



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.

We are required by law to maintain the privacy of your health information, to notify you of our legal duties and privacy practices with respect to your health information and to notify affected individuals following a breach of unsecured health information. This Notice summarizes our duties and your rights concerning your protected health information. Our duties and your rights are set forth more fully in 45 C.F.R. part 164. We are required to abide by the terms of our Notice that is currently in effect.

1. USES AND DISCLOSURES OF INFORMATION THAT WE MAY MAKE WITHOUT WRITTEN AUTHORIZATION:

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

Treatment: We may use or disclose your protected health information for purposes of treating you. For example, we may disclose your information to another healthcare provider so they may treat you, to provide appointment reminders, or to provide information about treatment alternatives or services we offer.

Payment: We may use or disclose protected health information so that we, or other healthcare 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 healthcare operations that are necessary to run our practice and ensure that our patients receive quality care. For example, we may use information from your medical records to review the performance or qualifications of physicians and staff, train staff, or make business decisions affecting our practice.

Other Uses or Disclosures: We may use or disclose your health information for certain other allowed by 45 C.F.R part 164.512 or other applicable laws and regulations, including the following:

- To avoid a serious threat to your health or safety or the health or safety of others.
- As required by state or federal law such as reporting abuse, neglect, or certain other events.
- As allowed by workers compensation laws for use in workers compensation proceedings.
- For certain public health activities such as reporting certain diseases.
- For certain public health oversight activities such as audits, investigations, or licensure actions.
- In response to a court order, warrant, or subpoena in judicial or administrative proceedings.

- For certain specialized government functions such as the military or correctional institutions.
- For research purposes if certain conditions are satisfied.
- To our third-party business associates who perform activities involving protected health information for us, e.g., billing or transcription services. Our contracts with the business associates requires them to protect your health information.

2. USES AND DISCLOSURES OR INFORMATION THAT WE MAY MAKE UNLESS YOU OBJECT:

Unless you instruct us otherwise, we may use and disclose protected health information in the following instances without your written authorization:

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

Persons Involved in Your Healthcare: Unless you object, we may disclose protected health information to a member of your family, or other person identified by you who is involved in your healthcare or the payment for your healthcare. We will limit the disclosure to the protected health information relevant to that person's involvement in your healthcare or payment.

Notification: Unless you object, we may use or disclose protected health information to notify a family member or other person responsible for your care of your location and condition. 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 not described in this Notice will be made only with your written authorization, including most uses or disclosures of psychotherapy notes, for most marketing purposes, or if we seek to sell your information. You may revoke your authorization by submitting a written notice to the Privacy Contact identified below. The revocation will not be effective to the extent we have already taken action in reliance on the authorization.

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 written request to the Privacy Contact identified below.**

- You may request additional restrictions on the use or disclosure of information for treatment, payment, or healthcare operations. We are not required to agree to the requested restriction except in the limited situation in which you or someone on your behalf pays for an item or service, and you request that information concerning such item or service not be disclosed to a health insurer.
- We normally contact you by telephone or mail at your home address. You may request that we contact you by alternative means or at alternative locations. We will accommodate reasonable requests.
- You may inspect and obtain a copy of records that are used to make decisions about your care or payment for your care, including an electronic copy. We may charge you a reasonable cost-based fee for providing the records. We may deny your request under limited circumstances, e.g., if we determine that disclosure may result in harm to you or others.

- You may request that your protected health information be amended. We may deny your request for certain reasons, e.g., if we did not create the record, or if we determine that the record is accurate and complete.
- You may receive an accounting of all disclosures we have made of your protected health information up to 6 years prior to the request. You may 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.
- You may obtain a paper copy of this Notice upon request. You have a 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 this Notice at any time, and to make the new Notice effective for all protected health information that we maintain. If we materially change our privacy practices, we will post a copy of the current Notice in our reception area and on our website. You may obtain a copy of the operative Notice from our receptionist or Privacy Officer.

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. You may file a complaint with us by notifying our Privacy Officer. All complaints must be in writing. We will not retaliate against you for filing a complaint.

7. CONTACT INFORMATION:

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

Privacy Officer: Aidan Transtrum

Phone: 208-954-5595

Address: 2375 S Cobalt Point Way, Suite 102, Meridian, ID 83642

Email: atranstrum@numetms.com

8. EFFECTIVE DATE:

This notice is effective February 13, 2020