

## 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.

### Our Legal Responsibility

At Idaho State University, we are committed to protecting our patients' personal and health information. Under the Health Insurance Portability and Accountability Act (HIPAA) federal law gives individuals a fundamental right to be informed of the privacy practices of their health care providers, as well as to be informed of their privacy rights, with respect to their personal health information. We are legally required to protect the privacy of your health information, and to give you this Notice about our legal duties, privacy practices, and your rights with respect to your health information.

In this Notice, personal and health information is referred to as "health information" and includes your name, age, address, income or other financial information. We follow the privacy practices described in this Notice, while it is in effect. This Notice takes effect December 1st and will remain in effect until replaced.

If you have any questions about this Notice, if you want to exercise any of your rights listed in this Notice, or if you feel that your privacy rights have been violated, please contact ISU's HIPAA Compliance Officer, Misty Olmsted at (208) 282-4380 or by email at [hipaa@health.isu.edu](mailto:hipaa@health.isu.edu).

### Protecting your Health Information

We protect your health information by:

- Maintaining the privacy and security of your health information as required by law.
- Letting you know if a breach occurs that may have compromised the privacy or security of your information.
- Following the privacy practices described in this notice and giving you a copy.

### Uses and Disclosures of Your Health Information

We are allowed, by law, to use and disclose your health information with others without your authorization for many reasons. These examples describe different ways we may use or disclose your information. Please note that not each use or disclosure in each category is listed and these are general descriptions only.

- **Treatment:** We may provide another physician or subsequent healthcare provider who is treating you, with copies of various reports of your health information, that should assist them with your treatment.
  - Example: A doctor treating you for an injury asks another doctor about your overall health condition.
- **Payment:** We may use and disclose your health information to obtain payment for services we provide to you.
  - Example: We give information about you to your health insurance plan so it will pay for your services.
- **Healthcare Operations:** We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, training medical students, conducting training and educational programs, accreditation, certification, licensing or credentialing activities.
  - Example: We use health information about you to manage your treatment and services.
- **Appointment Reminders:** We may use health information about you to call, leave a voice message, text, email, or send a postcard or letter to you as a reminder about an appointment.
- **Public Health Disclosures:** We may disclose medical information about you for public health reporting purposes, such as preventing or controlling disease; reporting adverse events related to medications or medical products.
- **Law Enforcement:** We may release medical information, as authorized or required by law to identify suspects, fugitives, missing persons or material witnesses, to law enforcement.

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- **Criminal Activity:** We may disclose your health information, if we believe the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.
- **Abuse or Neglect:** We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.
- **National Security:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials, health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose health information to a correctional institution or law enforcement official having lawful custody of protected health information of an inmate or patient under certain circumstances.
- **Required by Law:** We may use or disclose your health information when we are required to do so by law, including, but not limited to, court or administrative orders, subpoenas, discovery requests, other lawful process, or to defend ourselves against a lawsuit brought against us
- **Research:** Under certain limited circumstances, we may use and disclose health information about you for research purposes. All research projects are subject to a special approval process.
- **Organ, eye and tissue donation:** If you are an organ, eye or tissue donor, we may release medical information to organizations that handle organ, eye, or tissue procurement or transplantation; or to an eye, organ or tissue donation bank, as necessary to help with procurement, transplantation or donation.
- **Workers' compensation:** We may disclose medical information about you for Workers' compensation or similar programs as authorized or required by law.
- **Coroners, medical examiners and funeral directors:** We may disclose medical information to a coroner or medical examiner, and to funeral directors, as needed for them to carry out their duties.
- **Government Officials:** As authorized or required by law, we may disclose medical information about you to authorized federal officials so they may conduct special investigations or provide protection to the U.S. President, other authorized persons or foreign heads of state.
- **Business Associate:** We may share your medical information with third-parties referred to as "business associates" that provide various services on the behalf of ISU clinics, such as billing, transcription, software maintenance and legal services.
- **Parental Access:** Some state laws concerning minors permit or require disclosure of protected health information to patients, guardians or persons acting in a similar legal status. We will act consistently with the law of the state where the treatment is provided and will make disclosures following such laws.
- **Fundraising:** We may use or disclose your information in order to contact you for fundraising activities. You have the right to opt out of these fundraising communications.

### Uses and Disclosures Made with Your Authorization

There are many uses and disclosures we will make only with your written authorization:

- **To Your Family and Friends:** We may disclose your health information to a family member, friend, or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.
- **Persons Involved in Care:** We may use or disclose your health information to notify, or assist in the notification of (including identifying or locating) a family member of your personal condition, or death. If you are present,

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prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity, or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

- **Marketing Health-Related Services:** We will not use your health information for marketing without a written authorization from you.
- **Psychotherapy Notes:** Psychotherapy notes, made by your individual mental health provider during a counseling session, except for certain limited purposes, related to treatment, payment and healthcare operations, or other limited exceptions, including government oversight and safety, will be disclosed with your authorization.
- **Sale of Medical Information:** We will not sell your health information to third parties without your authorization. Except certain purposes that are permitted under the regulations.
- If you give your authorization, you may change or revoke it at any time by giving us written notice. Your revocation will not be effective for uses and disclosures already made.

### Your Rights Regarding your Health Information

You have the right to request all of the following:

- **Access to Your Health Information:** You have the right to request and receive a copy of your health information, including all billing information, in paper or electronic form. A reasonable fee may be charged for providing copies. However, this right does not include the following types of records: psychotherapy notes; records compiled in reasonable anticipation of a court action or administrative action or proceeding; and protected health information whose release is prohibited by federal or state laws. Access to your records may also be limited if it is determined that by providing the information it could possibly be harmful to you or another person. If access is limited for this reason, you have a right to request a review of that decision. If we maintain the medical information electronically and you request an electronic copy, we will give the information to you in the format you request, if it is readily available. If we cannot readily get the record in the form and format you request, we will give it in another readable electronic or paper format that we both agree to.
- **Amendment:** You have the right to request, in writing, an amendment to your health information. The request must identify which information is incorrect and an explanation of why you think it should be amended. If the request is denied, a written explanation stating why will be provided to you. You may also make a statement disagreeing with the denial, which will be added to the information of the original request. If your original request is approved, we will make reasonable effort to include the amended information in future disclosures. (Amending a record does not mean that health information will be deleted.)
- **Accounting or Disclosures:** If your health information is disclosed for any reason other than treatment, payment, or operation, you have the right to an accounting for each disclosure of the previous six (6) years. The accounting will include the date, name of person or entity, description of the information disclosed, the reason for disclosure, and other applicable information. If more than one (1) accounting is requested in a twelve (12) month period, a reasonable fee may be charged.
- **Restriction Requests:** You have the right to request that the clinic place additional restrictions on uses and disclosures of your health information. For example, when you have paid for your services out of pocket in full,

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at your request, we will not share information about those services with your payer, as long as such disclosure is not required by law. For all other requests, we may not be able to accept your request, but if we do, we will uphold the restriction unless it is an emergency.

- **Confidential Communication:** You have the right to request that communication regarding your health information be done in an alternate way or be sent to an alternate location.
- **Electronic Notice:** If you received this notice by accessing a web site or by email, you are also entitled to have a paper copy which is available by request from the clinic or department.
- **Notification in the Case of a Breach:** We are required by law to notify you of a breach of your unsecured medical information. We will give such notification to you without unreasonable delay but no later than 60 days after we discover the breach.

### Changes to this Notice

We reserve the right to change our privacy practices and terms of this Notice at any time, as permitted by applicable law. We reserve the right to make changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make such changes, we will update this Notice and post the changes in the waiting room or lobby of the facility. You may also request a copy of the Notice at any time.

### Questions and Complaints

To file a complaint if you feel your privacy rights have been violated, or if you would like to request a Restriction, request an Accounting of Disclosures or revoke an Authorization, please contact:

**Misty Olmsted, HIPAA Compliance Officer**

**Office of General Counsel**

921 S. 8th Ave, Stop 8410

Pocatello, ID 83209

(208) 282- 4380

[hipaa@health.isu.edu](mailto:hipaa@health.isu.edu)

You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to:

US Department of Health and Human Services

Office for Civil Rights

200 Independence Avenue, S.W.,

Washington, D.C. 20201,

1-877-696-6775

[www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)

If you choose to make a complaint with us or the U.S. Department of Health and Human Services, we will not retaliate in any way.

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### Contacts

To Request your medical or billing information please contact the ISU Clinic directly.

<p>ISU Student Health Center- Pocatello 990 Cesar Chavez Ave., Pocatello, ID 83209</p> <p>Billing Address: 921 S 8<sup>th</sup> Ave., Stop 8311 Pocatello, ID 83209</p>	<p>ISU Bengal Pharmacy-Pocatello 990 Cesar Chavez Ave., Pocatello, ID 83209</p> <p>Billing Address: 921 S 8<sup>th</sup> Ave., Stop 8158 Pocatello, ID 83209</p>	<p>Pocatello Family Dentistry 465 Memorial Drive Pocatello, ID 83209</p> <p>Billing Address: 921 S 8<sup>th</sup> Ave., Stop 8088 Pocatello, ID 83209</p>
<p>ISU Speech and Hearing Clinic-Pocatello 650 Memorial Dr., Bldg. 68 Pocatello, ID 83209</p> <p>Billing Address: 921 S 8<sup>th</sup> Ave., Stop 8116 Pocatello, ID 83209</p>	<p>ISU Dental Hygiene 999 Martin Luther King Jr. Way Pocatello, ID 83209</p> <p>Billing Address: 921 S 8<sup>th</sup> Ave, Stop 8048 Pocatello, ID 83209</p>	<p>ISU PT/OT Clinic-Pocatello 1400 E Terry Dr., Bldg. 63 Pocatello, ID 83209</p> <p>Billing Address: 921 S. 8<sup>th</sup> Ave., Stop 8045 Pocatello, ID 83642</p>
<p>ISU Integrated Mental Health 1311 E Central Drive Meridian, ID 83642</p> <p>Billing Address: Same as Above</p>	<p>ISU Family Dentistry 1311 E Central Drive Meridian, ID 83642</p> <p>Billing Address Same as Above</p>	<p>ISU Meridian Healthcare 1311 E Central Drive Meridian, ID 83642</p> <p>Billing Address: Same as Above</p>
<p>ISU Speech &amp; Language Clinic Meridian 1311 E Central Drive Meridian, ID 83642</p> <p>Billing Address: Same as Above</p>	<p>ISU PT/OT Clinic-Meridian 1311 E Central Drive Meridian, ID 83642</p> <p>Billing Address: 921 S 8<sup>th</sup> Ave., Stop 8045 Pocatello, ID 83209</p>	<p>ISU Speech &amp; Hearing Clinic-Salmon 805 Main St. Salmon, ID 83467</p> <p>Billing Address: 921 S 8<sup>th</sup> Ave., Stop 8116 Pocatello, ID 83209</p>