

## NOTICE OF PRIVACY

### THE LAW REQUIRES US TO:

- Keep your medical information private.
- Give you this notice describing our legal duties, privacy practices and your rights regarding your PHI.
- Follow the terms of the notice that is now in effect.
- Notify you if a breach in the security of your Protected Health Information (PHI) occurs.

### WE HAVE THE RIGHT TO:

Change our privacy practices and the terms of this notice at any time, as long as they are permitted by law. This includes information previously created or received before those changes. Notification will occur if any important change is made and will be available upon request.

### USE AND DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION (PHI):

The following section describes different ways that we use your PHI. Not every use or disclosure will be listed. However, we have listed all of the different ways we are permitted to use and disclose PHI. We will not disclose any of your PHI for any purpose not listed below without your specific written authorization. Any specific written authorization may be revoked at any time by writing to us. We are required to obtain your authorization prior to disclosing PHI related to psychotherapy notes, sale of PHI or marketing.

**FOR TREATMENT:** We may use PHI about you to provide you with medical treatment or services. We may disclose this information about you to doctors, nurses, technicians and other people taking care of you. We may also share your PHI with other health care providers to assist them in treating you.

**FOR PAYMENT:** We may use PHI to obtain payment for the services we provide.

**FOR HEALTH CARE OPERATIONS:** We may use and disclose your PHI for our health care operations. This might include quality improvement measures, evaluating the performance of employees, staff training, accreditation, obtaining certificates and licensure that we need in order to operate. This also includes business management and administrative activities.

### OTHER USES AND DISCLOSURES

As part of treatment, payment and health care operations, we may also use or disclose your PHI for the following purposes:

**APPOINTMENT REMINDERS:** PHI can be used to contact you, a family member or other responsible person, as a reminder that you have an appointment for surgery at Southwest Idaho Surgery Center. We will use the phone number(s) given to us by your physician's office and may leave a message with a family member. We will limit the PHI disclosed when leaving a message. If you prefer we use a different phone number, not leave messages or not speak with family members, this can be requested by contacting the privacy officer, in writing, at the address below.

**NOTIFICATION:** PHI can be used to notify or help notify a family member or other person responsible for your care. We will share information about your location in our facility, general condition and approximate wait time. If you are present, we will get your permission, if possible, before we share this information. In case of emergency and/or if you are not able to give or refuse permission, we will share only the PHI that is directly necessary for your health care, according to our professional judgment, to make decisions in your best interest.

**DISASTER RELIEF:** PHI will be shared with public or private organizations or persons who can legally assist in disaster relief efforts.

**FUNDRAISING:** We may contact you to raise funds for the facility or an institutional foundation related to the facility. You have the right to opt-out. If you do not wish to be contacted, please contact our Privacy Officer.

**RESEARCH IN LIMITED CIRCUMSTANCES:** PHI for research purposes is in limited circumstances where the research has been approved by the Governing Body. They will review the research proposal and established protocols to ensure the privacy of your PHI.

**FUNERAL DIRECTOR, CORONER, MEDICAL EXAMINER AND ORGAN DONATION:** We may disclose PHI of a person who has died with these entities in order to help them carry out their duties.

**SPECIALIZED GOVERNMENT FUNCTIONS:** Subject to certain requirements, we may disclose and/or use PHI for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of the State, for correctional institutions and other law enforcement custodial situations and for government programs providing public benefits.

**COURT ORDERS AND LEGAL PROCEEDINGS:** We may disclose your PHI in response to a court or administrative order, subpoena, discovery request or other lawful process. Under limited circumstances, such as a court order, warrant or grand jury subpoena, we may share your PHI with law enforcement officials. We may share limited information with law enforcement officials concerning the medical information of a suspect, fugitive, material witness, crime or missing person. We may also share the medical information of an inmate or other person in lawful custody with a law enforcement official or correctional institution under certain circumstances.

**PUBLIC HEALTH ACTIVITIES:** As required by law, we may disclose your PHI to public health or official authorities charged with preventing or controlling disease, injury or disability, including suspected physical abuse, neglect or domestic violence. We may also disclose your PHI to the Food and Drug Administration for purposes or reporting adverse events associated with product defects, problems, tracking and other activities. We may also, when authorized by the law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk for contracting or spreading a disease or condition.

**YOUR RIGHTS:**

- The right to inspect and copy your PHI, via written request to the Privacy Officer. We may deny your request if, in our professional judgment, we determine that the access requested will endanger your life or another's.
- The right to request a restriction on the uses and disclosures of your PHI.
- The right to request to receive confidential communications from us by alternative means or locations.
- The right to request amendments to your PHI in writing with reasons to support such a request. In certain cases, we may deny your request for an amendment.
- The right to receive an accounting of certain disclosures for purposes of treatment, payment or health care operations. These written requests must be submitted to our Privacy Officer. Requests may not be for a period of more than six years. We will provide the first request within any 12-month charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.
- The right to request that Southwest Idaho Surgery Center, Inc. not disclose your PHI to your health plan for the purposes of payment or health care operations, and if you are paying for your treatment out of pocket in full, then the facility must honor your requested restriction.
- The right to obtain a paper copy of this notice.
- The right to revoke your authorization of PHI release at any time.

**COMPLAINTS OR QUESTIONS:**

Complaints or questions about this Notice of Privacy Practices or how this facility handles your health information should be directed to our Privacy Officer:

Laura Hession, RN, BSN

Southwest Idaho Surgery Center

900 N. Liberty Street, #450, Boise, ID 83704

Phone: (208) 367-7431

Fax: (208) 637-7433

**If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:**

U.S. Department of Health and Human Services Office for Civil Rights

200 Independence Avenue S.W., Washington, D.C., 20201

Phone: 1-877-696-6775

Email: [OCRMail@hhs.gov](mailto:OCRMail@hhs.gov)

The complaint form may be found at [www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf](http://www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf). You will not be penalized in any way for filing a complaint.

**ACKNOWLEDGMENT:** I acknowledge that I have received this summary and was offered a copy of the Notice of Privacy Practices regarding the use and disclosures of my private health information. A copy of our complete policy is available at our office.

---

Signature

---

Date