

IDAHO ARTHRITIS & OSTEOPOROSIS CENTER P.C.
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.

If you have any questions about this Notice please contact our Privacy Officer: 887-9500.

The Idaho Arthritis & Osteoporosis Center, P.C. health care workers highly regard the privacy and confidentiality of patient health care information. One of the primary concerns in meeting and serving the needs of patients, family members, and the community is to respect individuals' rights to privacy. Federal law allows Idaho Arthritis & Osteoporosis Center, PC to use and disclose your personal information as necessary in connection with the health care practices of the Center such as continued care by referral to a specialist and/or filing claims with your health plan for payment. The law stipulates circumstances that may require disclosure; i.e. requests by law enforcement officials, public health authorities, and court ordered releases. We may send an appointment reminder to you that will include our practice name; or leave a message with your voice mail identifying you as a patient of Idaho Arthritis & Osteoporosis Center. We will establish contracts with our business associates requiring them to protect your protected health information. We do participate in clinical research trials and make our patient charts available for participation evaluation. We are required by law to maintain the privacy of your health information and to give you notice of our legal duties and your rights.

You have the following rights concerning your protected health information:

- ❖ INSPECT AND COPY RECORDS AFTER APPROPRIATE NOTIFICATION (not including psychotherapy notes) Fees may apply; request must be in writing; the request will be processed in a timely manner.
- ❖ REQUEST RESTRICTIONS ON USE AND DISCLOSURE (all requests must be in written form, dated and signed.)
- ❖ RECEIVE CONFIDENTIAL COMMUNICATION AT AN ALTERNATE LOCATION / REQUEST AN ALTERNATE FORM OF COMMUNICATION
- ❖ REQUEST AMENDMENT OF INFORMATION ONLY TO CORRECT ERRONEOUS OR INCOMPLETE INFORMATION IN YOUR RECORDS
- ❖ RECEIVE ACCOUNTING OF DISCLOSURES WITHIN A LIMITED TIME PERIOD SPECIFIED IN WRITING. Our practice will obtain your written consent for all disclosures not listed in our policy.
- ❖ IDAHO ARTHRITIS & OSTEOPOROSIS CENTER, PC MAY DENY ANY INDIVIDUAL'S REQUEST FOR AMENDMENT AND/OR RESTRICTIONS REQUESTED BY THE PATIENT (denial will be in written form, dated and signed by the provider)

Our policy is based on §164.520 "Notice of Privacy Practices" for protected health information act. We follow the guidelines set by Health Insurance Portability and Accountability Act (HIPAA) implemented and effective April 14, 2003.

Requests/complaints/appeals may be filed in written form with our privacy officer at Idaho Arthritis & Osteoporosis Center, P.C. at 520 South Eagle Road, Suite #3211, Meridian, ID 83642. You may also file a written request/complaint/appeal with the Office of Civil Rights of the US Dept. of Health and Human Services.

IDAHO ARTHRITIS & OSTEOPOROSIS CENTER, PC RESERVES THE RIGHT TO CHANGE THE NOTICE OF PRIVACY PRACTICES IN THE FUTURE WITH ADVANCED WRITTEN NOTICE TO PATIENTS.