

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.

Southwest Idaho Ear Nose and Throat, P.A. is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information.

Effective Date of This Notice: April 14, 2003.

1. Use and Disclose of Information That We May Make Without Written Authorization.

Southwest Idaho Ear Nose and Throat, P.A. collects health information from you and stores it in a chart and on a computer. This is your medical record. The medical record is the property of Southwest Idaho Ear Nose and Throat, P.A., but the information in the medical record belongs to you. Southwest Idaho Ear Nose and Throat, P.A. protects the privacy of your health information. The law permits Southwest Idaho Ear Nose and Throat, P.A., to use or disclose your health information for the following purposes:

1. Treatment We may use or disclose protected health information to provide treatment to you. We may disclose your health information to doctors, nurses, technicians, medical and nursing students, family member, friend or other personnel who are involved in health care. For example, a doctor or staff may use information in your medical records to diagnose or treat your condition. We may also disclose your information to health care providers outside our office so that they may help treat you. We may use and disclose your health information to contact you as a reminder that you have an appointment for treatment or health care at our clinic.
2. Payment. We may use and disclose protected health information so that the treatment services you receive at our center may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may need to give information to your health plan regarding the services you received from our health care providers so that your health plan will pay us or reimburse you for the services. We also may tell your health plan about a treatment you are going to receive in order to obtain prior approval for the services or to determine whether your health plan will cover the treatment. We may give information to someone who helps pay for your care.
3. Regular Health Care Operations. We may use and disclose protected health information to perform certain center operations. These uses and disclosures are necessary to operate our center and to make sure that our patients receive quality care. For example, we may use your health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We also may combine health information about many of our patients to decide what additional services we should provide, what services are not needed, and whether certain new treatments are effective. We also may disclose your health information to physicians, nurses, technicians, medical and nursing students, and other clinic personnel for review and learning purposes. We also may combine health information with information from other health care providers and/or facilities to compare how we are doing and see where we can make improvements in the care and services offered to our patients. We may remove information that identifies you from this set of health information so that others may use the information to study health care and health care delivery without learning the specific identities of our patients.
4. Information provided to you. We may disclose your health information directly to you.
5. Notification and communication with family. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others. To request restrictions, you must make your request in writing.
6. Required by law. As required by law, we may use and disclose your health information.
7. Public health. As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence, reporting to the Food and Drug Administration problems with produces and reactions to medications; and reporting disease or infection exposure.
8. Health oversight activities. We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.

9. Judicial and administrative proceedings. We may disclose your health information in the course of any administrative or judicial proceeding.
10. Law enforcement. We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
11. Deceased person information. We may disclose your health information to coroners, medical examiners and funeral directors.
12. Organ donation. We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.
13. Research. We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board or Southwest Idaho Ear Nose and Throat, P.A.'s privacy board.
14. Public Safety. We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
15. Specialized government functions. We may disclose your health information for military, national security, and prisoner purposes and government benefits only for health plan purposes.
16. Worker's compensation. We may disclose your health information as necessary to comply with worker's compensation laws.
17. Change of Ownership. In the event that Southwest Idaho Ear Nose and Throat, P.A. is sold or merged with another organization, your health information/record will become the property of the new owner.

II. When Southwest Idaho Ear Nose and Throat, P.A., May Not use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, Southwest Idaho Ear Nose and Throat, P.A., will not use or disclose your health information without your written authorization. If you do authorize Southwest Idaho Ear Nose and Throat, P.A., to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

III. Your Health Information Rights

1. You have the right to request restrictions on certain uses and disclosures of your health information. Southwest Idaho Ear Nose and Throat, P.A., is not required to agree to the restriction that you requested.
 2. You have the right to receive your health information through reasonable alternative means or at an alternative location.
 3. You have the right to inspect and copy your health information.
 4. You have the right to request that Southwest Idaho Ear Nose and Throat, P.A., amend your health information that is incorrect or incomplete. Southwest Idaho Ear Nose and Throat, P.A., is not required to change your health information and will provide you with information about Southwest Idaho Ear Nose and Throat, P.A.'s denial and how you can disagree with the denial.
 5. You have a right to receive an accounting of disclosures of your health information made by Southwest Idaho Ear Nose and Throat, P.A., except that Southwest Idaho Ear Nose and Throat, P.A. does not have to account for the disclosures described in parts 1 (treatment), 2 (payment), 3 (regular health care operations), 4 (information provided to you), 5 (directory listings) and 16 (specialized governing functions) of section I of this Notice of Privacy Practices.
 6. You have a right to a paper copy of this notice of Privacy Practices.
- If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, please contact:

Compliance Officer
Southwest Idaho Ear Nose and Throat, P.A.
900 N. Liberty #400
Boise, ID 83704
(208) 367-3320

IV. Changes to this Notice of Privacy Practices

Southwest Idaho Ear Nose and Throat, P.A., reserves the right to amend this Notice of Privacy Practices at any time in the future and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made, Southwest Idaho Ear Nose and Throat, P.A. is required by law to comply with this notice.

Any revised Notice of Privacy Practice will be disclosed directly to you.

V. Complaints

Complaints about this Notice of Privacy Practices or how Southwest Idaho Ear Nose and Throat, P.A handles your health information should be directed to:

Compliance Officer
Southwest Idaho Ear Nose and Throat, P.A
900 N. Liberty #400
Boise, ID 83704
(208) 367-3320

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to Department of Health and Human Services Office of Civil Rights.

You may also address your complaint to one of the regional Offices for Civil Rights. A list of these offices can be found online at <http://www.hhs.gov/ocr/regmail.html>.