

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, 2013.

I. Use and Disclosure 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 (“health information” or “PHI”) to provide treatment to you. We may disclose your health information to doctors, nurses, technicians, medical and nursing students, family members, friends or other personnel who are involved in your 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 PHI 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 PHI 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. You have a right to access your PHI in electronic format upon request where it is available. Where an electronic health record is used, we will provide you with an accounting of PHI disclosures for treatment, payment or healthcare operations for a three (3) year period, including business associate disclosures.
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 products 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. Personal information. We may disclose your health information to coroners, medical examiners and funeral directors. Disclosures of PHI for deceased individuals will only be made to the deceased person's personal representative or appointed agents. Disclosure of PHI with regard to minors will only be made to the minor's parents and/or guardians.
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.
18. Disclosure restrictions. You may restrict us from disclosing your protected health information to a health plan where you have paid out of pocket in full for the items or service.
19. In the unlikely event that a breach of PHI occurs, we will provide you notice of such breach which shall include, to the extent possible, the following: (1) a brief description of what happened, including the date of the breach and the date of the discovery of the breach, if known; (2) description of the types of PHI that was involved in the breach (such as full name, social security number, date of birth, home address, account number or disability code); (3) the steps you should take to protect yourself from potential harm resulting from the breach; (4) a brief description of what SWIENT is doing to investigate the breach to mitigate losses and to protect against any further breaches and (5) contact procedures for you to ask questions or learn additional information, which shall include a toll free telephone number, email address, website or postal address.
20. The HIPAA privacy and security requirements set forth herein also apply under the HITECH Act. Any PHI protected under the HITECH Act shall not be sold and/or marketed. There is an outright prohibition on the exchange of PHI for remuneration. SWIENT is prohibited from receiving, direct or indirect, remuneration for any PHI without a HIPAA authorization from the applicable individual. Any marketing or fundraising activities requires authorization from the individual. An individual has the right to opt out of any communication that relates to fundraising.
21. Genetic information is treated as PHI. HITECH prohibits health plans from using or disclosing genetic information for underwriting purposes.

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 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 request.
2. You have the right to receive your health information through reasonable alternative means or at an alternative location.
3. You have a 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.
4. 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 government functions) of section I of this Notice of Privacy Practices.
5. You have a right to a paper copy of this Notice of Privacy Practices.
6. 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:

Chief of Compliance
Southwest Idaho Ear Nose and Throat, P.A.
900 N. Liberty, #400
Boise, ID 83704
(208) 336-4368

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:

Chief of Compliance
Southwest Idaho Ear Nose and Throat, P.A.
900 N. Liberty, #400
Boise, ID 83704
(208) 336-4368

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>.