

## **Elmore Medical Center**

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# **NOTICE OF PRIVACY PRACTICE**

**Effective Date: April 14, 2003**

**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 “protected health information,” *i.e.*, information that identifies you and that relates to your physical or mental health. We are also required to provide you with notice of our legal duties and practices concerning your protected health information. This Notice of Privacy Practices summarizes our responsibilities and your rights concerning your protected health information. Our responsibilities and your rights are more fully set forth in 45 C.F.R. part 164. We are required to abide by the terms of our Notice that is currently in effect.

Throughout this notice, “we” or “our” refers to the medical center, its departments, employees and volunteers, and members of its Medical Staff while they are performing services at the hospital. “You” or “your” refers to you or your personal representative or other person legally authorized to make health care decisions for you.

### **1. 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. The examples provided are not meant to be exhaustive.

**Treatment.** We may use or disclose protected health information so that we, or other health care providers, may provide treatment to you. For example, physicians or medical center staff may use information in your medical records to provide treatment to you. In addition, physicians or medical center staff may disclose information in your medical records to another physician, nurse, technician or other health care provider outside of the medical center so that the other health care provider may assist in or provide treatment to 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 plan to obtain pre-authorization for treatment or to submit a claim for payment for your treatment.

***Healthcare Operations.*** We may use or disclose protected health information for certain health care operations that are necessary to run the medical center and ensure that our patients receive quality care, such as conducting quality assessments; reviewing the qualifications of physicians and staff; training employees; or engaging in business planning or development. For example, we may use or disclose information in your medical records to evaluate or review the performance of our staff in providing treatment to you. We may also use your medical information, combined with other patients' information, to determine which services the medical center should offer.

***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.

***Fundraising.*** We may use or disclose limited protected health information to contact you to raise funds for the medical center, including certain demographic information about you and the dates that treatment was provided to you. If you do not want to receive any fundraising communications, please notify the Privacy Contact identified below.

***Marketing.*** We may use or disclose protected health information for limited marketing activities without a written authorization, including face-to-face communications with you about our services. For example we may use your address to send you general information regarding our medical center.

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

***Public Health Activities.*** We may use or disclose protected health information for certain public health activities, including: to report information to the appropriate authority to prevent or control disease, injury or disability; to report births and deaths; to report information concerning quality, safety or effectiveness of FDA-related products or activities; to report information about work-related illnesses or injuries to an employer under certain circumstances.

***Communicable Diseases.*** We may disclose protected health information concerning certain communicable diseases to certain government agencies. We may disclose protected health information, if authorized by law, 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.

***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. We may disclose protected health information to the appropriate government agency if we believe that you have been a victim of abuse, neglect or domestic violence.

***Health Oversight Activities.*** We may disclose protected health information to governmental health oversight agencies for 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 and will make efforts to inform you of the request.

***Law Enforcement.*** We may disclose protected health information, subject to specific limitations, for certain law enforcement purposes, including: in response to legal process or as otherwise required by law; to identify, locate, or apprehend 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; to report a crime that has occurred on the medical center premises; or, if the provider is responding to an emergency away from the medical center premises, to report certain information about a crime that occurred away from the facility.

***Coroners and Funeral Directors.*** We may disclose protected health information to a coroner or medical examiner to identify a deceased person, determine cause of death, or permit the coroner or medical examiner to fulfill other duties authorized by law. We may disclose protected health information to a funeral director for 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 organs or tissue.

***Research.*** We may use or disclose protected health information for research if the research has been approved by an institutional review board or privacy board in accordance with established protocols and appropriate assurances have been obtained to protect the privacy of your health information.

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

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

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

***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.

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

***Business Associates.*** We may disclose protected health information to third party "business associates" who perform various activities involving protected health information (e.g., billing or transcription services) for the medical center. We will implement written contracts with the business associates that limits their use or disclosure of protected health information.

## **2. Uses and Disclosures Of Information That We May Make Unless You Object.**

We may use and disclose protected health information in the following instances without your written authorization unless you object. If you object to these uses or disclosures, please notify the Privacy Contact identified below.

***Facility Directories.*** Unless you object, we will include your name, your location in the medical center, your general condition (good, fair stable, critical and serious), and your religious affiliation in our facility directory. We may disclose the foregoing information to clergy and, except religious affiliation, to people who ask for you by name.

***Persons Involved in Your Health Care.*** Unless you object, we may disclose protected health information to a member of your family, relative, close friend, or other person identified by you who is involved in your health care or the payment for your health care. We will limit the 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 or assist in notifying a family member, personal representative or other person responsible for your care of your location, general condition or death. Among other things, we may disclose protected health information to a disaster relief agency to assist in notifying family members.

## **3. Uses and Disclosures of Information That We May Make With Your Written Authorization.**

Other uses and disclosures of your protected health information will be made only with your written authorization unless otherwise required by law. You may revoke your authorization at any time by submitting a completed Revocation of Authorization form. The authorization can be revoked except to the extent that we have taken action in reliance on your authorization.

## **4. Your Rights Concerning Your Protected Health Information.**

***Right to Request Additional Restrictions.*** You have the right to request additional restrictions on the use or disclosure of your protected health information for treatment, payment or health care operations. You must submit a completed Request to Restrict Disclosure form to the Privacy Officer in Health Information Management Services. 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 Receive Communications by Alternative Means.*** You have the right to request

that we use alternative means or alternative locations for communications involving your protected health information. You must ask to use an alternate address at the Registration Desk. To request that all communications be by alternative methods (i.e. phone calls, lab results etc.) complete a Request for Alternative Communications form at the Registration Desk. We will not ask you to explain the reason for your request. We will accommodate all reasonable requests. We may condition the accommodation on information as to how payment will be handled or specification of an alternative address or other method of contact.

***Right to Inspect and Copy Records.*** You have the right to inspect and obtain a copy of your protected health information that is used to make decisions about your care, including medical and billing records. You may access your protected health information by submitting a completed Authorization form to the Privacy Officer in Health Information Management Services. We may charge you a reasonable cost-based fee for providing the records to you. We may deny your request if you seek psychotherapy notes; information compiled in anticipation of legal proceedings; information that is protected by applicable law; and information that may result in substantial harm to you or others if disclosed.

***Right to Request Amendment to Record.*** You have a right to request that your protected health information be amended. You may request the amendment by submitting a completed Request for Amendment of Health Information form to the Privacy Officer in Health Information Management Services. We may deny your request if we did not create the record unless the originator is no longer available; if access to the record may properly be denied; or if we determine that the record is accurate and complete. If we deny your request, you have a right to submit a statement of disagreement and to have the statement attached to the record.

***Right to an Accounting of Certain Disclosures.*** You have the right to request and receive an accounting of disclosures we have made of your protected health information for certain purposes after April 14, 2003. This right does not extend to disclosures made to you; for treatment, payment, or health care operations; pursuant to a facility directory; to family members or others involved in your health care or payment; for notification purposes; or pursuant to an authorization.

You have a right to 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 request an accounting by submitting a completed Request for an Accounting of Disclosures form to the Privacy Officer in Health Information Management Services.

***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 the notice electronically.

## **5. Changes To This Notice.**

We reserve the right to change the terms of our Notice of Privacy Practices at anytime, 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 the medical center. We will also post a copy of the current Notice on our website at [www.elmoremedicalcenter.org](http://www.elmoremedicalcenter.org). You may obtain a copy of the Notice from our registration or admitting area. Alternatively, you may obtain a copy of the current Notice by contacting the Privacy Officer in Health Information Management Services.

## **6. Complaints.**

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

## **7. Entities Covered By This Notice.**

This Notice of Privacy Practices applies to the medical center (including its departments and units wherever located); its employees, staff and other medical center personnel; and all volunteers whom we allow to help you while you are in the medical center. This Notice of Privacy Practices applies to all members of the Medical Staff of the medical center concerning the services they perform at the medical center. This Notice of Privacy Practices also applies to all medical staff of Idaho Emergency Physicians (IEP) concerning the services they perform at the medical center or on behalf of the medical center. We may share and exchange protected health information with members of the Medical Staff and IEP for treatment, payment and health care operations. However, members of the Medical Staff and IEP, including your personal physician, may have different privacy policies and practices relating to their use or disclosure of protected health information created or maintained in their clinic or office.

## **8. Privacy Contact.**

If you have any questions about this Notice or wish to object to or complain about any use or disclosure as explained above, please contact our Privacy Contact:

Health Information Management Services Manager, Elmore Medical Center Hospital District, 895 North 6th East, Mountain Home, Idaho 83647, (208) 580-2666.

**Este Aviso de Prácticas de Privacidad explica cómo nuestro centro usa su información de salud. Copias en español disponibles de ser pedidas.**