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.

1. 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 of your protected health information, to notify you of our legal duties and privacy practices with respect to your health information, and to notify affected individuals following a breach of unsecured 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. Our duties and your rights are set forth more fully in 45 C.F.R. Part 164. We follow the privacy practices described in this Notice while it is in effect. This Notice takes effect September 1, 2013 and will remain in effect until replaced.

2. Uses and Disclosures of Your Health Information We May Make Without Written Authorization. We may use or disclose your health information for certain purposes without your written authorization, including the following:

   Treatment: We may use or disclose your information for purposes of treating you. For example, 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. In addition, we may provide you with appointment reminders or treatment alternatives and services we offer.

   Payment: We may use and disclose your health information to obtain payment for services we provide to you. For example, we may disclose information to your health insurance company or other payer to obtain pre-authorization or payment for treatment.

   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.
**Other Uses or Disclosures.** We may also use or disclose your information for certain other purposes allowed by 45 CFR 164.512 or other applicable laws and regulations, including the following:

- To avoid a serious threat to your health or safety or the health or safety of others.
- As required by state or federal law such as reporting abuse, neglect or certain other events.
- As allowed by workers compensation laws for use in workers compensation proceedings.
- For certain public health activities such as reporting certain diseases.
- For certain public health oversight activities such as audits, investigations, or licensure actions.
- In response to a court order, warrant or subpoena in judicial or administrative proceedings.
- For certain specialized government functions such as the military or correctional institutions.
- For research purposes if certain conditions are satisfied.
- In response to certain requests by law enforcement to locate a fugitive, victim or witness, or to report deaths or certain crimes.
- To coroners, funeral directors, or organ procurement organizations as necessary to allow them to carry out their duties.

**3. Disclosures We May Make Unless You Object.** Unless you instruct us otherwise, we may disclose your information as described below:

- To a member of your family, relative, friend, or other person who is involved in your health care or payment for your health care. We will limit the disclosure to the information relevant to that person’s involvement in your health care or payment.
- To maintain our facility directory. If a person asks for you by name, we will only disclose your name, general condition, and location in our facility. We may also disclose your religious affiliation to clergy.
- To contact you to raise funds for our clinic. You may opt out of receiving such communications at any time by notifying the Privacy Officer identified below.

**4. Uses and Disclosures With Your Written Authorization.** Other uses and disclosures not described in this Notice will be made only with your written authorization, including most uses or disclosures of psychotherapy notes, for most marketing purposes, or if we seek to sell your information. You may revoke your authorization by submitting a written notice to the Privacy Officer identified below. The revocation will not be effective to the extent we have already taken action in reliance on the authorization.

**5. Rights You Have Regarding the Use and Disclosure of Your Health Information.** You have the following rights concerning your health information. To exercise any of these rights, you must submit a written request to the Privacy Officer identified below:

- You may request additional restrictions on the use or disclosure of information for treatment, payment or healthcare operations. We are not required to agree to the requested restriction except in the limited situation in which you or someone on your behalf pays for an item or service, and you request that information concerning such item or service not be disclosed to a health insurer.
- We normally contact you by telephone or mail at your home address. You may request that we contact you by alternative means or at alternative locations. We will accommodate reasonable requests.
• You may inspect and obtain a copy of records that are used to make decisions about your care or payment for your care, including an electronic copy. We may charge you a reasonable cost-based fee for providing the records. We may deny your request under limited circumstances, e.g., if we determine that disclosure may result in harm to you or others.
• You may request that your protected health information be amended. We may deny your request for certain reasons, e.g., if we did not create the record of if we determine that the record is accurate and complete.
• You may receive an accounting of certain disclosures we have made of your protected health information. You may 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 obtain a paper copy of this Notice upon request. You have this right even if you have agreed to receive the Notice electronically.

6. 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. You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint with us by notifying our Privacy Officer. All complaints must be in writing. We will not retaliate against you for filing a complaint. Complaints may be made directly to the U.S. Department of Health and Human Services by following the instructions on the HHS/OCR Website at: http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html.

ISU Clinic/Department Contact: ______ Crystal Ross
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ISU Contacts:
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