

# PHYSICIANS IMMEDIATE CARE CENTER

## PRIVACY STATEMENT

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.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present, future physical, mental health or condition related health care services.

We are required to abide by the terms of the Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised notices of Privacy Practices, you may call our office and request that a revised copy be sent to you in the mail or you may ask for one at the time of your next visit.

### 1. **Uses and Disclosures of Protected Health Information**

Federal Law allows Physicians Immediate Care Center (PICC) to use and disclose your personal information for treatment, payment and health care operations.

Your Protected Health Information may be used and disclosed by your 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. Your Protected Health Information may also be used and disclosed to pay your health care bills and to support the operations of the physician's practice.

### 2. **Treatment**

We will use and disclose your Protected Health Information to provide, coordinate or manage your health care related services. For example; your Protected Health Information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

### 3. **Payment**

Your Protected Health Information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for you health care services that we recommend for you, such as, making determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

### **Healthcare Operations**

We may use or disclose, as needed, you Protected Health Information in order to support the business activities of you physician's practice. We may use or disclose your Protected Health Information, as necessary,

to contact you to remind you of your appointments. We may also call you by name in the waiting room when the physician is ready to see you.

We will share your Protected Health Information with third party “business associates” that perform various activities (e.g. collection agency) for the practice. Whenever an arrangement between our office and a business associates involves the use or disclosure of your Protected Health Information, we will have a written contract that contains terms that will protect the privacy of your Protected health Information.

### **Uses and Disclosures of Protected Health Information Based Upon your Written Authorization**

Other uses and disclosures of your Protected Health information will be made only with your written authorization or consent, unless otherwise permitted or required by law as described below. For example, participation in quality improvement or medical research outcomes would require your signature and consent.

You may revoke this authorization, at any time, in writing, except to the extent that the physician or the physician’s practices has taken an action in reliance on the use or disclosure indicated in the authorization.

### **Other permitted and Required Uses and Disclosure That May Be Made Without Your Consent, Authorization or the Opportunity to Object.**

We may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:

1. When required by law.
2. Public health activities: such as reports about communicable diseases or work- related health issues.
3. In reports about child abuse, domestic violence, or neglect.
4. For health oversight activities, such as reports to governmental agencies that are responsible for licensing physicians or other health care providers.
5. In connections with court proceedings or proceedings before administrative agencies.
6. For law enforcement purposes, such as responding to a court order or subpoena.
7. In reports to coroners, medical examiners, or funeral directors.
8. For tissue or organ donations.
9. For research, with the approval of certain oversight entities. Otherwise, use and disclosure of your personal information for research requires your consent and signature.
10. To avert a serious threat to the health or safety of a person or of the public.
11. For national security and intelligence activities, including the protection of the President.

12. In connection with the services provided under worker's compensation law.

13. For limited marketing purposes when related to your treatment.

PICC may disclose your personal information to your family members who are involved in your care without either your consent or your authorization. However, you must be provided with an opportunity to object prior to the disclosure. All other uses and disclosures of your personal information will be made by PICC only with your written authorization.

### **Your Rights**

PICC restricts access to your personal information to those employees who need access in order to provide services to the patients. We have established and maintain appropriate physical, electronic and procedural safeguards to protect your personal information against unauthorized use or disclosure.

### **Authorizations/ Consent**

If an authorization or consent is necessary, PICC will provide you with an authorization/ consent form for you or your personal representative to complete.

### **Access to Personal Information**

As a matter of Federal and state law, you have the right to review and copy your personal information received and retained by PICC. If you desire access to your personal information, you must notify PICC in writing. We will respond to your request and provide a time and place, within normal business operating hours, for your inspection of the personal information we have in our possession. If you request a copy of the information held by PICC, a copy can be provided. We reserve the right to charge a reasonable administrative fee for copying your personal information, as allowed by applicable law.

### **Right to Amend Personal Information**

State and federal law allows you the right to amend your personal information held at PICC. A request to amend your personal information must be submitted to PICC in writing and the amendment must not be longer than 250 words in length. PICC will attach your amendment to the record(s) of your personal information. Your amended personal information will be made available for your review upon request.

### **Right to Receive an Accounting Disclosures**

State and federal law provide you the right to request an accounting of all disclosure of your personal information made by PICC that are related to your treatment, payment for your treatment or PICC health care operations as outlined above. You may request an accounting in writing and PICC will respond within a reasonable period after your request in accordance with established policies.

### **Right to Receive this Notice**

You have the right to request a copy of this notice in written or electronic form. You may contact our office and request a copy and one will be provided at no charge.

### **Right to Request Restriction on Disclosure of Personal information**

State and federal law permits you to request restrictions on the use and disclosure of your personal information. PICC reserves the right to accept or reject your request for restriction. All requests must be made in

writing. Upon the receipt, we will review the request and notify you of the decision to either accept or reject the request.

### **Right to Confidential Communications**

You have the right to request that PICC provide your personal information to you in a confidential manner. For example, you may request that we send your personal information by alternate means or to an alternate address, such as by telephone to a different number or to an office address rather than to your home.

### **Right to Complain**

PICC is obligated to comply with this notice. If you believe that PICC physicians have violated this policy, you have the right to file a complaint with the PICC Privacy Officer, your health plan or the Secretary of Health and Human Services.

### **Contacting Physicians Immediate Care Center of Twin Falls:**

Physicians Immediate Care Center

243 Cheney Drive West, Suite 200

Twin Falls, ID 83301

Phone: (208) 736-7422

Fax: (208) 736-8905

### **Rights Reserved by PICC**

PICC reserves all the rights expressed above. PICC reserves the right to amend or change the terms of the notice at any time and to make the provisions of the new notice effective for all personal information we maintain. You may request update to this notice.