



## Patient's 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.**

We are required by law to maintain the privacy of your health information and to notify you of our legal duties and privacy practices with respect to your protected health information, and to notify affected individuals following a breach of unsecured health information. This Notice summarizes our duties and your rights concerning your information. Our duties and your rights are set forth more fully in 45 CFR part 164. We are required to abide by the terms of our Notice that is currently in effect.

1. **Uses and Disclosures We May Make Without Written Authorization.** We may use or disclose your health information for certain purposes without your written authorization, including the following:
  - a. **Treatment.** We may use or disclose information for purposes of treating you. For example, we may disclose your information to another health care provider so they may treat you; to provide appointment reminders; or to provide information about treatment alternatives or services we offer.
  - b. **Payment.** We may use or disclose information to obtain payment for services provided to you. For example, we may disclose information to your health insurance company or other payer to obtain preauthorization or payment for treatment.
  - c. **Healthcare Operations.** We may use or disclose information for certain activities that are necessary to operate our practice and ensure that our patients receive quality care. For example, we may use information to review the performance of our staff or make decisions affecting the practice.
  - d. **Other Uses or Disclosures.** We may also use or disclose information for certain other purposes allowed by 45 CFR §164.502-.512 or other applicable laws and regulations, including the following purposes:
    - To avoid a serious threat to your health or safety or the health or safety of others.
    - As required by state or federal law such as reporting abuse, neglect or certain other events.
    - As allowed by workers compensation laws for use in workers compensation proceedings.
    - For certain public health activities such as reporting certain diseases.
    - For certain public health oversight activities such as audits, investigations or licensure actions.
    - In response to a court order, warrant or subpoena in judicial or administrative proceedings.
    - For certain specialized government functions such as the military or correctional institutions.
    - For research purposes if certain conditions are satisfied.
    - In response to certain requests by law enforcement to locate a fugitive, victim or witness, or to report deaths or certain diseases.
    - To coroners, funeral directors or organ procurement organizations as necessary to allow them to carry out their duties.
2. **Disclosures We May Make Unless You Object.** Unless you instruct us otherwise, we may disclose your information as described below.
  - To a member of your family, relative, friend, or other person who is involved in your healthcare or the payment for your healthcare. We will limit the disclosure to the information relevant to that person's involvement in your healthcare or payment. This exception also allows disclosures of information about deceased

persons to family members and others involved in the deceased persons care prior to their death unless the deceased person objected prior to death.

- To personal representatives
- To Business Associates
- To maintain our facility directory. If a person asks for you by name, we will only disclose your name and location in our facility.
- To the Idaho Health Data Exchange (IHDE), for the secure sharing of health care information with other medical providers involved in your care. To opt out of this disclosure, you must complete, sign and mail or fax the "Request to Restrict Disclosure of Health Information" form to the IDHE. The form is available at the front desk.
- To Idaho's immunization registry (IRIS), participation in the registry is voluntary. At any time, you have the right to remove information from the registry regarding your child.

**3. Uses and Disclosures With Your Written Authorization.** Psychotherapy notes, marketing, and sale of your personal health information will only be disclosed with your written authorization. Other uses and disclosures not described in the Notice will be made only with your written authorization. You may revoke your authorization by submitting a written notice to the Privacy Officer. The revocation will not be effective to the extent we have already taken action in reliance on the authorization.

**4. 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 Officer.

- You may request additional restrictions on uses of disclosures of personal health information for treatment, payment or healthcare operations; or to family members or others involved in the patient's care; however, we are *not* required to agree to the restriction except in the case of disclosure to health insurer if the individual has paid for the care as required by §164.522(a)(1)(vi).
- We normally contact you by telephone, text or mail at your home address. We will accommodate reasonable requests to contact you by alternative means or at alternative locations.
- You may inspect and obtain a copy of personal health records that are used to make decisions about your care or payment for your care, including an electronic copy. We may charge you a reasonable cost-based fee for providing the records. We may deny your request under limited circumstances, e.g., if we determine that disclosure may result in harm to you or others.
- You may request that your protected health information be amended. We may deny your request for certain reasons, e.g., if we did not create the record or if we determine that the record is accurate and complete.
- You may receive an accounting of certain disclosures we have made of your protected health information. 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.
- You may obtain a paper copy of this Notice upon request. You have this right even if you have agreed to receive the Notice electronically.

**5. Covered Entity Duties.** We will maintain the privacy of your protected health information. We reserve the right to change the terms of our Notice at any time and to make the new Notice effective for all protected health information that we maintain. If we materially change our privacy practices, we will post a copy of the current Notice in our reception area and on our website. You may obtain a copy of the operative Notice from a receptionist or the Privacy Officer. We will notify any affected individuals if there is a breach of their unsecured personal health information.

**6. Complaints.** You may complain to us or the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint with us by notifying our

Privacy Officer. All complaints must be in writing. We will not retaliate against you for filing a complaint.

7. **Contact Information.** If you have any questions about this Notice, or if you want to object to or complain about any use or disclosure or exercise any right as explained above please contact the Privacy Officer at (208) 236-9609  
1151 Hospital Way, Bldg. F  
Pocatello, Idaho 83201  
[admin@pocatellochildren.com](mailto:admin@pocatellochildren.com)

8. **Effective Date.** This Notice is effective October 8, 2019.

Pocatello Children's Clinic does not discriminate on the basis of race, color, national origin, sex, age, or disability in its health programs and activities.

<b>Spanish</b>	<b>Español</b>
Señale su idioma y llamaremos a un intérprete. El servicio es gratuito.	
<b>Arabic</b>	<b>عربي</b>
أشر إلى لغتك. وسيتصل المترجم فوري. كما سيتم إحضار المترجم الفوري مجانًا.	