



PRIVACY NOTICE

THIS NOTICE DESCRIBES HOW PRIMARY HEALTH MEDICAL GROUP MAY USE AND DISCLOSE YOUR PERSONAL INFORMATION, INCLUDING MEDICAL INFORMATION, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. OUR PRIVACY OBLIGATIONS

Primary Health Medical Group is considered a covered entity under the Health Insurance Portability and Accountability Act (HIPAA) and by the state of Idaho as set forth in the Idaho Code. Accordingly, we are required to maintain the privacy of certain financial, personal and health information (Protected Health Information), and to provide you with this notice of our legal duties and privacy practices with respect to Protected Health Information. When we use or disclose Protected Health Information, we are required to abide by the terms of this notice or any subsequent notice in effect at the time of the use or disclosure.

Under the terms of HIPAA, Primary Health Medical Group as a “covered entity” is not required to obtain your consent to provide treatment, obtain payment or conduct routine internal business operations stemming from such treatment or processing of payment.

II. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION BASED UPON YOUR WRITTEN AUTHORIZATION.

- A. Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. This authorization will describe how the information will be used, and a copy of this Privacy Notice will accompany each request for Authorization that is made by a third party or by Primary Health Medical Group. 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.
- B. **Uses and Disclosures for Research:** No Protected Health Information will be released for clinical research unless you have agreed to participate in a specific research program and have provided written consent at the time of your enrollment in that research program.

III. PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR CONSENT OR AUTHORIZATION OR OPPORTUNITY TO OBJECT.

There are occasional circumstances in which we may use and disclose your protected health information without obtaining your authorization to do so. Generally speaking, you have the right to agree to or authorize the disclosure of your protected health information. However, if you are not present or able to agree or object to the use or disclosure of the protected health information, then we may, in these limited circumstances using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

- A. **Emergency Circumstances.** Unless you object, we may use and disclose some or all of the protected health information in an emergency situation because of an individual’s incapacity or an emergency treatment circumstance.
- B. **Compliance with Legal Authority.** We may use or disclose your protected health information when we are required by law to do so, as in the case of reporting abuse or neglect, to appropriate federal or state law enforcement agencies.

- C. **Others Involved in Your Healthcare.** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care, or to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care, of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

IV. YOUR INDIVIDUAL RIGHTS:

- A. **Right to Request Additional Restrictions:** You may request a restriction on our use and disclosure of Protected Health Information for treatment, payment and operations. We will consider additional restrictions carefully but we may not and are not required to agree to a requested restriction. If agreed, we will abide by the restriction.
- B. **Right to Receive Confidential Communications:** We will accommodate any reasonable written request for you to receive Protected Health Information by alternative means of communication or at alternative locations.
- C. **Right to Inspect and Copy Your Records:** You may request, in writing, access to your Protected Health Information in order to inspect or request copies of the records. You may be charged a fee for each copy. Under limited circumstances, as permitted by law, we may deny you access to a portion of your records, for example, when a licensed health care professional feels that such disclosure may cause harm.
- D. **Right to Request an Amendment of Your Records:** You have the right to request that your Protected Health Information maintained by Primary Health Medical Group be amended in cases where information is erroneous or incomplete and the information originated with a Primary Health Medical Group covered entity.
- E. **Right to Receive Accounting of Disclosures:** You have the right to receive an accounting of disclosures of your information and to whom those disclosures have been made.
- F. **Right to Receive a Paper Copy of this Notice:** Upon request, you may obtain a copy of this notice, even if you agreed to receive such notice electronically.

To access any information covered under this Section IV, you may send a notice in writing to Primary Health Medical Group, Attn. Privacy Officer, PO box 191050 Boise, Idaho 83719. Primary Health Medical Group will have sixty (60) days to respond to your request.

IV. EFFECTIVE DATE AND DURATION OF THIS NOTICE

This notice is the Privacy Policy for Primary Health Medical Group and its covered entities and will become effective on or after October 1, 2002. We may change the terms of this notice from time to time as may be deemed necessary. If we change this notice, a copy will be posted in all Primary Health Medical Group facilities and to the Primary Health Medical Group website at www.phmgidaho.com. You may also obtain any new notice by contacting Primary Health Medical Group, Attn. Privacy Officer, PO box 191050 Boise, Idaho 83719

If you desire further information regarding your privacy rights or are concerned that your rights have been violated, you may contact our Privacy Office at the above address or you may contact the Office for Civil Rights, US. Department of Health and Human Services.