

# SNAKE RIVER MEDICAL SERVICES, INC.

## NOTICE OF PRIVACY PRACTICE

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THAT INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.**

In accordance with federal and state law, Snake River Medical Services, Inc., is committed to maintaining the privacy of your Protected Health Information (“PHI”). Your PHI includes information about your health condition and the care and treatment you receive from Snake River Medical Services, Inc. This notice explains how your PHI may be used and disclosed to third parties. This notice also informs you of your rights regarding your PHI.

### **I. HOW SNAKE RIVER MEDICAL SERVICES (SRMS) MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION**

- (a) **Treatment.** To provide you with the health care you require, SRMS may use and disclose your PHI to those health care professionals, whether on SRMS’s staff or not, so that it may provide, coordinate, plan and manage your health care.
- (b) **Health Care Operations.** To operate in accordance with applicable law and insurance requirements, and to provide quality and efficient care, SRMS may need to compile, use, and disclose your PHI. For example, SRMS may use your PHI to evaluate the performance of SRMS’s staff in providing care to you.
- (c) **Payment.** To get paid for services provided to you, SRMS may provide your PHI, directly or through a billing service, to a third party who may be responsible for your care, including insurance companies and health plans. If necessary, SRMS may use your PHI in other collection efforts with respect to all persons who may be liable for SRMS’s bills related to your care. For example, SRMS may need to provide your insurance with information about health care services that you received at SRMS so that SRMS can be reimbursed. SRMS may also need to tell your insurance plan about treatment you are going to receive so that it can determine whether or not it will cover the treatment expense.
- (d) **Appointment Reminders.** SRMS may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you. These appointment reminders may include letters or telephoning your home and leaving a message on your answering machine or with the individual answering the phone.
- (e) **Individuals Involved in Your Care or Payment for Your Care.** When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

### **II. OTHER USE AND DISCLOSURES WHICH MAY BE PERMITTED OR REQUIRED BY LAW**

- (a) **As Required by Law.** We will disclose Health Information when required to do so by international, federal, state, or local law.
- (b) **De-identified Information.** SRMS may use and disclose health information that may be related to your care but does not identify you and cannot be used to identify you.
- (c) **Business Associate.** SRMS may use and disclose PHI to a business associate if SRMS obtains satisfactory written assurance, in accordance with applicable law, that the business

associate will appropriately safeguard your PHI. A business associate is an entity that assists SRMS in undertaking some essential function.

- (d) **Personal Representative.** SRMS may use and disclose PHI to: a person who, under applicable law, has the authority to represent you in making decisions related to your health care.
- (e) **Emergency Situations.** SRMS may use and disclose PHI: for the purpose of obtaining or rendering emergency treatment to you provided that SRMS attempts to obtain your consent as soon as possible; or to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordinating your care with such entities in an emergency situation.
- (f) **Public Health Activities.** SRMS may use and disclose PHI when authorized by law to provide information if it believes that the disclosure is necessary to prevent serious harm.
- (g) **Abuse, Neglect or Domestic Violence.** SRMS may use and disclose PHI when required by law to provide information if it believes that the disclosure is necessary to prevent serious harm.
- (h) **Health Oversight Activities.** SRMS may use and disclose PHI when required by law to provide information if it believes that the disclosure is necessary to prevent serious harm. SRMS may use and disclose PHI when required by law to provide information in criminal investigations, disciplinary actions, or other activities relating to the community's health care system.
- (i) **Judicial and Administrative Proceeding.** SRMS may use and disclose PHI in response to a court order or a lawfully issued subpoena.
- (j) **Law Enforcement Purposes.** SRMS may use and disclose PHI, when authorized, to a law enforcement official.
- (k) **Coroner, Medical Examiner, or Funeral Director.** SRMS may use and disclose PHI to a coroner or medical examiner for the purpose of identifying your or determining your cause of death.
- (l) **Research.** SRMS may use and disclose PHI subject to applicable legal requirements if SRMS is involved in research activities.
- (m) **Avert a Threat to Health or Safety.** SRMS may use and disclose PHI if it believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to an individual who is reasonably able to prevent or lessen the threat.
- (n) **Specialized Government Functions.** SRMS may use and disclose PHI when authorized by law with regard to certain military and veteran activity.
- (o) **Workers' Compensation.** SRMS may use and disclose PHI if you are involved in a Workers' Compensation claim, to an individual or entity that is part of the Workers' Compensation system.
- (p) **National Security and Intelligence Activities.** SRMS may use and disclose PHI to authorized governmental officials with necessary intelligence information for national security activities.
- (q) **Protective Services for the President and Others.** We may disclose Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.
- (r) **Military and Veterans.** SRMS may use and disclose PHI if you are a member of the armed forces, as required by the military command authorities
- (s) **Organ and Tissue Donation.** If you are an organ donor, we may use or release Health Information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.
- (t) **Date Breach Notification Purposes.** We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.
- (u) **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone

else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

### **III. AUTHORIZATION**

Uses and/or disclosures, other than those described above will be made only with your written authorization.

### **IV. YOUR RIGHTS**

You have the right to:

- (a) Revoke any Authorization or consent you have given to SRMS, at any time. To request a revocation, you must submit a written request to SRMS.
- (b) Request restrictions on certain uses and disclosure of your PHI as proved by law. Except in certain instances, SRMS may not be obligated to agree to any requested restrictions. To request restrictions, you must submit a written request to SRMS. In your written request, you must inform SRMS of what information you want to limit, whether you want to limit SRMS's use, disclosure, or both, and to whom you want the limits to apply. If SRMS agrees to your request, SRMS will comply with your request unless the information is needed in order to provide you with emergency treatment.
- (c) Inspect and copy your PHI as provided by law.
- (d) You have the right to be notified upon a breach of any of your unsecured Protected Health Information.
- (e) If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.
- (f) You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request, in writing, to SRMS. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.
- (g) Amend your PHI as provided by law. To request an amendment, you must submit a written request to SRMS. You must provide a reason that supports your request. SRMS may deny your request if it is not in writing, if you do not provide a reason in support of your request, if the information to be amended was not created by SRMS (unless the individual or entity that created the information is no longer available), if the information is not part of your PHI maintained by SRMS, if the information is not part of the information you would be permitted to inspect and copy, and/or if the information is accurate and complete.
- (h) Receive an accounting of disclosures of your PHI as provided by law.
- (i) Receive a paper copy of this Privacy Notice from SRMS upon request.
- (j) Complain to SRMS or to the Secretary of HHS if you believe your privacy rights have been violated.
- (k) 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. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.
- (l) We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

## **V. SNAKE RIVER MEDICAL SERVICES'S REQUIRMENTS**

Snake River Medical Services, Inc.:

- (a) Is required by federal law to maintain the privacy of your PHI and to provide you with this Privacy Notice detailing SRMS's legal duties and privacy practices with respect to your PHI.
- (b) May be required by State law to maintain greater restrictions on the use or release of your PHI than that which is provided for under federal law.
- (c) Is required to abide by the terms of this Privacy Notice.
- (d) Reserves the right to change the terms of this privacy Notice and to make the new Privacy Notice provisions effective for your PHI that it maintains.
- (e) Will distribute any revised Privacy Notice to you prior to implementation.
- (f) Will not retaliate against you for filing a complaint.

## **VI. EFFECTIVE DATE**

This notice is in effect as of September 1, 2013. We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office.

## **VII. HOW TO FILE COMPLAINTS**

You will not be penalized for filing a complaint. Complaints against Snake River Medical Services, Inc., regarding the privacy of PHI, should be sent to:

U.S. Department of Health and Human Services  
200 Independence Ave., SW Room 509F  
HHH Building  
Washington, D.C. 20201  
1-800-368-1019

For more information on HIPAA privacy requirements, HIPAA electronic transactions and code sets regulations and the proposed HIPAA security rules, please visit ACOG's web site, [www.acog.org](http://www.acog.org), or call (202) 863-2584.