WHITE MOUNTAIN COMMUNITY HEALTH CENTER

NOTICE OF PRIVACY PRACTICES
REVISED 4/24/2026

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.

Our Commitment to Your Privacy

Each time you come to White Mountain Community Health Center, we create a record of the care and services you receive. We are committed to protecting the privacy and security of your protected health information (PHI).

We are required by law to:

- Maintain the privacy and security of your health information
- Provide you with this Notice of our legal duties and privacy practices
- Follow the terms of this Notice currently in effect
- Notify you promptly if a breach occurs that may have compromised the privacy or security of your information

We reserve the right to update this Notice at any time. Updated versions will be posted in our office and made available upon request.
You have the right to receive a paper copy of this Notice at any time.

How We May Use and Disclose Your Information:

For Treatment

We may use and share your health information to provide, coordinate, or manage your healthcare.
Examples include:

- Sharing information with providers, specialists, and care team members
- Sending prescriptions to pharmacies
- Coordinating care with laboratories or imaging centers
- Working with outside providers involved in your care
- Sharing information with family members or caregivers involved in your care, when appropriate

We may also coordinate care with community partners or support services when appropriate to assist in your healthcare needs.

For Payment

We may use your health information to bill and receive payment for services provided.
Examples include:

- Submitting claims to your insurance company
- Verifying eligibility and coverage
- Obtaining prior authorization for services

For Healthcare Operations

We may use and share your health information to support the operations of our organization.
Examples include:

- Improving the quality of care
- Training staff and providers
- Conducting audits, compliance reviews, and performance evaluations
- Managing our electronic health record system
- Business and administrative activities

We may use reasonable methods to identify you and communicate with you in our office, such as calling your name when it is time for your appointment.

If we use third parties (such as billing services), we require them to protect your information through a Business Associate Agreement.

Electronic Communication

We may communicate with you electronically through secure systems such as patient portal, email, or text messaging when you have agreed to these methods.
While we take reasonable steps to protect your information, electronic communication may involve some level of risk.

Use and Disclosures Allowed by Law

We may use or disclose your health information without your authorization in certain situations, including:

- When required by federal or state law

- For public health activities (such as disease reporting)
- To report abuse or neglect
- For health oversight activities (such as audits or inspections)
- To comply with Food and Drug Administration (FDA) requirements
- For workers' compensation claims
- For law enforcement purposes or legal proceedings
- To prevent or lessen a serious threat to health or safety
- For national security or military purposes
- To coroners, medical examiners, or funeral directors

With Your Authorization

Uses and disclosures not described in this Notice will be made only with your written authorization.
You may revoke your authorization at any time in writing, except to the extent that action has already been taken based on your authorization.

Your Rights Regarding Your Health Information

Right to Access Your Information

You have the right to inspect and obtain a copy of your health information, including electronic copies when available.

- Requests must be made in writing
- A reasonable, cost-based fee may apply
- You may request that we send your information to another person or entity

Right to Request an Amendment

You may request a correction to your health information if you believe it is incorrect or incomplete. If your request is denied, you may submit a written statement of disagreement that will become part of your record.

Right to Request Restrictions

You have the right to request limits on how your information is used or shared. We are not required to agree to all requests. However:
We must agree if:

- You request that we not share information with your health plan
- The service was paid in full out-of-pocket
- Disclosure is not otherwise required by law

Right to Confidential Communications

You may request that we contact you in a specific way (for example, by mail or at a specific phone number).

Right to an Accounting of Disclosures

You have the right to request a list of certain disclosures we have made of your health information.

Right to a Paper Copy

You have the right to receive a paper copy of this Notice at any time, even if you have agreed to receive it electronically.

Breach Notification

We will notify you if a breach occurs that may have compromised the privacy or security of your information, as required by law.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services.
You will not be penalized or retaliated against for filing a complaint.

Contact Information

Privacy Officer

White Mountain Community Health Center
298 White Mountain Highway
Conway, NH 03818
Phone: (603) 447-8900
Fax: (603) 447-4846

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