

HIPAA 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. THE PRIVACY OF YOUR HEALTH CARE IS IMPORTANT TO US.

Original Effective Date: April 14, 2003

We are required by applicable federal and state law to maintain the privacy of your health information. This notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations, and for other purposes that are permitted or required by law. It also describes in this notice while it is in effect. As permitted by the HIPAA Privacy Rule, We reserve the right to make changes to this Notice and to make such changes effective for all Protected Health Information we may already have about you. If and when this Notice is changed, we will post a copy in our office in a prominent location. We will also provide you with a copy of the revised Notice upon your request made to your Privacy Official.

USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

Your protected health information may be used and disclosed by our physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operations of the physician's practice, and any other uses required by law.

Treatment: We may use and disclose protected health information about you to provide, coordinate, or manage your health care and related services. We may consult with other health care providers regarding your treatment and coordinate and manage your health care with others. In addition, we may use and disclose protected health information about you when referring you to another health care provider. In emergencies, we may use and disclose protected health information to provide the treatment you need.

Payment: We may use and disclose protected health information so that we can bill and collect payment for the treatment and services provided to you. We may use and disclose protected health information to find out if your health plan will cover the cost of care and services we provide and the insurance benefits to be paid for your care.

Health Care Operations: We may use and disclose as needed, protected health information in order to support business activities of your physician's practice. These activities include, but not limited to quality assessment activities, employee review activities, or conducting training programs. Health care operations include doing things that allow us to improve the quality of care we provide and to reduce health care costs.

Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your information for any reason except those described in this notice.

Communication From Our Office: We may contact you to remind you for appointments and to provide you with information about treatment alternatives and other health-related benefits and services that may be of interest to you. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room when your physician is ready to see you.

OTHER USES AND DISCLOSURES WE CAN MAKE WITHOUT YOUR WRITTEN AUTHORIZATION OR WHICH YOU HAVE OPPORTUNITY TO AGREE OR OBJECT

Individuals Involved in Your Care or Payment for Your Care: We may disclose protected health information about you to your family member, close friend, or any other person identified by you if that information is directly relevant to the person's involvement in your care or payment for your care. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to such use or disclosure. In the event of your incapacity or emergency

circumstances, we will disclose health information based on a determination using your our professional judgment disclosing only health information that is directly related 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 or your best interest in allowing a person to pick up the filled prescriptions, medial supplies, X-rays, or other similar forms of health information.

Required By Law: We may use and disclose protected health information as required by federal, state or local law to the extent that we use or disclosure complies with the law and is limited to the requirements of the law. We may use the disclosure protected health information to public health authorized persons to carry out certain activities related to public health.

Abuse, Neglect, or Domestic Violence: We may disclose protected health information in certain cases to proper government authorities if we reasonably believe that a patient has been a victim of domestic violence, abuse or neglect.

Law Enforcement/National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose authorized federal officials health information required for lawful intelligence, counterintelligence and other national security activities. We may disclose to correctional institutions for law enforcement officials having lawful custody of protected health information or inmate or patient under certain circumstances.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU

Access: You have the right to look at or get copies of your health information; with limited exceptions (you may make a request in writing). You may be charged a reasonable cost-based fee for expenses such as copies and staff time.

You have the right to request additional restrictions on our use or disclosure of health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

You have the right to request that we amend protected health information about you as long as such information is kept b or for our office. You must give a specific reason for your request. We may deny your request in certain cases, including if it is not in writing or if you do not give us a reason for the request.

You have the right to receive an "accounting" of certain disclosures that we have made, if any, or protected health information.

COMPLAINTS: If you believe your privacy has been violated, you may file a complaint with us or with the Secretary of the United States Department of Health and Human Services. To file a complaint with our office, please contact our Privacy Official at the address and number listed below. We will not retaliate or take action against you for filling a complaint. This notice was published and first became effective on **April 14, 2003**.

Privacy Official: April Johnson/Office Manager
Address: Dr. M. Cole Johnson & Merrick Reynolds, PA-C, 526 Shoup Ave. West Suite D, Twin Falls, ID 83301
Telephone: (208) 733-1112

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak with our HIPAA Compliant Office in person at the address listed above.

Signature below is only acknowledgement that you have received this Notice of our Privacy Practices:

Print Name _____

Signature _____ Date _____