

provided to you. For example, we may disclose PHI about you to your health insurance plan, to obtain pre-authorization for treatment, or to submit a claim for payment for treatment we provide. In addition, we may share PHI about you with other health care providers to the extent necessary to assist them to obtain payment for services they provided to you, just as we may obtain information from other healthcare providers that we may properly obtain payment for services we provide to you. PHI may also be disclosed to others, such as collection agencies, to help us obtain payment for services we provide.

**Health Care Operations.** We may use or disclose PHI to operate our business as health care providers. For example, we may use your PHI for assessing the quality of care we provide, training our employees, and operating our business.

**Family, Friends, and Others Involved in Your Care.** Unless you tell us that you object, we may disclose PHI to your family and friends who we believe are involved in your treatment or health care. For example, we may disclose PHI about you to a family member or friend who comes to pick up sample medications, to drop off a laboratory specimen for you, or who calls to find out if you are ready to be picked up after an appointment. Similarly, if your spouse or family member comes to an appointment with you, unless you tell us otherwise, we may assume that we can discuss your PHI with you in front of your spouse or family member.

**Appointment Reminders and Information About Available Services.** We may use or disclose your PHI to contact you to make appointments, or provide you with reminders of appointments. We may also use your PHI to inform you about treatment alternatives and other health-related benefits and services that we may offer or that we believe may be of interest to you.

**Research.** In certain circumstances, we may use and disclose PHI for research purposes. For example, we may use and disclose your PHI to compare the outcome of treatment provided to you with the outcome of different treatment provided to others with similar conditions by reviewing your PHI. Before we may use or disclose PHI for research purposes without your authorization, we will make a reasonable effort to ensure the appropriateness of the research and that your privacy is reasonably protected.

**Notification.** Unless you object, we may use or disclose your PHI to notify a family member, personal representative, or other person responsible for your care, of

your location, general condition, or death. In addition, unless you object, we may disclose PHI about you to a disaster relief agency to assist in notifying family members.

H. **Public Health Activities.** We may use or disclose your PHI when permitted or required to for certain public health activities. These activities include, for example, providing reports to appropriate governmental authorities to prevent or control disease, injury, or disability; to report information concerning the quality, safety, or effectiveness of FDA related products or activities, including collecting and reporting adverse events, tracking and assisting with FDA governed product recalls and post-marketing surveillance. If you receive a medical device subject to the FDA, you may ask that we not disclose certain identifying information about you such as your name, address, telephone number, and social security for the purpose of tracking the device by the FDA.

I. **Communicable Diseases.** We may disclose PHI about you concerning communicable diseases to certain governmental agencies. For example, we may disclose disease information to agencies like the Centers for Disease Control; we may also disclose to the appropriate agencies that you have been diagnosed with a sexually transmitted disease. We may also disclose PHI to public health agencies for purposes of tracking immunizations.

J. **Abuse and Neglect.** We may disclose PHI to appropriate governmental agencies if we suspect abuse, neglect, domestic violence, or that you are the victim of another crime. We may also report PHI to prevent a serious threat to your health and safety or the health and safety of another, or the public.

K. **Health Oversight Activities.** We may use or disclose your PHI to health oversight agencies and entities, including licensing and regulatory agencies that oversee the physicians, the clinic, other practitioners, or the health care system generally. We also may use or disclose information to comply with regulatory programs and standards, including to the Department of Health and Human Services, which oversees and enforces your rights as outlined in the Notice.

L. **Judicial, Administrative and Other Legal Proceedings.** We may use or disclose your protected health information in response to the court order or other governmental authority order. We may also use or disclose your PHI in response to a subpoena, discovery request, or other lawful process if efforts have been made to inform you of the request or obtain a protective order.

M. **Law Enforcement.** We may use or disclose your PHI for law enforcement purposes as may be required by law. For example, we may provide PHI to law enforcement to help identify, locate, or apprehend a suspect, fugitive, material witness, or missing person; to provide information about the victim of a crime; or to report that a crime has occurred on our premises. We will also report drug diversion and information related to fraudulent prescription activity to law enforcement and regulatory agencies.

N. **National Security.** We may disclose PHI to federal officials for national security and intelligence activities; for protective services for the President and other governmental officials and foreign dignitaries.

O. **Military.** If you are in the military, we may use or disclose your PHI as requested of us by military command authorities.

P. **Inmates or Persons in Police Custody.** If you are an inmate, or in the custody of law enforcement, we may use or disclose PHI to the law enforcement or corrections authorities.

Q. **Worker's Compensation.** We may use or disclose PHI to comply with worker's compensation laws and other similar programs, including reporting information about certain work-related injuries and illness.

R. **Coroners and Funeral Directors.** We may disclose PHI to a coroner or medical examiner to identify a deceased person, determine the cause of death, or permit the coroner or medical examiner to perform their duties. We may also disclose PHI to a funeral director so they may carry out their responsibilities.

S. **Organ Donation and Procurement.** We may disclose your PHI to organ procurement organizations or other entities engaged in procuring, banking, or transplantation of organs, eyes, and other tissues, for donation purposes.

T. **Business Associates.** We may disclose PHI to persons and companies who are our "business associates" who use such PHI to provide services to us. For example, we may provide PHI to billing and transcription service companies, or to financial and legal counselors. Whenever we have an arrangement with a business associate that involves the use or disclosure of your PHI, we will require the business associate to give us adequate written assurances that it will appropriately safeguard and limit the use and disclosure of PHI provided to them.

## II. USE AND DISCLOSURE OF INFORMATION THAT WE MAY MAKE IF WE OBTAIN YOUR WRITTEN AUTHORIZATION.

A. **Marketing.** The Clinic is not permitted to provide your PHI to any other company or person for marketing their products or services to you, other than our own products or services, unless you have signed an authorization.

B. **Research.** We will use or disclose your PHI as part of research that includes providing you treatment. For example, if you are part of a clinical research study that includes treatment, we may require that you sign an authorization to allow the researchers to use or disclose your PHI for purposes of this research. We may also require you to sign such an authorization as a condition to participate in research treatment.

C. **Other Uses.** Other uses and disclosures of your PHI will be made only with your written authorization unless we are otherwise required or allowed by law to use or disclose your PHI. By submitting a written revocation to our Privacy Officer, you may revoke your written authorization at any time, except to the extent that we have already relied on your authorization in the use or disclosure of your PHI.

## III. YOUR RIGHTS CONCERNING YOUR PHI

Although we maintain our records concerning treatment we provide to you at the Clinic, and we own such records, you have to following rights concerning your PHI:

A. **Right to Request Additional Restrictions.** You have the right to request restrictions to the use or discloser of your PHI for treatment, payment, or health care operations. To request such restrictions, you must submit your request in writing to the Clinic Privacy Officer. The Clinic Privacy Officer is not required to agree to a requested restriction. If we do agree to a requested restriction, we will do so only in writing. If we do agree in writing to a requested restriction, we will comply with the restriction unless an emergency exists, the law prevents us from complying with the requested restriction, or until the restriction is terminated by you or by us.

B. Right to Receive Communication by Alternative Means. You have the right to receive confidential communications of your PHI by alternative means or at alternative locations. For example, you may request that we contact you only at work or by mail, or that we only call your cell phone. We will not ask you to explain the reason for your request. We will accommodate reasonable requests of alternative means of communication. We will condition the accommodation on you providing information to us as to how payment will be handled, and the specification of an alternative address or of a method by which you may be contacted.

C. Right to Inspect and Copy Your Records. You have the right to inspect and obtain a copy of your PHI that we maintain in a designated record set, which includes your medical and billing records. You may inspect or copy your PHI by submitting a written request to the Privacy Officer. We may charge a reasonable cost-based fee for providing copies of the records to you. You do not have the right to copy or inspect certain PHI, including psychotherapy notes; information that will be used in a civil, criminal, or administrative action or proceeding; information not included in your designated record set; information that is protected by applicable law; information if you are an inmate at a correctional institution and we believe providing you with the requested information would risk the health, safety, security, custody, or rehabilitation of you or others or endanger those involved in your custody; if you are receiving treatment as part of a clinical research project and that research project is still ongoing; and if we obtained the PHI that you seek from someone other than a health care provider under the promise of confidentiality and we believe your access request is likely to reveal the source of the information. If we deny your request for access based upon any of the above reasons, or other lawful reasons, you do not have the right to have this decision reviewed.

We also may deny you access to information if we believe that providing it to you, or to your personal representative, would endanger the health or safety of you or someone else. In these instances, you may be allowed the right to have the decision reviewed by a health care provider of our choosing who was not involved in the original decision to deny you access to the information.

D. Right to Request Amendment. You the right to request that your PHI be amended. You may make a written request for amendment and submit it to the attention of our Privacy Officer. We may deny your request for amendment if we did not create the

record (unless the person who did make the record is no longer available); the PHI is not part of your designated record set; the information would not be available for your access were you to request it, or we believe the information is accurate and complete. If we deny your request for amendment, you have a right to submit a statement of disagreement and to have the statement, as well as your request, attached to the record.

E. Right to An Accounting of Certain Disclosures of Your PHI. You have a right to request and receive an accounting of certain disclosures we have made of your PHI after April 14, 2003. This right does not exist as to disclosures to carry out treatment, payment, or health care operations for ourselves or others, and disclosures that are incidental to these activities; disclosures made to you; disclosures made pursuant to a written authorization, disclosures to persons involved in your care; disclosures for national security or intelligence purposes; disclosures to correctional institutions or law enforcement officials; and other disclosures for which we are not required to make an accounting by law. You have the right to receive one accounting within a twelve (12) month period free of charge. We will charge a reasonable cost-based fee for subsequent accounting requests during that same twelve (12) month period. You may request an accounting by submitting a written request to the Privacy Officer.

F. You Have a Right to a Copy of This Notice. You have a right to obtain a paper copy of this Notice upon request.

G. Complaints. If you believe your rights regarding your PHI as outlined in this Notice have been violated, you may file a complaint with us by contacting our Privacy Officer. You may also make a complaint with the Secretary of the Department of Health and Human Services. All complaints submitted to us must be in writing. We will not retaliate against you for filing a complaint.

#### IV. CHANGES TO THIS NOTICE.

OB/GYN Associates, PA will abide by the terms of its Notice of Privacy Practices currently in effect. We reserve the right to change the terms of the Notice and to make the new Notice provisions effective for all PHI that we maintain. We will provide you with the revised Notice upon your first visit to our offices as a patient following the revision of the Notice. In addition, you may obtain a current copy of the Notice in effect by writing to our Privacy Officer, by stopping by our clinics, or by accessing the Notice on our website, [www.obgynidaho.com](http://www.obgynidaho.com).

#### V. ADDITIONAL INFORMATION AND PRIVACY CONTACT.

To contact our Privacy Officer or obtain further information regarding issues covered by this Notice of Privacy Practices, please contact:

OB/GYN Associates, PA

Attn: Privacy Officer

2005 Arlington Avenue

Caldwell, Idaho 83605

and

OB/GYN Associates, PA

Attn: Privacy Officer

520 S. Eagle Road, Suite 1221

Meridian, Idaho 83642