



IDAHO DIABETES AND ENDOCRINE ASSOCIATES P.A.
9196 W. Emerald St. Suite 160
Boise, ID 83704
(208) 389-2213

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU AS A PATIENT OF IDAHO DIABETES AND ENDOCRINE ASSOCIATES MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

OUR COMMITMENT TO YOUR PRIVACY:

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (IIHI). We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your IIHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time. We realize that these laws are complicated, but we must provide you with the following information:

- How we may use and disclose your IIHI.
- Your privacy rights in your IIHI.
- Our obligations concerning the use and disclosure of your IIHI.

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

Treatment:

Our practice may use or disclose protected health information so that we, or other persons involved in your healthcare, may provide treatment to you. For example, information obtained by a nurse, physician, or other members of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you.

Payment:

Our practice may use or disclose protected health information so that we, and other healthcare providers, may obtain payment for treatment provided to you. For example, a bill will be sent to you or a third-party payer such as an insurance company for your treatment. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis and procedures.

Healthcare Operations:

Our practice may use or disclose protected health information for certain healthcare operations that are necessary to run our practice and ensure that our patients receive quality care. For example, members of the medical staff or our practice managers may use information in your record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare services we provide.

Required by Law:

Our practice may use or disclose protected health information to the extent that such use of disclosure is required by law.

Threat to Health and Safety:

Our practice may use or disclose protected health information to avert a serious threat to your health or safety, or the health and safety of others.

Appointments and Services:

Our practice 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.

Abuse or Neglect:

Our practice is required to 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 or domestic violence.

Communicable Disease:

Our practice is 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 may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight Activities:

Our practice may use or disclose protected health information to governmental health oversight agencies to help them perform certain activities authorized by law, such as audits, investigations, inspections, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions.

Workers' Compensation:

Our practice may use or disclose protected health information to the extent authorized by law and as necessary to comply with laws relating to workers' compensation or similar benefit programs established by law.

OPTIONAL

Deceased Patients (before coroner):

Our practice may use or disclose protected health information such as final diagnosis to coroners so they can carry out their duties and as consistent with applicable state laws.

OPTIONAL

Organ and Tissue Donation:

Our practice may use or disclose protected health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaver organs or tissue.

Business Associates:

Our practice may use or disclose protected health information to our third party business associates who perform activities involving protected health information for us. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Marketing:

Our practice may use or disclose protected health information for limited marketing activities, including face-to-face communications with you about our services.

OPTIONAL

Research:

Our practice may use or disclose protected health information to researchers when we are involved in drug studies or other medical related studies only after the study proposal has been approved by an appropriate review board.

Correctional institution:

Should you be an inmate of a correctional facility, we may use or disclose protected health information to the institution or agents necessary for your healthcare.

Law Enforcement:

Our practice may use or disclose protected healthcare information to law enforcement as required by law, in response to a valid subpoena or search warrant, or under certain other limited circumstances.

Judicial and Administrative Proceedings:

Our practice 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 protective order.

Military:

Should you be a member of the military, we may use or disclose protected health information as required by military command authorities.

National Security:

Our practice may use or disclose protected health information to authorized federal officials for national security activities.

USES AND DISCLOSURES OF INFORMATION THAT WE MAY MAKE UNLESS YOU OBJECT

Our practice may use or disclose protected health information in the following instances without your written authorization unless you object. If you object, please notify the Office Manager identified below.

Persons Involved in Your Healthcare

Unless you object, we may use or disclose information to a family member, relative, close friend, personal representative, or other person identified by you who is involved in your care or the payment for your healthcare. We will limit the disclosure to the protected health information relevant to the person responsible for your healthcare 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

Our practice 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 Office Manager at the address identified below.

YOUR RIGHTS REGARDING YOUR IHI:

Although your health record is the physical property of Idaho Diabetes and Endocrine Associates the information belongs to you. You have the following rights concerning your health information. To exercise any of these rights, please submit a written request to the Office Manager 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 healthcare 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.

Right to Inspect and Receive a Copy of your Record: You may inspect and obtain a copy of protected health information that is used to make decisions about your care or payment for your care upon request within the limits of the law and within a reasonable time. You will be responsible for any costs incurred in obtaining a copy of your record. We may deny your request under limited circumstances; e.g. information prepared for legal proceedings or if disclosure may result in substantial harm to you or others.

Right to Request Amendment to your Record: You may request that your protected health information be amended. Your request does not permit you to alter or change the original record. 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 a 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 obtain an accounting of certain disclosures of your protected health information. We are not required to account for disclosures for treatment, payment, or healthcare operations; to family members or others involved in your healthcare or payment; for notification purposes; or pursuant to your written authorization. You are entitled to obtain the first copy of an accounting within any 12-month period free of charge. You will be responsible for any costs incurred in obtaining any additional copies of your disclosures.

Right to Receive Communications by Alternative Means: We normally contact you by telephone or mail at your home address. You may request confidential communications of your protected health information 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 a Paper Copy of this Notice: You are entitled to receive a paper copy of this Privacy Notice. You may ask us to give you a copy of this notice at any time.

CHANGES TO THIS NOTICE

Our practice reserves the right to change the terms of our Notice of Privacy Practices and to make the new provisions effective for all protected health information we maintain. If we materially change our privacy practices, we will prepare a new Notice of Privacy Practices and will post a copy of the new Notice in our reception area. You may obtain a copy of the new Notice from our receptionist, by printing it off of our website, or by contacting the Office Manager identified below.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have any questions regarding this notice, or would like additional information, you may contact the Office Manager at the address identified below. If you believe your privacy rights have been violated, you may file a complaint to the Secretary of Health and Human Services. You may also file a complaint to us by mailing or faxing our office at the location listed below, Attention: Office Manager. There will be no retaliation for filing a complaint.

We will not retaliate against you for filing a complaint.

OFFICE MANAGER:
Idaho Diabetes and Endocrine Associates, P.A.
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Boise, ID 83714
(208) 389-2213
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