NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY

We are required by law to maintain the privacy of your protected health information and to notify you of our legal duties and privacy practices with respect to your protected health information, and to notify affected individuals following a breach of unsecured health information. This Notice summarizes our duties and your rights concerning your information. Our duties and your rights are set forth more fully in 45 C.F.R. part 164. We are required to abide by the terms of our Notice that is currently in effect.

1. Uses and Disclosures We May Make Without Written Authorization. We may use or disclose your health information for certain purposes without your written authorization, including the following.

We may use or disclose your information for the purposes of treating you. For example, we may disclose your information to another healthcare provider so they may treat you; to contact you to provide appointment reminders; or to provide information about treatment alternatives or services we offer.

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

We may use or disclose information for certain activities that are necessary to operate our practice and ensure that our patients receive quality care. For example, we may use your information to review the performance of our staff or make decisions affecting the practice

We may use or disclose your information for certain other purposes allowed by 45 C.F.R. part 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.

--For certain public health authorities and activities, such as reporting certain diseases, when disclosure is needed to provide treatment, when required by law, and to prevent or control spread of disease.

--As required by state or federal law, such as reporting abuse or neglect or certain other events.

--For certain public health oversight activities, such as audits, investigations, or licensure actions.

--For research purposes if certain conditions are satisfied.

--In response to certain requests by law enforcement to locate a fugitive, witness or victim, or to report deaths or certain crimes.

--To, in good faith, prevent or lessen a serious and imminent threat to the health and safety of a person or the public. Disclosures may be made to a person reasonably able to prevent or lessen the threat.

--In response to legal proceedings such as a court order, warrant or subpoena in judicial or administrative proceedings.

--For certain specialized government functions such as the military or authorized federal officials for purposes of National Security.

--To coroners, funeral directors, or organ procurement organizations as necessary to allow them to carry out their duties.

--In a disaster relief situation, we may disclose healthcare information about you to an entity assisting in a disaster relief effort so that your family and friends can be notified about your condition, status and location.

2. Disclosures We May Make Unless You Object. Unless you instruct us otherwise, we may disclose your information to a member of your family, relative, friend, or other persona who is involved in your healthcare or the payment for your healthcare. We will limit the disclosure to the information relevant to that person's involvement in your healthcare or payment. **If you object to such disclosures, please notify the Privacy Officer identified below.**

3. 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. 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 acted in reliance on the authorization.

4. Your Rights Concerning Your Protected Health Information. You have certain 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.

--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 or if we determine that te 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.

--We normally contact you by secure text, 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 obtain a paper copy of this Notice upon request. You have the 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 this Notice at any time, and to make the new Notice effective for all protected health information that we maintain. If we materially change our privacy practices, we will post a copy of the current Notice in our reception area and on our website. You may obtain a copy of the operative Notice from our staff or Privacy Officer.

6. Complaints. You may complain to us or to the Idaho Secretary of Health and Human Services, Bureau of Facility Standards, PO Box 83720, Boise, ID 83720-0036, (208)-334-6626, 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.

7. Contact Information. If you have any questions about this Notice, or if you want to object to or complain about any use or disclosure or exercise any right as explained above, please contact our Privacy Officer (Dr. Ames Smith) by calling 208-400-5131.

Physician Specialists NW
Ph: 208-400-5131

Fax: 800-994-7357
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