

Eagle Creek Family Medicine

1281 E Iron Eagle Dr
Eagle, ID 83616

HIPAA Notice of Privacy Practices

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.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access control for your protected health information. "Protected Health Information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

Uses and Disclosures of Protected Health Information: Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, and any other use required by law.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your PHI, as necessary, to a home health agency that provides care to you. For example, your PHI may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Payment: Your PHI will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operations: We may use or disclose, as needed, your PHI in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging other business activities. For example, we may disclose your PHI to medical school students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your appointment time. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment. We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

We are permitted and may use or disclose your PHI in the following situations without your authorization. These situations include: as Required By Law; Public Health issues as required by law; Preventing/controlling Communicable Diseases; Health Oversight; Abuse or Neglect; Food and Drug Administration requirements; Legal Proceedings; Law Enforcement; Coroners, Funeral Directors, and Organ Donation; Research; Criminal Activity; Military Activity and National Security; Workers' Compensation; Inmates; Requires Uses and Disclosures; and under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.512 (a-1), pg. 82795 – 82813

Other Permitted and Required Uses and Disclosures Will Only Be Made Only With Your Consent, Authorization or Opportunity to object, unless required by law.

You may revoke an Authorization, at any time, in writing, except to the extent that your physician or the physician's practice has already relied on the Authorization in the use or disclosure of your PHI.

Your Rights:

The following is a statement of your rights with respect to your Protected Health Information.

You have the right to inspect and copy your PHI. Under federal law, however, you may not inspect or copy the following records: (1) psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to law that prohibits access to PHI; (2) if you are a prison/correctional inmate and obtaining this information would risk the health, safety, security custody or rehabilitation of you or other inmates or would threaten the safety of officers, employees, other persons or transporter(s) of the institution; or (3) information that is related to medical research in which you are currently participating; and information that was obtained under a promise of confidentiality.

You have the right to request a restriction of your PHI. This means that you may ask us not to use or disclose any part of your PHI for the purposes of medical treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction and to whom you want the restriction to apply.

Neither we nor your physician is required to agree to a restriction that you may request. We will be bound by the restrictions you outline only if we agree to those restrictions. If your physician believes it is in your best interest to permit, use, and disclose of your PHI, your PHI will not be restricted. You then have the right to use another Healthcare Professional.

You have the right to request to receive confidential communications from us by alternative means or at an alternate location. You have the right to obtain a paper copy of this notice from us. upon request, or even if you have agreed this notice alternatively, i.e. electronically.

You have the right to request your physician amend your PHI. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI, upon request, in any 12 month period (after April 14, 2003), at no charge.

Changes to this Notice. We reserve the right to make revisions to our Notice of Privacy Practices which apply to all PHI created or received prior to issuing this revision. We will provide you with the revised Notice at your first visit following the revision of the Notice. You can always request a copy of the current Notice by writing us or calling us at the address listed below.

Complaints

You have the right to file a complaint with our Privacy Officer at (208) 939-5535 or in writing at: Eagle Creek Family Medicine, Attn: Privacy Officer, 1281 E. Iron Eagle Drive, Eagle, ID 83616 initially, or to the Secretary of Health and Human Services by writing to the CMS Regional Office, 2201 6th Ave RX40, Seattle, WA 98121 or by phone (206) 615-2306 if you believe your privacy rights have been violated by us. **We will not retaliate against you for filing a complaint.**

For additional information. We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. If you have any questions or concerns, please ask to speak with our HIPAA Privacy Officer in person or by phone at (208) 939-5535.

Signature below is only an acknowledgement that you have received this Notice of our Privacy Practices:

NAME: _____ SIGNATURE: _____

DATE: _____