

**NOTICE OF PRIVACY PRACTICES**  
**Effective Date: April 14, 2003**

**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 “protected health information,” i.e., information that identifies you and that relates to your physical or mental health. We are also required to give you notice of our legal duties and privacy practices with respect to your protected health information. This Notice of Privacy Practices summarizes our duties and your rights concerning your protected health information. Our duties and your rights are more fully set forth in 45 C.F.R. Part 164. We are required to abide by the terms of our Notice that is currently in effect.

Throughout this Notice, “we” or “our” refers to the hospital, its departments, employees, volunteers, members of its Medical Staff and its Allied Health Professionals, while they are performing services at the hospital. “You” or “your” refers to you or your personal representative or other person legally authorized to make health care decisions for you.

**1. Uses And Disclosures of Information That We May Make Without Written Authorization**

We may use or disclose your protected health information for the following purposes without your written authorization. The examples provided are not meant to be exhaustive.

**Treatment.** We may use or disclose protected health information so that we, or other health care providers, may treat you. For example, doctors or hospital staff may use information in your medical records to help diagnose or treat your condition and track your progress. In addition, doctors or hospital staff may disclose your information to other health care providers outside the hospital so that the other health care provider may assist in or provide treatment to you.

**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.

**Healthcare Operations.** We may use or disclose protected health information for certain health care operations that are necessary to run the hospital and ensure that our patients receive quality care, such as reviewing our performance or the qualifications of physicians and staff; training staff; or to help make business decisions about the hospital and its services. For example, we may use or disclose information in your medical records to evaluate the performance of our staff while they cared for you. We may also use your medical information, combined with other patients’ information, to determine which services the hospital should offer or how we can improve our services.

**Appointments 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.

**Fundraising.** We may use or disclose limited protected health information to contact you to raise funds for the hospital, including certain demographic information and the date(s) that treatment was provided to you. If you do not want to receive communications about fundraising, please notify the Privacy Contact identified below.

**Marketing.** We may use or disclose protected health information for limited marketing activities without a written authorization, including face-to-face communications with you about our services.

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

**Public Health Activities.** We may use or disclose protected health information for certain public health activities, including: to report information necessary to prevent or control disease, injury or disability; to report births and deaths; to report information about FDA-related products or activities; and to report information about a work-related illness or injury to an employer under certain conditions.

**Communicable Diseases.** We may disclose protected health information concerning certain communicable diseases to certain government agencies. 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.

**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. We may disclose protected health information to the appropriate government agency if we believe that you have been a victim of abuse, neglect or domestic violence.

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

**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 efforts have been made to inform you of the request or to obtain a protective order.

**Law Enforcement.** We may disclose protected health information, subject to specific limitations, for certain law enforcement purposes, including: in response to legal process or as otherwise required by law; to identify, locate, or apprehend a suspect, fugitive, material witness or missing person; to provide requested information about the victim of a crime; to alert law enforcement that a person may have died as a result of a crime; to report a crime that has occurred on the hospital premises; or, if the provider is responding to an emergency away from the hospital premises, to report certain information about a crime that occurred away from the hospital.

**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 other duties authorized by law. We may disclose protected health information to a funeral director to assist them to carry out their duties.

**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 tissues.

**Research.** We may use or disclose protected health information for research if the research has been approved by an institutional review board or privacy board in accordance with established protocols and appropriate assurances have been obtained to protect the privacy of your health information.

**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.

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

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

**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.

**Workers' Compensation.** We may disclose protected health information as authorized by and to comply with workers' compensation laws and other similar legally established programs.

**Business Associates.** We may disclose protected health information to our third party "business associates" who perform activities involving protected health information (for example, billing or transcription services) for the hospital. Our contracts with the business associates require them to protect your health information.

## 2. **Uses And Disclosures Of Information That We May Make Unless You Object.**

We may use and disclose your protected health information in the following instances without your written authorization unless you object. If you object to these uses or disclosures, please notify the Privacy Contact identified below.

**Facility Directories.** Unless you object, we will include your name, your location in the hospital, your general condition, and your religious affiliation in our facility directory. We may disclose the foregoing information to clergy and, except your religious affiliation, to people who ask for you by name.

**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 for your health care. We will limit the disclosure to the protected health information relevant to that person's involvement in your health care or the payment for your health care.

**Notification.** Unless you object, we may use or disclose protected health information to notify or assist in notifying a family member, personal representative or other person responsible for your care of your location, general condition or death. Among other things, we may disclose protected health information to a disaster relief agency to help notify family members.

## 3. **Uses And Disclosures Of Information That We May Make With Your Written Authorization**

Other uses and disclosures of your protected health information will be made only with your written authorization unless otherwise required by law. You may revoke your authorization at any time, except to the extent that we have taken action in reliance on your authorization, by submitting a written revocation to the Privacy Contact identified below.

## 4. **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 request in writing to the Privacy Contact identified below.**

***Right to Request Additional Restrictions.*** You have the right to 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.

***Right To Receive Communications by Alternative Means.*** We normally contact you by telephone or mail to your home address. You have a right to 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.

***Right to Inspect and Copy Records.*** You have the right to inspect and obtain a copy of your protected health information that is used to make decisions about your care, including medical and billing records. We may charge you a reasonable cost-based fee for providing the records. We may deny your request if you seek psychotherapy notes; information compiled in anticipation of legal proceedings; information that is protected by applicable law; and information that may result in substantial harm to you or others if disclosed.

***Right to Request Amendment to Record.*** You have the right to request that your protected health information be amended. We require that you provide a reason to support the requested amendment. 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 decisions and to have the statement attached to the record.

***Right to an Accounting of Certain Disclosures.*** You have the right to request and receive an accounting of disclosures we have made of your protected health information for certain purposes after April 14, 2003. This right does not extend to disclosures made to you; for treatment, payment, or health care operations; pursuant to a facility directory; to family members or others involved in your health care or payment; for notification purposes; or pursuant to an authorization. You have a right to receive the first accounting within a 12-month period free of charge. We may charge a reasonable cost-based fee for all subsequent requests during that 12-month period.

***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.

## 5. **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 the hospital and on our website. You may obtain a copy of the current Notice from our registration or admitting area, or by contacting the Privacy Contact identified below.

## 6. **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 the hospital. You may file a complaint with us by notifying our Privacy Contact identified below. All complaints must be in writing. We will not retaliate against you for filing a complaint.

## 7. **Entities Covered By This Notice.**

This Notice of Privacy Practices applies to the hospital (including its East and West campus hospital facilities, as well as its departments, units, urgent care centers and other patient care facilities, wherever located); its employees, staff and other hospital personnel; and all volunteers whom we allow to help you while you are in the hospital, or any of its departments or units. This Notice of Privacy Practices also applies to all members of the Medical Staff and to Allied Health Professionals of the hospital concerning the services they perform at the hospital or at any hospital department or unit. We may share and exchange protected health information with members of the Medical Staff and Allied Health Professionals for treatment, payment and health care operations. However, members of the Medical Staff and Allied Health Professionals, including your personal physician, may have different privacy policies and practices relating to their use or disclosure of protected health information created or maintained in their clinic or office. Participation by the Medical Staff and Allied Health Professionals in the organized health care arrangement described in this paragraph 7 does not mean that the hospital accepts legal liability for them or that they accept legal liability for the hospital. The hospital and its Medical Staff and Allied Health Professionals are not operating as agents or joint venturers of one another.

## 8. **Privacy Contact.**

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

**Sharyl Waldron**  
**Director, Health Information Management**  
**Portneuf Medical Center**  
**651 Memorial Drive**  
**Pocatello, Idaho 83201**  
**(208) 239-1120**  
**Email: [sharlyw@portmed.org](mailto:sharlyw@portmed.org)**