NOTICE OF PRIVACY PRACTICES

Visalia Primary Care
Phone: (559) 5530928
Email: health@visaliaprimarycare.net

Intro

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.

• Personally identifiable information about your health, your health care, and your payment for healthcare is called Protected Health Information (PHI). We are required by law to protect the privacy of your PHI and provide you with this notice describing our legal duties and privacy practices.
• We may use or disclose your Protected Health Information only as described in this notice unless you provide written authorization.
• We are required to follow the privacy practices described in this notice; however, we reserve the right to change the terms of this notice at any time.
• Updated notices may be requested by calling (559) 882-9956 or by emailing health@visaliaprimarycare.net.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION THAT DO NOT REQUIRE YOUR CONSENT

We may use and disclose your Protected Health Information without your permission for the following purposes:

• Treatment: We may disclose your health information to physicians, nurses, pharmacies, laboratories, specialists, or other healthcare providers involved in your care.
• Payment: We may use and disclose your health information to bill and collect payment from insurance companies or other responsible parties.
• Healthcare Operations: We may use or disclose your information for business operations, quality improvement activities, staff training, appointment reminders, and customer service.
• As Required by Law: We may disclose your information when required by federal, state, or local law.
• Public Health Activities: We may disclose your information to public health authorities to prevent or control disease, injury, or disability.
• Health Oversight Activities: We may disclose your information to agencies responsible for monitoring the healthcare system or licensing healthcare providers.
• To Avert Serious Threats: We may disclose health information when necessary to prevent a serious threat to your health or safety or the health and safety of others.

USES AND DISCLOSURES THAT GIVE YOU AN OPPORTUNITY TO OBJECT

• Family and Friends Involved in Your Care: We may share information with family members, friends, or others involved in your care unless you object.

• SMS/Text Messaging Communications:
Visalia Primary Care may communicate with patients via SMS/text messaging regarding appointment reminders, refill requests, lab notifications, billing questions, and general healthcare communications.

SMS consent is not shared with third parties or affiliates for marketing purposes.

SMS Terms and Conditions:
By opting into SMS communications, you consent to receive text messages from Visalia Primary Care. Message frequency may vary. Message and data rates may apply. Reply STOP to opt out or HELP for assistance.

How to Sign Up for SMS Communications
If you would like to receive informational text message communications from Visalia Primary Care, from +15595530928, you can sign up by texting [KEYWORD] to +15595530928.

Message frequency varies and may include responses to messages you send us, as well as information relevant to your relationship with us. Message and data rates may apply. You can opt-out of messaging at any time by replying STOP. For assistance, reply HELP.

Our privacy policy and messaging terms and conditions are available by request for more information.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the following rights regarding your PHI:

• Right to Inspect and Copy: You may request access to your medical records and obtain copies when permitted by law.
• Right to Request Corrections: If you believe your information is incorrect or incomplete, you may request an amendment.
• Right to Request Restrictions: You may request limitations on certain uses or disclosures of your information.
• Right to Confidential Communications: You may request that we contact you in a specific manner or at a specific location.
• Right to a Paper Copy: You may request a paper copy of this Notice at any time.

HOW TO FILE A COMPLAINT

If you believe your privacy rights have been violated, you may file a complaint with Visalia Primary Care by calling (559) 5530928 or emailing health@visaliaprimarycare.net.

You may also file a complaint with the U.S. Department of Health and Human Services. The U.S. Department of Health and Human Services (HHS) headquarters is located at 200 Independence Avenue, S.W., Washington, D.C. 20201. Filing a complaint will not affect your care in any way.

EFFECTIVE DATE

This Notice of Privacy Practices is effective as of June 15, 2026.

ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I have received or been offered a copy of the Notice of Privacy Practices from Visalia Primary Care.

Patient Name: _____

Signature: _____

Date: _____