

Post Falls Family Medicine, PA
NOTICE OF PRIVACY PRACTICES
Health Insurance Portability and Accountability Act of 1996 (HIPAA)

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.

About Us

In this notice, we use terms like “we”, “us” or “our” to refer to Post Falls Family Medicine, PA and its physicians. We are a family practice specializing in keeping you and your family in good health.

This notice applies to Post Falls Family Medicine and its physicians.

What is “Protected Health Information” or “PHI”?

“Protected health information”, or “PHI” for short, is information that identifies who you are and relates to, your past, present and future physical or mental health or condition, the provision of health care to you, or past, present or future payment for the provision of health care to you. PHI does not include information about you that is publicly available or that is in a summary form that does not identify who you are. If you are an employee of our participating physician’s office, PHI does not include your health information in your personal life.

Purpose of this notice

In the course of doing business, we gather and maintain PHI about our patients. We respect the privacy of your PHI and understand the importance of keeping this information confidential and secure. This notice describes our privacy practices and how we protect the confidentiality of our PHI. We are obligated to maintain the privacy of your PHI implementing reasonable and appropriate safeguards. We are also obligated to explain to you by this notice about our legal obligations to maintain the privacy of your PHI. We must follow our notice that is currently in effect.

How we protect your PHI

We restrict access to your PHI to those employees who need access in order to provide services to our patients. We have established and maintain appropriate physical, electronic, and procedural safeguards to protect your PHI against unauthorized use or disclosure. We have established a training program that our employees must complete and update annually. We have also established a privacy officer, which has overall responsibility for developing, training, and overseeing the implementation and enforcement of policies and procedures to safeguard your PHI against inappropriate access, use, and disclosure.

Types of use and disclosure of PHI we may make without your authorization

Treatment; Payment; Health Care Operations

Federal and state law allows us to use and disclose our PHI in order to provide health care services to you, as well as to bill and collect payments for the health care services provided to you by our physicians. For example, we may use your PHI to authorize referrals to specialists and to review the quality of care provided by your participating physician. We may disclose your PHI to health plans or other responsible parties to receive payment for the services provided to you by our physicians.

We may also use or disclose your PHI, for example, to recommend to you treatment alternatives, to inform you about health-related benefits and services that we offer or to contact you to remind you of our appointments. We conduct these activities to provide health care to you and not as marketing.

Federal and state law also allows us to use and disclose your PHI as necessary in connection with our health care operations. For example, we may use your PHI for resolution of any grievance or appeal that you file if you are unhappy with the care you have received. We may also use our PHI in connection with population-based disease management programs. We may use or disclose your PHI to perform certain business functions to our business associates, who must also agree to safeguard your PHI as required by law.

We are also allowed by law to use and disclose your PHI without your authorization for the following purposes:

1. When required by law- In some circumstances, we are required by federal or state laws to disclose certain PHI to others, such as public agencies for various reasons.
2. For public health activities- Such as report about communicable diseases, defective medical devices to the FDA or work-related issues.
3. Reports about child and other types of abuse, neglect, or domestic violence.
4. For health oversight activities- Such as reports to governmental agencies that are responsible for licensing physicians or other health care providers.
5. For lawsuits and other legal disputes- In connection with court proceedings or proceedings before administrative agencies or to defend us or our participating physicians in a legal dispute.
6. For law enforcement purposes- Such as responding to a warrant or reporting a crime.
7. Reports to coroners, medical examiners, or funeral directors- To assist them in performance of their legal duties.
8. For tissue or organ donations- To organ procurement or transplant organizations to assist them.
9. For research- To medical researchers with an approval of an institution review board (IRB) or privacy board that oversees studies on human subjects. Researchers are also required to safeguard our PHI.
10. To avert a serious threat to the health or safety of you or other members of the public.
11. For national security and intelligence/military activities- Such as protection of the President or foreign dignitaries
12. In connection with services provided under workers’ compensation law.

We may disclose your PHI, without your written authorization, to your family members or other persons if they are involved in your care or payment for that care. We may also notify disaster relief organizations to assist them with their relief efforts. When you are a patient at a hospital or medical facility with which we are affiliated, we may create a directory that includes your name, your location at the facility, your general condition and your religious affiliation. Information in this directory may be disclosed to visitors and clergy. However, we must first provide you with an opportunity to agree to such disclosure. If you cannot agree or object because you are incapacitated or otherwise unavailable, we will use our professional judgment.

You, as a parent, can generally control your minor child’s PHI. In some cases, however, we are permitted or even required by law to deny your access to your child’s PHI, such as when your child can legally consent to medical services without your permission.

There are some types of PHI, such as HIV test results or mental health information, which are protected by stricter laws. However, even such PHI may be used or disclosed without your written authorization if required or permitted by law.

Authorization

All other uses and disclosures of your PHI must be made with your written authorization.

If you need an authorization form, we will send you one for you or your personal representative to complete. When you receive the form, please fill it out and send it to the following address:

**Post Falls Family Medicine, PA
1220 E. Polston Ave.
Post Falls, ID 83854**

You may revoke or modify your authorization at any time by writing to us at the same address. Please note that your revocation or modification may not be effective in some circumstances, such as when we have already taken action relying on your authorization.

Your rights regarding your PHI

Access to your PHI

You have the right to review and copy your PHI we maintain. If you wish to access your PHI, please write to us. We will respond to your request and tell you when and where you can review your PHI in our possession within our normal business hours. If you would like a copy of the information we have, please write to us at the same address. If we provide you with a copy, we may charge a reasonable administrative fee for copying your PHI to the extent permitted by applicable law. If we deny your request for review or copy of your PHI, we will explain the reason in writing. If we do not have your PHI, but know who does, we will tell you whom to contact.

Right to Amend your PHI

You have the right to request amendments to your PHI. If you wish to have your PHI corrected or updated, please write to us and tell us what you want changed and why. We will respond to you in writing, either accepting or denying your request. If we deny your request, we will explain why. You may also send us an addendum that is no longer than 250 words in length for each item you believe is incorrect. Please clearly indicate that you want the addendum to be included in your PHI. We will attach your addendum to the record(s) of your PHI. Your amended PHI will be available for your review upon request.

Right to Receive an accounting of disclosure of your PHI

You have the right to request an accounting of certain disclosures that we make of your PHI. You can request an accounting by writing to us. Please note that certain disclosures, such as those made for treatment, payment or health care operations, need not be included in the accounting we provider to you. We will respond to your request within a reasonable period of time but no later than 60 days after we receive your written request.

Right to receive a copy of this notice

You have the right to request and receive a paper copy of notice.

Right to request restrictions

You have the right to request restrictions on how we used and disclosed your PHI for our treatment, payment, and health care operations. All requests must be made in writing. Upon receipt, we will review your request and notify you whether we have accepted or denied your request. Please note that we are not required to accept your request for restrictions. Your PHI is critical for providing you with quality health care. We believe we have taken appropriate safeguards and internal restrictions to protect your PHI and that additional restrictions may be harmful to your care.

Right to confidential communications

You have the right to request that we prove our PHI to you in a confidential manner. For example, you may request that we send your PHI by an alternative means (e.g. sending by a sealed envelope, rather than a post card) or to an alternate address (e.g. calling you at a different telephone number or sending a letter to you at your office address rather than your home address). We will accommodate any reasonable request, unless they are administratively too burdensome or prohibited by law.

Right to complain

We must follow the privacy practices set forth in this notice while in affect. If you have any questions about this notice, wish to exercise your rights, or file a complaint; please direct your inquiries to:

**Post Falls Family Medicine, PA
1220 E. Polston Ave.
Post Falls, ID 83854**

You may contact your health plan or the Idaho Medical Association with your concerns as well. You also have the right to directly complain to the Secretary of the United States Department of Health and Human Services. We will not retaliate against you for filing a complaint against us.

Rights reserved

We will use and disclose your PHI to the fullest extent authorized by law. We reserve the rights as expressed in this notice. We reserve the right to revise our privacy practices consistent with law and make them applicable to your entire PHI we maintain, regardless of when it was received or created. If we make material or important changes to our privacy practices, we will promptly revise our notice. Unless, law requires the changes, we will not implement material changes to our privacy practices before we revise our notice. You may request updates to this notice at any time.

Effective date of notice is 02/01/2003

I, the undersigned patient, and/or responsible party have read and received a copy of Post Falls Family Medicine, PA's Privacy Statement.

PRINT NAME: _____ **DATE OF BIRTH:** _____

SIGNATURE: _____ **DATE:** _____