



IDAHO STATE
UNIVERSITY

Name of Clinic/Department

NOTICE OF PRIVACY PRACTICES

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, SIGN THE ACKNOWLEDGEMENT OF RECEIPT, AND GIVE TO THE RECEPTIONIST.

Protecting Your Personal and Health Information

Our clinic is committed to protecting the privacy of its patients' personal and health information. Applicable Federal and State laws require us to maintain the privacy of our patients' personal and health information. This Notice explains our clinic's privacy practices, our legal duties, and your rights concerning your personal and health information. In this Notice your personal and health information is referred to as "health information" and includes information regarding your health care and treatment with identifiable factors including your name, age, address, income or other financial information. We follow the privacy practices described in this Notice while it is in effect. This Notice takes effect **April 14, 2003** and will remain in effect until replaced.

How We Protect Your Health Information

We protect your health information by:

- Treating all of your health information that we collect as confidential.
- Stating confidentiality policies and practices in our medical and clinic staff handbooks as well as disciplinary measures for privacy violations.
- Restricting access to your health information only to those medical and clinical staff who need to know your health information in order to provide our services to you.
- Only disclosing your health information that is necessary for an outside service company to perform its function on our behalf, and the company has by contract agreed to protect and maintain the confidentiality of your health information.
- Maintaining physical, electronic, and procedural safeguards to comply with federal and state regulations guarding your health information.

Uses and Disclosures of Your Health Information

We will use and disclose health information about you for treatment, payment and health care operations. For example:

Treatment: We may provide another physician or subsequent healthcare provider who is treating you with copies of various reports of your health information that should assist him or her with your treatment.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training and educational programs, accreditation, certification, licensing, or credentialing activities.

Your Authorization: In addition to our use of your health information for treatment, payment, or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

To Your Family and Friends: We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend, or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

Persons Involved in Care: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative, or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

Marketing Health-Related Services: We will not use your health information for marketing without a written authorization from you.

Required by Law: We may use or disclose your health information when we are required to do so by law, including, but not limited to, court or administrative orders, subpoenas, discovery requests, or other lawful process.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence, or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities.

We may disclose health information to a correctional institution or law enforcement official having lawful custody of protected health information of an inmate or patient under certain circumstances.

Appointment Reminders:

We may also use health information about you to call, leave a voice message, or send a postcard or letter to you as a reminder about an appointment.

Research: Under certain limited circumstances, we may use and disclose health information about you for research purposes. All research projects, however, are subject to a special approval process through ISU's Office of Research - Human Subjects Committee which is an institutional review board.

Selling PHI and/or EHR: We will not sell your PHI and/or EHR without your prior authorization.

Rights You Have Regarding the Use and Disclosure of Your Health Information

You have the right to request all of the following:

- **Access to Your Health Information:** You have the right to request a copy of your health information. A nominal fee may be charged for providing copies. However, this right does not include the following types of records: psychotherapy notes; records compiled in reasonable anticipation of a court action or administrative action or proceeding; and protected health information whose release is prohibited by federal or state laws. Access to your records may also be limited if it is determined that by providing the information it could possibly be harmful to you or another person. If access is limited for this reason, you have a right to request a review of that decision.
- **Amendment:** You have the right to request in writing an amendment to your health information. The request must identify which information is incorrect and an explanation of why you think it should be amended. If the request is denied, a written explanation stating why will be provided to you. You may also make a statement disagreeing with the denial which will be added to the information of the original request. If your original request is approved, we will make reasonable effort to include the amended information in future disclosures. (Amending a record does not mean that any portion of your health information will be deleted.)
- **Accounting of Disclosures:** If your health information is disclosed for any reason other than treatment, payment, or operation, you have the right to an accounting for each disclosure of the previous six (6) years. Under the HITECH Act you also have the right to request an accounting of disclosures of electronic health records (EHR) used for treatment, payment, and healthcare operations for the previous (3) years. You may designate a third party to be the recipient of the electronic health information. The accounting will include the date, name of person or entity, description of the information disclosed, the reason for disclosure, and other applicable information. If more than one (1) accounting is requested in a twelve (12) month period, a reasonable fee may be charged.
- **Restriction Requests:** You have the right to request that the clinic place additional restrictions on uses and disclosures of your health information. We may not be able to accept your request, but if we do, we will uphold the restriction unless it is an emergency.
- **Confidential Communication:** You have the right to request that communication regarding your health information be done in an alternate way or be sent to an alternate location.
- **Electronic Notice:** If you received this notice by accessing a Web site or by e-mail, you are also entitled to have a paper copy which is available by request from the clinic or department.

Changes to this Notice

We reserve the right to change our privacy practices and terms of this Notice at any time, as permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make such changes, we will update this Notice and post the changes in the waiting room or lobby of the facility. You may also request a copy of this Notice at any time.

Questions and Complaints

For questions regarding this Notice or our privacy practices, please contact our clinic’s office.

If you are concerned that your privacy rights may have been violated, you may contact any of the people listed below to make a complaint. You may also make an online or written complaint directly to the U.S. Department of Health and Human Services whose mailing address and Website address are listed below.

If you choose to make a complaint with us or the U.S. Department of Health and Human Services, we will not retaliate in any way.

ISU Clinic/Department Contact: _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

ISU Contacts:

Sandi Rich, Interim HIPAA Privacy Officer
Idaho State University
Office of General Counsel
921 S. 8th Ave., Stop 8410
Pocatello, ID 83209-8410
Phone: 208-282-2683
E-mail: richsand@isu.edu

Randy Gaines, HIPAA Security Officer, CIO
Idaho State University
Information Technology Services
921 S. 8th Ave., Stop 8037
Pocatello, ID 83209-8410
Phone: 208-282-2873 or 208-282-2499
E-mail: gainrand@isu.edu

Health and Human Services Office of Civil Rights Contact:

Region X – (Seattle, Alaska, Idaho, Oregon, Washington)

Linda Yuu Connor, Regional Manager
Office for Civil Rights
U.S. Department of Health and Human Services
2201 Sixth Avenue - M/S: RX-11
Seattle, WA 98121-1831
Voice Phone (206)615-2290
FAX (206)615-2297
TDD (206)615-2296

**Complaints can be made directly to Health and Human Services online at the Website below:
<http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>**

NOTICE OF PRIVACY PRACTICES & ACKNOWLEDGEMENT OF RECEIPT Clinic/Department Requirements

PURPOSE:

This form, Notice of Privacy Practices, presents the information that federal law requires health care clinics to give patients regarding the clinics' privacy practices. (Note: this form may need to be changed to reflect the clinic or department's particular privacy policies and/or stricter state laws.)

ACCESS: The clinic must provide access to this Notice for each patient beginning no later than the date of our first service delivery to the patient, including service delivered electronically, starting on **April 14, 2003**. The clinic must make a good-faith attempt to obtain written acknowledgement of receipt of the Notice from the patient. (Use the Patient Acknowledgement of Receipt of Notice of Privacy Practices form.) These Acknowledgement signatures must be kept by the clinic for **six (6) years**.

The clinic must have the Notice available in the clinic's office for patients to view. The Notice should be posted in the waiting room or lobby in a clear and prominent location where it is reasonable to expect that any patient seeking service from the clinic will be able to read the Notice. Patients should also be able to request a copy to take with them.

REVISIONS:

Whenever the Notice is revised, it should be made available to view and distribute to patients upon the effective date of the revision in a manner consistent with the above instructions.