



HIPAA 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.

This document serves as the HIPAA Joint Notice of Privacy Practices for the following Idaho Eye Center Facilities and Locations known as the "Idaho Eye Center".

Idaho Eye Center Idaho Eye Surgicenter 2025 E 17 th St Idaho Falls, ID 83404 (208) 524-2025	Idaho Eye Center Idaho Eye Surgicenter 1157 Call Place Pocatello, ID 83201 (208) 232-2008	Idaho Eye Center Idaho Eye Surgicenter 491 First American Rexburg, ID 83440 (208) 359-1130	Idaho Eye Center 811 Main Street Salmon, ID 83467 (866) 544-2020
--	---	--	---

If you have any questions about this notice, please contact the Idaho Eye Center HIPAA Compliance Officer at (208) 524-2025 or the Idaho Eye Center HIPAA Compliance Office
2025 East 17th Street
Idaho Falls, Idaho 83404

This Notice of Privacy Practices describes how the Idaho Eye Center and the Idaho Eye Surgicenter may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. PHI is information about you, including demographic information, that may identify you and that relates to your past, present or future physical health or condition and related health care services.

Uses and Disclosures of PHI

Your PHI may be used and disclosed by your physician, our office staff, and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your healthcare bills, to support the operation of the physician's practice, and any other use required by law.

Treatment—The Idaho Eye Center may use and disclose your PHI to provide, coordinate, or manage your healthcare and any related services. The Idaho Eye Center may disclose medical information about you to doctors, nurses, technicians, or other clinical or surgicenter (ASC) personnel who are involved in taking care of you. This includes the coordination or management of your health care with a third party. For example, the Idaho Eye Center would disclose your PHI, as necessary, to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition we may also disclose medical information about you to people outside the clinic or surgery center who may be involved in your medical care after you leave our center, such as family members or others who we use to provide treatment services that are part of your care. Within the surgery environment in our surgery center, certain PHI is allowed for incidental disclosure such as review of charts and treatments within a common preoperative area, display of graphics related to laser treatments, viewing x-rays and special testing results, dissemination of postoperative instructions, etc. Any incidental disclosure in this fashion will be held to an absolute minimum and is exempted as per HIPAA requirements.

Payment—Your PHI will be used, as needed, to obtain payment from you or your insurance carrier or payment provider for your healthcare services. For example, we may need to give a payer information about your current medical condition so that it will pay us for the eye examinations or other services that we have furnished you. We may also need to inform your

payer of the treatment you are going to receive in order to obtain prior approval or to determine whether the service is covered. Payers can include insurance carriers and service organization payers such as Commission for the Blind, the Lions Club and religious organizations/clergy.

Healthcare Operations—The Idaho Eye Center may use or disclose, as-needed, your PHI in order to support the business activities of your physician’s practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities. For example, the Idaho Eye Center may disclose your PHI to medical school students that see patients at our office. In addition, the Idaho Eye Center may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. The Idaho Eye Center may also call you by first name in the waiting room when your physician is ready to see you and / or use name tags with the first names of you and your family members for surgery identification. The Idaho Eye Center may use or disclose your PHI, as necessary, to contact you to remind you of your appointment.

The Idaho Eye Center may use or disclose your PHI in the following situations without your authorization. These situations include:

Disclosures to Persons Assisting in Your Care or Payment for Your Care—The Idaho Eye Center may disclose information to individuals involved in your care or in the payment for your care. This includes people and organizations that are part of your “circle of care” – such as your spouse, your son / daughter, your mother / father, your brother / sister, your other doctors, or an aide who may be providing services to you. We may also use and disclose health information about a patient for disaster relief efforts and to notify persons responsible for a patient’s care about a patient’s location, general condition or death. You have the right to deny this disclosure via a signed “*Denial of Disclosure Request*”. Under certain circumstances, such as in an emergency situation, we may make these uses and disclosures without your agreement.

As Required by Law—The Idaho Eye Center may disclose health information about you when we are required to do so by federal, state, or local law.

Public Health Issues as Required by Law—The Idaho Eye Center may disclose PHI about you in connection with certain public health reporting activities. For instance, we may disclose such information to a public health authority authorized to collect or receive PHI for the purpose of preventing or controlling disease, injury, disability or research analysis. Public health authorities include state health departments, the Center for Disease Control, the Food and Drug Administration (FDA), the Occupational Safety and Health Administration (OSHA), and the Environmental Protection Agency (EPA), to name a few. The Idaho Eye Center is also permitted to disclose PHI to a person subject to the Food and Drug Administration’s power for the following activities: to report adverse events, product defects or problems, or biological product deviations, to track products, to enable product recalls, repairs, or replacements, or to conduct post marketing surveillance. The Idaho Eye Center may also disclose a patient’s health information to a person who may have been exposed to a communicable disease or to an employer to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether an individual has a work-related illness or injury.

Appointment Reminders—The Idaho Eye Center may use and disclose medical information for the purpose of contacting you in written or oral methods (correspondence or a phone call) as a reminder that you have an appointment or that you should schedule an appointment. In the event that the reminder is placed via the phone and we are only acknowledged via an answering machine or voicemail, we may leave specific information related to your appointment that will be limited to date, time, location and doctor as a recorded message.

Treatment Alternatives—The Idaho Eye Center may use and disclose your personal health information in written and / or oral methods (correspondence or a phone call) in order to tell you or recommend possible treatment options, alternatives or health-related services that may be of interest to you.

Abuse—The Idaho Eye Center may disclose a patient’s health information where we reasonably believe a patient is a victim of abuse, neglect or domestic violence and the patient authorized the disclosure or it is required or authorized by law.

Health Oversight—The Idaho Eye Center may disclose health information about you in connection with certain health oversight activities of licensing and other health oversight agencies which are authorized by law. Health oversight activities include audit, investigation, inspection, licensure or disciplinary actions, and civil, criminal, or administrative proceedings or

actions or any other activity necessary for the oversight or 1) the health care system, 2) governmental benefit programs for which health information is relevant to determining beneficiary eligibility, 3) entities subject to governmental regulatory programs for which health information is necessary for determining compliance with program standards, or 4) entities subject to civil rights laws for which health information is necessary for determining compliance.

Legal Proceedings / Law Enforcement—The Idaho Eye Center may disclose your health information as required by law, including in response to a warrant, subpoena, or other order of a court or administrative hearing body or to assist law enforcement to identify or locate a suspect, fugitive, material witness or missing person. Disclosures for law enforcement purposes also permit use to make disclosures about victims of crimes and the death of an individual, among others.

Coroners, Funeral Directors, and Organ Donation—The Idaho Eye Center may release a patient's health information (1) to a coroner or medical examiner to identify a deceased person or determine the cause of death and (2) to funeral directors. The Idaho Eye Center also may release your health information to organ procurement organizations, transplant centers, and eye or tissue banks, if you are an organ donor or recipient.

Workers' Compensation—The Idaho Eye Center may release your health information to workers' compensation or similar programs and/or employers, which provide benefits and/or information for work-related injuries or illnesses without regard to fault.

Health and Safety—The Idaho Eye Center may disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of others.

Research—The Idaho Eye Center may use or disclose certain health information about your condition and/or treatment for research purposes where and Institutional Review Board or a similar body referred to as a Privacy Board determines that you privacy interests will be adequately protected in the study. The Idaho Eye Center may also use and disclose you health information to prepare or analyze a research protocol and for other research purposes.

Legal and/or Criminal Activity—The Idaho Eye Center may disclose your PHI for legal or administrative proceedings that involve you. We may release such information upon order of a court or administrative tribunal. We may also release PHI in the absence of such an order and in response to a discovery or other lawful request, if efforts have been made to notify you or secure a protective order. Legal Activity can also include collection agencies such as the Credit Bureau of Idaho Falls who take action on behalf of the Idaho Eye Center to collect payment for delinquent accounts. These agencies will be governed by a Business Associate Agreement.

Inmates—If you are an inmate, the Idaho Eye Center may release PHI about you to a correctional institution where you are incarcerated or to law enforcement officials in certain situations such as where the information is necessary for your treatment, health or safety, or the health or safety of others.

Military Activity—If you are a member of the Armed Forces, the Idaho Eye Center may release health information about you for activities deemed necessary by military command authorities. We also may release health information about foreign military personnel to their appropriate foreign military authority.

National Security—The Idaho Eye Center may disclose PHI for national security and intelligence activities and for the provision of protective services to the President of the United States and other officials or foreign heads of state.

Our Business Associates—The Idaho Eye Center, on occasion, is required to work with outside individuals and businesses that help us operate our business successfully. We may disclose your health information to these business associates so that they can perform the tasks that we hire them to do. For example, the Idaho Eye Center periodically hires outside consulting/auditing firms to perform an exhaustive audit of our charts and billing processes to verify and insure that we are following all the recommended guidelines for Medicare billing and reimbursement. Our business associates must promise via a signed agreement that they will respect the confidentiality of your personal and identifiable health information and that exposure of such information will only be used for the purpose of the specific business authorization.

Confidentiality Agreements—Certain entities are retained and/or utilized by the Idaho Eye Center for janitorial, maintenance, legal counsel, pharmaceutical, and other services for the purpose of maintaining our facilities, stocking “sample” supplies, etc. While providing such services, the contractor may of necessity have “proximity” contact with PHI. These entities do not fall under the guidelines of “*Business Associate Agreements*” but will be bound by Idaho Eye Center confidentiality agreements. These agreements are covenants to not disclose confidential medical information and are governed by the “*Physician-Patient Privilege of Confidentiality*” as set forth in “*Idaho Rule of Evidence 503*”.

Disaster or an Emergency—Healthcare providers may disclose the minimum necessary PHI to identify, locate, and notify family members, guardians, or anyone else responsible for the care of the individual, of the individual’s location, general condition, or death. Disclosure may be made directly to those involved in the individual’s care, the police, the press, the public at large, or to a public or private entity authorized by law or its charter to assist in disaster relief. Hospitals can have a facility directory that includes the patient’s name, location in facility, general condition efforts, such as the American Red Cross.

Required Uses and Disclosures—Under the law, the Idaho Eye Center must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

Other Permitted and Required Uses and Disclosures will be made only with your consent, authorization, or opportunity to object unless required by law.

You may revoke this authorization, at any time, in writing, except to the extent that your physician or the physician’s practice has taken an action in reliance on the use or disclosure indicated in the authorization.

Your Rights

Following is a statement of your rights with respect to your PHI.

You have the right to inspect and copy your PHI. Under federal law, however, you may not inspect or copy the following records; psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI.

You have the right to request a restriction of your PHI. This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this “*Notice of Privacy Practices*”. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If physicians at the Idaho Eye Center believe it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. You then have the right to use another Healthcare Professional.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively i.e. electronically.

You may have the right to have your physician amend your PHI. If the Idaho Eye Center denies your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures the Idaho Eye Center has made, if any, of your PHI.

You have the right to restriction of disclosure of your PHI to a health plan if you pay in full. An individual can request to restrict disclosures of the individual's PHI to a health plan when the PHI relates solely to items or services for which the individual (or someone on behalf of the individual, other than the health plan) has paid the covered entity in full – as long as the disclosure is not "otherwise required by law" and must be prior to a claim being submitted.

Complaints—You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint.

The Idaho Eye Center will not retaliate against you for filing a complaint.

Changes to this Notice—We reserve the right to make changes to this Notice. We reserve the right to make the revised Notice effective for health information we already have about you, as well as any information we receive in the future. We will post a copy of the current Notice in a clear and prominent location to which you have access. The Notice is also available to you upon request. The Notice will contain, on the first page in the top right-hand corner, the effective date and in the top left-hand corner, the version number. In addition, if we revise the Notice and you come in for additional treatment after the revised notice is approved, we will offer you a copy of the current Notice in effect.

Version 1.0 of this notice was initially published and became effective on **April 14, 2003.**

The Idaho Eye Center is required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to PHI. If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at (208) 524-2025. If you would like to correspond with the Idaho Eye Center HIPAA Compliance Officer, please address your comments or requests to the following:

Idaho Eye Center
HIPAA Compliance Officer
2025 East 17th Street
Idaho Falls, ID 83404

Your signature below acknowledges that you have received and read this Notice of our Privacy Practices. You will receive a full copy of this notice to take home with you. The signed "last" page will remain as part of your medical record at the Idaho Eye Center facility.

Print Patient's Name: _____

Patient's Signature: _____ Date: _____

Idaho Eye Center Medical Record Number (Idaho Eye Center will provide): _____

For Personal Representative of the Patient (If Applicable)

Print Name of Personal Representative: _____

Describe Personal Representative Relationship (parent, guardian, etc.): _____

Signature of Personal Representative: _____ Date: _____