



PATIENT NOTICE OF PRIVACY PRACTICES

(Pursuant to the Health Insurance Portability and Accountability Act)

Effective: April 2003

At Idaho Orthopaedic and Sports Clinic, we have always believed that our patients are entitled to seek treatment in an environment where they are treated by professional staff, with dignity, and where their privacy is respected and protected. We are responsible for maintaining such a clinic environment and have historically practiced stringent policies and procedures to ensure that we do so.

Effective April, 2003, health care practitioners and facilities in the United States are required by regulations provided for in the Health Portability and Accountability Act (HIPPA) to notify their patient of the policies and practices they will follow in safeguarding of patients' private health information, as it is used in treatment, obtaining payment (including the submission of insurance claims electronically), and other health care operations within the practitioner's facility.

The following sections of this document describe Idaho Orthopaedic and Sports Clinic's practices for safeguarding your private health information. This notice also describes how medical information about you may be used and disclosed and how you can get access to this information. Please review carefully.

SECTION I: ROUTINE USES AND DISCLOSURES OF HEALTH INFORMATION

Idaho Orthopaedic and Sports Clinic gathers documents and organizes information about you into records held in our patient charts and our patient accounting system solely for the purpose of providing you with appropriate medical treatments and services and to obtain payment for those services. Provision of treatment sometimes requires that we share information with other physicians (or their employees) who are involved in your treatment and with emergency personnel such as paramedics and hospital emergency room physicians and staff.

SECTION II: OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

Other health care operations we conduct in which we may use or disclose your personal or health information includes patient appointment reminders or notifying you of clinical results and treatment plan instructions by phone. You have the right to ask that we do not ever leave phone messages for you at your home or place of employment.

There may also be situations in which we are required to disclose information by federal or state law. However, in these situations we are careful to protect the confidential relationship that must exist between a health care practitioner and his or her patients. We will release only what is required by law, and are diligent to be certain that we are required to disclose information before we will do so.

SECTION III: USES AND DISCLOSURES PURSUANT TO WRITTEN AUTHORIZATION

Except for the purposes described in Sections I and II, we will not use or disclose your health information for any other purpose unless we have your specific written authorization. You have the right to revoke that authorization at any time.

SECTION IV: YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding your health information:

- A. You may request (in writing) a copy of health information we maintain and utilize in making decisions about your care. We have a right to deny your request in some very limited circumstances; you have a right to appeal a denial.
- B. You have a right to request that we amend (or correct) information documented or created by us and maintained in your chart. We have a responsibility and a right to maintain our patient charts with the information that is accurate and appropriate to support quality medical care to our patients. Any decisions we make regarding your request for amendment of information will be based on careful consideration.
- C. You have a right to an accounting of disclosures we have made (not including those involved in routine communications with other practitioners involved in your care or to emergency personnel in an emergent situation).
- D. You have a right to request restrictions or limitations of the information we disclose about you for treatment, payment, or health care operations. Such a request should be in writing and be made before receiving treatment.
- E. You have a right to request confidential communications regarding your health care.
- F. You have a right to receive a paper copy of this notice.

SECTION V: QUESTION OR COMPLAINTS

If you have any questions regarding this notice or if you wish to receive additional information about our privacy practices, please contact our privacy officer at (208) 234-1960. If you believe your privacy rights have been violated in any way and want to discuss it with someone outside of the clinic, you may contact the Office of Secretary of Health and Human Services.