



DATE:

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT POLICY NOTICE OF PRIVACY PRACTICES

Effective October 1, 2014. 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 is required by the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule. If you have any questions about this notice, please contact the HIPAA Privacy Coordinator at Treasure Valley Family Medicine, PLCC (TVFM).

TVFM Practices Regarding Protected Health Information (PHI): This notice describes TVFM practices regarding your PHI. The terms “we” and “our” in this notice refer to TVFM.

The HIPAA Privacy Rule requires TVFM to: 1) Ensure that your PHI is properly safeguarded; 2) Notify you if we determine that your PHI was inappropriately used or disclosed; 3) Provide you this notice of our legal duties and privacy practices for the use and disclosure of your PHI; and 4) Follow the terms of the notice currently in effect.

Our Right to Revise This Notice. We may change this notice and our privacy practices at any time. Any revised notice will apply to the PHI we already have about you at the time of the change and any PHI we create or receive after the change takes effect. We will advise you of important changes and post the revision on our website.

How to Obtain a Copy of This Notice. This notice is available in paper copy at TVFM. You can ask for a paper copy at your next appointment, or call and request that we mail a copy to you, even if you have previously acknowledged.

How We May Use or Disclose Your PHI Without Your Authorization (per 45 CFR § 164.512)

Treatment: To provide, coordinate, or manage your health care. For example, we may disclose your PHI to another physician, or health care provider, such as a specialist, pharmacist, or laboratory, who, at the request of your provider, becomes involved with your health care.

Payment: To obtain payment for your health care services. This may include certain activities needed to approve or pay for your health care services, such as using or disclosing your PHI to obtain approval for a hospital stay.

Health Care Operations: To support the daily activities related to health care. These activities include, but are not limited to, quality assessment activities, patient safety, investigations, oversight of staff performance, practitioner training, licensing, communications about a product or service, and conducting or arranging for other health care related activities. We do not use or disclose any genetic information for underwriting purposes.

Business Associates: To certain companies (“business associates”) that provide various services to TVFM (for example, billing, transcription, software maintenance, legal services, and managed care

support). The law requires that business associates protect your PHI and comply with the same HIPAA Privacy standards that we do.

Public Health: To public health authorities and parties regulated by them, as permitted by law. Examples of why they may need your PHI include prevention or control of disease, injury, or disability.

Reporting Victims of Abuse, Neglect, or Domestic Violence: . To government authorities that have authority to receive such information, including a social service or protective service agency.

Communicable Diseases. To a person who might be at risk of contracting or spreading a communicable disease or condition.

Workers' Compensation. To workers' compensation programs.

Health Oversight. To a health oversight agency legally authorized for audits, investigations, and inspections. Such activities may include the health care system, government benefit programs, civil rights laws, and other government regulatory programs.

Legal Proceedings. To parties and entities in proceedings of courts and administrative agencies, including in response to a court order or subpoena.

Coroners, Funeral Directors, and Organ Donations. To coroners, medical examiners, or funeral directors, and to determine the cause of death or for the performance of other duties. PHI also may be used and disclosed for cadaver organs, eyes, or tissue donations.

Law Enforcement. To law enforcement authorities. For example, to investigate a crime involving TVFM or its patients.

Avert Threats. To prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Disclosures by the Health Plan. To parties that need your PHI for health plan purposes such as enrollment, eligibility verification, coordination of coverage, or other benefit programs.

Minors and Other Represented Beneficiaries. To parents, guardians, and other personal representatives, generally consistent with the law of Idaho where treatment is provided.

Uses and Disclosures Requiring Your Authorization

Any use or disclosure of your PHI not described in this notice requires your written authorization. Some uses and disclosures, even if included in this notice, would not be permitted without your written authorization. These include the following activities in which TVFM does not engage:

- Sending information to encourage you to buy a product if we are paid to send that information or make that communication
- Selling your PHI

If you authorize us to share your PHI, you can revoke your authorization at any time by contacting us, but your revocation will only apply to information not already disclosed.

Your Rights Regarding Your Health Information

You may exercise the following rights through a written request to TVFM:

Right to Inspect and Copy. As allowed by law, you may inspect and request a copy of your medical or billing records (including an electronic copy). You have the right to have the information sent directly to a party you designate, such as another physician. In limited situations, we may deny your request or part of it, but if we do, we will tell you why in writing and explain your right to review, if any.

Right to Request Restrictions. You may ask us not to share any part of your PHI for treatment, payment, or health care operations. You may also request that we limit the information we share about you to someone who is involved in your care or the payment of your care. In your request, you must tell us what information you want restricted, and to whom you want the restriction to apply. TVFM is not required to agree to your request. We will not deny a request to restrict disclosure of your PHI to a health plan, where the PHI relates to the care which you paid for in full out of pocket. We will not use or disclose your PHI in violation of a restriction to which we agreed, unless your PHI is needed for emergency treatment. We permit you or TVFM to end a previously agreed-upon restriction at any time by providing written notice.

Right to Request Confidential Communications. You may request that we communicate with you in a certain way or at a certain location (e.g., only at home or only by mail). We will accommodate reasonable requests.

Right to Request Amendment. You may request an amendment to your PHI if you believe there is an error. You must tell us what you would like corrected or added to your information and why. If we approve your request, we will make the correction or addition to your PHI. If we deny your request, we will tell you why and explain your right to file a written statement of disagreement.

Right to an Accounting of Disclosures. You may request that we provide you with an accounting of when your PHI was disclosed outside TVFM, but an accounting will not include certain disclosures (e.g. for treatment purposes). You are entitled to one disclosure accounting in a 12-month period at no charge. We may charge a fee for additional requested accountings. Your request must state the time period for which you want to receive the accounting, which may be up to six years before the date of your request.

Complaints

If you believe that TVFM has violated the HIPAA Privacy Rule, you may file a written complaint with our owner. We will not take any action against you for filing a complaint.

Contact Information

You may contact the TVFM HIPAA Privacy Coordinator at the address and phone number provided on our website for further information about the complaint process, or for further explanation of this notice.



Acknowledgement of Receipt of this Notice

You will be asked to sign that you received this notice. If you choose not to sign, TVFM will still provide your health care, and your rights described in this notice will not be affected.

Acknowledgement of Treasure Valley Family Medicine, PLLC Notice of Privacy Practices

The signature below only acknowledges receipt of the Notice of Privacy Practices, effective date 1, October, 2014.

Signature of Patient (or Patient Representative)

Name of Patient (or Representative and Relationship to Patient)

Date of Birth of Patient _____

If applicable, Patient/Representative declined/unable to sign _____ **(TVFM Staff initials)**