we disclose, except for treatment, payment, and operation (subject to the above exception), and to request restriction on information we release about you to a family member, friend or other person who is involved in your care or the payment for your care. Subject to subsection A above, we are not required to agree to restrictions that you might request, but we will make all reasonable efforts to honor reasonable requests.

If we agree to your requested restriction, we will abide by the restriction unless you are transferred to another health care institution, the release of records is required by law, the release of information is needed to provide you with emergency treatment, or the requested restriction interferes with treatment, payment, or our operations.

Finally, if we agree to a restriction requested by you, we may terminate the agreement to restrict our use and disclosure of your protected health information if (i) you request or agree to the termination of the restriction either orally or in writing, or (ii) if we inform you that we are terminating the restriction. If we inform you that we are terminating the restriction, such termination will only be effective with respect to protected health information about you that we receive after the restriction has been terminated.

Right of Access to Protected Health Information.

A. You have the right to request, orally or in writing, your medical or billing records or other information that may be used to make decisions about your care. We must allow you to inspect your records within twenty-four (24) hours (excluding weekends and holidays) of your request. If you request copies of the records, we must provide you with copies within two (2) days (excluding weekends and holidays) of that request. We may charge a reasonable fee for our costs in copying and mailing your requested information.

B. You may request that we provide you with access to your protected health information in electronic format, and we will accommodate such request, if electronic formats are available. We may charge you a reasonable cost-based fee limited to the labor costs associated with transmitting the electronic health record.

Right to Request Amendment. You have the right to request the Facility amend any protected health information maintained by the Facility for as long as the information is kept by or for the Facility. You must make your request in writing and must state the reason for the requested amendment. We shall take any action on your request within sixty (60) days of receipt.

We may deny your request for amendment if the information:

- was not created by the Facility, unless the originator of the information is no longer available to act on your request;
- is not part of the protected health information maintained by or for the Facility;
- is not part of the information to which you have a right to access; or
- is already accurate and complete, as determined by the Facility.

If we deny your request for amendment, we will give you a written denial including the reasons for the denial and the right to submit a written statement disagreeing with the denial. Your request, along with any denials and subsequent statements of disagreement, will be maintained as part of your clinical record.

Right to an Accounting of Disclosures. You have the right to request an “accounting” of our disclosures of your protected health information. This is a listing of certain disclosures of your protected health information made by the Facility or others on our behalf, but does not include disclosures for treatment, payment, and health care operations or certain other exceptions, unless we maintain your protected health information in an electronic health record, as described below.

To request an accounting of disclosures, you must submit a request in writing, stating a time period that is within six years from the date of your request; provided, however, that if we maintain your protected health information in an electronic health record, and if we have made disclosure(s) of your protected health information through the electronic record for treatment, payment, and/or health care operations purposes, you have a right to request an accounting of such disclosures that were made during the previous three years. An accounting will include, if requested: the disclosure date, the name of the person or entity that received the information and address, if known, a brief description of the information disclosed, a brief statement of the purpose of the disclosure or a copy of the authorization or request, or certain summary information concerning multiple similar disclosures. Such summary information will include the frequency of such disclosures, the date of the most recent disclosure, the purpose of these disclosures, and the name of the recipient. The first accounting provided within a 12-month period will be free. For further requests, we may charge you our costs in preparing the accounting.

Right to a Paper Copy of This Notice. You have the right to obtain a paper copy of this Notice, even if you have agreed to receive this Notice electronically.

Right to Request Confidential Communication. You have the right to request that we communicate with you concerning protected health matters in a certain manner at a certain location. For example, you can request that we contact you only at a certain phone number. We will accommodate your reasonable requests.

Right to Receive Notice of a Breach. We are required to notify you by first class mail or by e-mail (if you have indicated a preference to receive information by e-mail), of any breaches of “Unsecured protected health information” as soon as possible, but in no event later than 60 days following the discovery of the breach. “Unsecured protected health information” is protected health information that is not secured through the use of a technology or methodology identified by the Secretary of the U.S. Department of Health and Human Services to render such information unusable, unreadable and undecipherable to unauthorized users. In the event that

such a breach occurs, we will also notify Secretary of the United States Department of Health and Human Services of the breach, and if the breach affects 500 or more individuals, we will also notify local media outlets.

V. COMPLAINTS.

If you believe that your privacy rights have been violated, you may file a complaint in writing with the Facility Administrator or Executive Director. You may also file a complaint with the Office of Civil Rights in the U.S. Department of Health and Human Services. We will not retaliate against you if you file a complaint.

VI. CHANGES TO THIS NOTICE.

We will promptly revise and distribute this Notice whenever there is a material change to the uses or disclosures, your individual rights, our legal duties, or other privacy practices stated in this Notice. We reserve the right to change this Notice and make the revised or new Notice provisions effective for all personal health information maintained by the Facility, including personal health information received before such revisions. We will post a copy of the current Notice in the Facility.

VII. FOR FURTHER INFORMATION.

If you have any questions about this Notice or would like further information concerning your privacy rights, please contact the Facility Administrator or Executive Director through the "Contact Us" page of this website.

For more information, please visit:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html