

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.

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") requires that all identifiable health information is kept properly confidential. Under this Act, the patient has new rights to understand and control how his or her health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

What information we collect

We (physicians and staff) collect information from your previous medical providers, from you, and from tests and procedures that are performed while you are under our care. This may include your health status, health care & services you receive at this office, psychiatric history, family and social history, and medical history and HIV/AIDS status. This information is kept isolated within your paper and electronic chart, and access is limited to our employees who need the information to perform their duties.

What information we disclose

We may use and disclose your medical records for these purposes: treatment, payment and healthcare operations.

- Treatment means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would be sending a patient for a radiology test.
- Payment means billing, preauthorization, verifying insurance coverage, utilization review, and collection activities. An example is sending a bill to your insurance company for our services.
- Health care operations include the business aspect of running our practice. This includes conducting quality assessment and improvement, auditing, cost-management, and customer service analysis. An example would be an internal quality assessment audit.

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to the individual. We may also use de-identified health information by removing all individually identifiable information. We may disclose your health information to family members or other individuals that are involved in your care.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization. Examples of disclosures requiring your written authorization include records sent to an attorney or records sent to an entity for purposes of deciding disability status.

Special Situations

To Avert a Serious Threat to Health or Safety We may release health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Required by Law We will disclose health information about you when required to do so by federal, state, or local law.

Military, National Security & Intelligence If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you.

Workers' Compensation We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks We may disclose health information about for public health reasons in order to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.

Law Enforcement We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

Your Rights Regarding Health Information About You

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members or any person identified by you. We are not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you remove it in writing.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain a paper copy of this notice from us upon request.

As a covered entity, Boise Surgical Group is required by law to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practices. Our group is required to abide by the terms of this Notice of Privacy Practices as it is currently in effect.

We reserve the right to change the terms of the Notice of Privacy Practices and make the new provisions effective for all protected health information we maintain. If we do revise our Notice of Privacy Practices, a revised copy will be posted in our office, posted on our website, will be provided to all new patients upon their first visit, and will be available upon request.

If you need further clarification of anything contained in this Notice of Privacy Practices, please contact our Office Manager at 364-3000.

This notice is effective as of April 1, 2003.

If you feel your privacy rights have been violated, you may file a written complaint with our Privacy Officer or with the Secretary of Health & Human Services. Any individual who files a complaint will not be retaliated against.

Boise Surgical Group
Attn: Privacy Officer
3399 E Louise Dr. #400
Meridian, ID 83642
(208) 364-3000

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