

**NOTICE OF PRIVACY PRACTICES
FOR
IDAHO SURGICAL
SURGERY CENTER OF IDAHO, LLC**

**Effective Date: SEPTEMBER 2006
Updated: APRIL 25, 2019**

**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.**

We are required by law to maintain the privacy of your health information and to give you notice of our legal duties and privacy practices with respect to your protected health information. This Notice summarizes our duties and your rights concerning your protected health information. We are required to abide by the terms of our Notice that is currently in effect.

1. PRIVACY CONTACT.

If you have any questions about this Notice, or if you want to object to or complain about any use or disclosure or exercise any right as explained in this Notice, please contact our Privacy Contact:

Greg Feltenberger, CEO
2855 E Magic View Dr
Meridian, Idaho 83642
(208) 639-4900
Fax (208) 639-4939

2. USES AND DISCLOSURES OF INFORMATION THAT WE MAY MAKE WITHOUT WRITTEN AUTHORIZATION.

The following categories describe different ways that we use or disclose protected medical information without your written authorization. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

2.1 Treatment. We may use or disclose protected health information to provide treatment to you. For example, a doctor or staff may use information in your medical records to diagnose or treat your condition. Also, we may disclose your information to health care providers outside our office so that they may help treat you.

2.2 Payment. We may use or disclose protected health information so that we, or other health care providers, may obtain payment for treatment provided to you. For example, we may disclose information from your medical records to your health insurance company to obtain pre-authorization for treatment or submit a claim for payment.

2.3 Health Care Operations. We may use or disclose protected health information for certain health care operations that are necessary to run our practice and ensure that our patients receive quality care. For example, we may use information from your medical records to review the performance or qualifications of physicians and staff; train staff; or make business decisions affecting our practice.

2.4 Required By Law. We may use or disclose protected health information to the extent that such use or disclosure is required by law.

Medical Identity Theft Protection

Pursuant to Federal Law, we are required to develop written identity theft protection policies. IDAHO SURGICAL program includes its existing policies and procedures relating to patient privacy and the security of electronic Personal Health Information, and other policies designed to detect, prevent and mitigate the risk of medical identity theft to our patients. Should our systems be breached, we will investigate and notify all appropriate government agencies of the breach, and we will take reasonable measures to prevent further breaches. We will also notify you and offer you information about available appropriate identity theft monitoring resources. As part of our protection plan, we may ask you to present appropriate identification before receiving services or before obtaining copies of your medical records or other health information. Should you ever suspect you have been the victim of medical identity theft in connection with services provided by IDAHO SURGICAL, please contact our Privacy Officer immediately.”

2.5 Threat to Health or Safety. We may use or disclose protected health information to avert a serious threat to your health or safety or the health and safety of others.

2.6 Abuse or Neglect. We must disclose protected health information to the appropriate government agency if we believe it is related to child abuse or neglect, or if we believe that you have been a victim of abuse, neglect or domestic violence.

2.7 Communicable Diseases. We are required to disclose protected health information concerning certain communicable diseases to the appropriate government agency. To the extent authorized by law, we may also disclose protected health information to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

2.8 Public Health Activities. We may use or disclose protected health information for certain public health activities, such as reporting information necessary to prevent or control disease, injury or disability; reporting births and deaths; or reporting limited information for Federal Drug Administration activities.

2.9 Health Oversight Activities. We may disclose protected health information to governmental health oversight agencies to help them perform certain activities authorized by law, such as audits, investigations, and inspections.

2.10 Judicial and Administrative Proceedings. We may disclose protected health information in response to an order of a court or administrative tribunal. We may also disclose protected health information in response to a subpoena, discovery request or other lawful process if we receive satisfactory assurances from the person requesting the information that they have made efforts to inform you of the request or to obtain a protective order.

2.11 Law Enforcement. We may disclose protected health information, subject to specific limitations, for certain law enforcement purposes, including to identify, locate, or catch a suspect, fugitive, material witness or missing person; to provide information about the victim of a crime; to alert law enforcement that a person may have died as a result of a crime; or to report a crime.

2.12 National Security. We may disclose protected health information to authorized federal officials for national security activities.

2.13 Coroners and Funeral Directors. We may disclose protected health information to a coroner or medical examiner to identify a deceased person, determine cause of death, or permit the coroner or medical examiner to fulfill their legal duties. We may also disclose information to funeral directors to allow them to carry out their duties.

2.14 Organ Donation. We may use or disclose protected health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs or tissue.

2.15 Research. We may use or disclose protected health information for research if approved by an institutional review board or privacy board and appropriate steps have been taken to protect the information.

2.16 Workers' Compensation. We may disclose protected health information as authorized by workers' compensation laws and other similar legally-established programs.

2.17 Appointment and Services. We may use or disclose protected health information to contact you to provide appointment reminders, or to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

2.18 Marketing of Health Related Services of the Medical Practice. We may use or disclose protected health information for limited marketing activities, including face-to-face communications with you about our services.

2.19 Business Associates. We may disclose protected health information to our third party business associates who perform activities involving protected information for us, *e.g.*, billing or transcription services. Our contracts with the business associates require them to protect your health information.

2.20 Military. If you are in the military, we may disclose protected health information as required by military command authorities.

2.21 Inmates or Persons in Police Custody. If you are an inmate or in the custody of law enforcement, we may disclose protected health information if necessary for your health care, for the health and safety of others, or for the safety or security of the correctional institution.

3. USES AND DISCLOSURES OF INFORMATION THAT WE MAY MAKE UNLESS YOU OBJECT.

We may use and disclose protected health information in the following instances without your written authorization unless you object. If you object, please notify the Privacy Contact identified in Section 1.

3.1 Persons Involved in Your Health Care. Unless you object, we may disclose protected health information to a member of your family, relative, close friend, or other person identified by you who is involved in your health care or the payment of your health care. We will limit the disclosure to the protected health information relevant to that person's involvement in your health care or payment.

3.2 Notification. Unless you object, we may use or disclose protected health information to notify a family member or other person responsible for your care of your location and condition. Among other things, we may disclose protected health information to a disaster relief agency to help notify family members.

4. USES AND DISCLOSURES OF INFORMATION THAT WE MAY MAKE WITH YOUR WRITTEN AUTHORIZATION.

We require and will obtain a written authorization from you before using or disclosing your protected health information for purposes other than those summarized above. You may revoke your authorization by submitting a written notice to the Privacy Contact identified in Section 1.

4.1 Marketing. We must also obtain your written permission (authorization) prior to using your PHI to send you any marketing materials. However, we may communicate with you about products or services related to your treatment, case management, or care coordination, or alternative treatments, therapies, healthcare providers, or care settings without your permission. For example, we may not sell your personal health information without your written consent.

4.2 Uses and Disclosures of Your Highly Confidential Information. Federal and state law requires special privacy protections for certain highly confidential information about you, including any portion of your personal health information that is (a) kept in psychotherapy notes; (b) about mental health and developmental disabilities services; (c) about alcohol and drug abuse prevention, treatment and referral; (d) about HIV/AIDS testing, diagnosis or treatment; (e) about sexually transmitted disease(s); (f) about genetic testing; (g) about child

abuse and neglect; (h) about domestic abuse of an adult with a disability; (i) about sexual assault; or (j) In vitro Fertilization (IVF). Before we share your highly confidential information for a purpose other than those permitted by law, we must obtain your written permission.

5. YOUR RIGHTS CONCERNING YOUR PROTECTED HEALTH INFORMATION.

You have the following rights concerning your protected health information. To exercise any of these rights, you must submit a written request to the Privacy Contact identified below.

5.1 Right to Request Additional Restrictions. You may request additional restrictions on the use or disclosure of your protected health information for treatment, payment or health care operations. We are *not* required to agree to a requested restriction. If we agree to a restriction, we will comply with the restriction unless an emergency or the law prevents us from complying with the restriction, or until the restriction is terminated. We must grant your request to a restriction on disclosure of your personal health information to a health plan if you have paid for the health care item in full out of pocket.

5.2 Right to Receive Communications by Alternative Means. We normally contact you by telephone or mail at your home address. You may request that we contact you by some other method or at some other location. We will not ask you to explain the reason for your request. We will accommodate reasonable requests. We may require that you explain how payment will be handled if an alternative means of communication is used.

5.3 Right to Inspect and Copy Records. You may inspect and obtain a copy of protected health information that is used to make decisions about your care or payment for your care. We may charge you a reasonable cost-based fee for providing the records. We may deny your request under limited circumstances, *e.g.*, if you seek psychotherapy notes; information prepared for legal proceedings; or if disclosure may result in substantial harm to you or others.

5.4 Right to Request Amendment to Record. You may request that your protected health information be amended. You must explain the reason for your request in writing. We may deny your request if we did not create the record unless the originator is no longer available; if you do not have a right to access the record; or if we determine that the record is accurate and complete. If we deny your request, you have the right to submit a statement disagreeing with our decision and to have the statement attached to the record.

5.5 Right to an Accounting of Certain Disclosures. You may receive an accounting of certain disclosures we have made of your protected health information for disclosures after April 14, 2003. We are not required to account for disclosures for treatment, payment, or health care operations; to family members or others involved in your health care or payment; for notification purposes; or pursuant to your written authorization. You may receive the first accounting within a twelve (12) month period free of charge. We may charge a reasonable cost-based fee for all subsequent requests during that twelve (12) month period.

5.6 Right to be Notified. We must notify you of breach of unsecured personal health information.

5.7 Right to a Copy of This Notice. You have the right to obtain a paper copy of this Notice upon request. You have this right even if you have agreed to receive the Notice electronically.

6. CHANGES TO THIS NOTICE.

We reserve the right to change the terms of our Notice of Privacy Practices at any time, and to make the new Notice provisions effective for all protected health information that we maintain. If we materially change our privacy practices, we will prepare a new Notice of Privacy Practices, which shall be effective for all protected health information that we maintain. We will post a copy of the current Notice in our reception area and on our website, if any. You may obtain a copy of the current Notice in our reception area, or by contacting the Privacy Contact identified in Section 1.

7. COMPLAINTS.

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint with us by notifying our Privacy Contact identified in Section 1. All complaints must be in writing. We will not retaliate against you for filing a complaint.