

**IDAHO SPORTS MEDICINE INSTITUTE
NOTICE OF PRIVACY PRACTICES**

Effective Date: April 14, 2003
Revised: October 24, 2018

**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.**

We are required by law to maintain the privacy of your health information and to give you notice of our legal duties and privacy practices with respect to your protected health information. This Notice summarizes our duties and your rights considering your protected health information. Our duties and your rights are set forth more fully in 45 C.F.R. part 164. We are required to abide by the terms of the Notice that is currently in effect.

**USES AND DISCLOSURES OF INFORMATION THAT WE MAY MAKE WITHOUT WRITTEN
AUTHORIZATION.**

We may use or disclose protected health information for the following purposes without your written authorization. These examples are not meant to be exhaustive.

Positive Identification. By law, we are required to obtain positive identification on each patient we treat. We will ask you for picture identification and your insurance card(s). We will make copies of those pieces of identification and retain them for our internal use. We may use or disclose protected health information for the following purposes without your written authorization. These examples are not meant to be exhaustive.

Treatment. We may use or disclose protected health information to provide treatment to you. For example, a doctor or staff may use information in your medical records to diagnose or treat your condition. Also we may disclose your information to health care providers outside our office so that they may help treat you.

Payment. We may use or disclose protected health information so that we or other health care providers may obtain payment for treatment provided to you. For example, we may disclose information from your medical records to your health insurance company to obtain preauthorization for treatment or submit a claim for payment.

Healthcare Operations. We may use or disclose protected health information for certain health care operations that are necessary to run our practice and ensure that our patients receive quality care. For example, we may use information from your medical records to review the performance or qualifications of physicians and staff; train staff; or make business decisions affecting our practice.

Required by Law. We may use or disclose protected health information to the extent that such use or disclosure is required by law.

Threat to Health or Safety. We may use or disclose protected health information to avert a serious threat to your health or safety or to the health and safety of others.

Abuse or Neglect. We must disclose protected health information to the appropriate government agency if we believe it is related to child abuse or neglect, or if we believe that you have been a victim of abuse, neglect of domestic violence.

Communicable Diseases. We are required to disclose protected health information concerning certain communicable diseases to the appropriate government agency. To the extent authorized by law, we may also disclose protected health information to a person who may

have been exposed to a communicable disease or who may otherwise be at risk of spreading the disease or condition.

Public Health Activities. We may use or disclose protected health information for certain public health activities, such as reporting information necessary to prevent or control disease, injury or disability; reporting births and deaths; or reporting limited information for FDA activities.

Health Oversight Activities. We may disclose protected health information to governmental health oversight agencies to help them perform certain activities authorized by law, such as audits, investigations, and inspections.

Judicial and Administrative Proceedings. We may disclose protected health information in response to an order of a court or administrative tribunal. We may also disclose protected health information in response to a subpoena, discovery request or other lawful process if we receive satisfactory assurances from the person requesting the information that they have made efforts to inform you of the request or to obtain a proactive order.

Law Enforcement. We may disclose protected health information, subject to specific limitations, for certain law enforcement purposes, including to identify, locate, or catch a suspect, fugitive, material witness or missing person; to provide information about the victim of a crime; to alert law enforcement that a person may have died as a result of a crime; or to report a crime.

National Security. We may disclose protected health information to authorized federal officials to authorized federal officials for national security activities.

Coroners and Funeral Directors. We may disclose protected health information to a coroner, a medical examiner, to identify a deceased person, determine cause of death, or permit the coroner or medical examiner to fulfill their legal duties. We may also disclose information to a funeral director to allow them to carry out their duties.

Organ Donation. We may use or disclose protected health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of cadaveric organs or tissue.

Research. We may use or disclose protected health information for research if approved by an institutional review board or privacy board and appropriate steps have been taken to protect the information.

Workers' Compensation. We may disclose protected health information as authorized by workers' compensation laws and other similar legally established programs.

Appointments and Services. We may use or disclose protected health information to contact you to provide appointment reminders or to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Marketing. It is the policy of this practice that any uses or disclosures of PHI for marketing activities will be done only after a patient has signed a valid authorization. The Privacy Act defines "marketing" as making "a communication about a product or service that encourages recipients of the communication to purchase or use the product or service."

Business Associates. We may disclose protected health information to our third party business associates who perform activities involving protected health information for us, e.g., billing or transcription services. Our contracts with the business associates require them to protect your health care information.

Military. If you are in the military, we may disclose protected health information as required by military command authorities.

Inmates or Persons in Police Custody. If you are an inmate or in the custody of law enforcement, we may disclose protected health information if necessary for your health care; for the health and safety of others; or for the safety or security of the correctional institution.

USES AND DISCLOSURES THAT WE MAY MAKE UNLESS YOU OBJECT.

We may use and disclose protected health information in the following instances without your authorization unless you object. If you object please notify the privacy contact identified below.

Persons Involved in Your Health Care. Unless you object we may disclose protected health information to a member of your family, relative, friend, or other person involved in your health care or the payment of your health care. We will limit your disclosure to the protected health information relevant to that person's involvement in your health care or payment.

Notification. Unless you object, we may use or disclose protected health information to notify a family member or other person responsible for your care of your location and condition. Among other things, we may disclose protected health information to a disaster relief agency to help notify family members.

USES AND DISCLOSURES OF INFORMATION THAT WE MAY MAKE WITH YOUR WRITTEN AUTHORIZATION.

We will obtain a written authorization from you before using or disclosing your protected health information for purposes other than those summarized above. You may revoke your authorization by submitting a written notice to the Privacy Contact identified below.

YOUR RIGHTS CONCERNING YOUR PROTECTED HEALTH INFORMATION.

You have the following rights concerning your protected health information. To exercise any of these rights you must submit a written request to the Privacy Contact identified below.

Right to Request Additional Restrictions. You may request additional restrictions on the use or disclosure of your protected health information for treatment, payment or health care operations. We are not required to agree to a requested restriction. If we agree to a restriction, we will comply with the restriction unless an emergency or the law prevents us from complying with the restriction, or until the restriction is terminated.

If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Right to Receive Communications by Alternative Means. We normally contact you by telephone or mail at your home address or possibly your work address. You may request that we contact you by some other method or at some other location. We will not ask you to explain the reason for your request. We will accommodate reasonable requests. We may require that you explain how payment will be handled if an alternative means of communication is used.

Right to Inspect and Copy Records. You may inspect and obtain a paper or electronic copy of protected health information that is used to make decisions about your care or payment for your care. We may charge you a reasonable cost-based fee for providing the records. We may deny your request under limited circumstances, e.g., if you seek psychotherapy notes; information prepared for legal proceedings; or if disclosure may result in substantial harm to you or others.

Right to Request Amendment to Record. You may request that your protected health information be amended. You must explain the reason for your request in writing. We may deny your request if we did not create the record unless the originator is no longer available; if

you do not have a right to access the record; or if we determine that the record is accurate and complete. If we deny your request, you have the right to submit a statement disagreeing with our decision and to have the statement attached to the record.

Right to an Accounting of Certain Disclosures. You may request a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). You may receive the first accounting within a 12 month period free of charge. We may charge a reasonable cost-based fee for all subsequent requests during that 12 month period.

Right to Receive Notice of a Breach. We are required to notify you within a reasonable amount of time as specified by state, federal or international law if a breach occurs that may have compromised the privacy or security of your information.

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

CHANGES TO THIS NOTICE.

We reserve the right to change the terms of our Notice of Privacy Practices at any time, and to make the new Notice provisions effective for all protected health information that we maintain. If we materially change our privacy practices, we will prepare a new Notice of Privacy Practices, which shall be effective for all protected health information that we maintain. We will post a copy of the current Notice in our reception area and on our website. You may obtain a copy of the current Notice in our reception area, or by contacting the Privacy Contact identified below.

COMPLAINTS.

You may complain to us to the Secretary of Human Services if you believe your privacy rights have been violated. You may file a complaint with us by notifying our Privacy Contact identified below. All complaints must be in writing. We will not retaliate against you for filing a complaint.

PRIVACY CONTACT.

If you have any questions about this Notice, or if you want to object to or complain about any use or disclosures or exercise any right as explained above, please contact:

Privacy Officer
Idaho Sports Medicine Institute
1188 University Drive
Boise ID 83706
(208) 336-8250