



1951 Bench Road. – Suite F – Pocatello, ID 83201 – Phone (208) 237-0977 – Fax (208) 237-0985

## **Patient Notice Of Information Privacy Practices At**

(Pursuant to the Health Insurance Portability Act, Public Law 104-191)

At Diagnostic Imaging Service of Idaho, we have always believed our patients are entitled to seek treatment in an environment where they are treated by a professional staff, with dignity, and where their privacy is respected and protected. We are responsible for maintaining such a clinic environment and have historically practiced stringent policies and procedures to ensure that we do so.

Effective April 14, 2003, health care practitioners, and facilities in the United States are required by regulations provided for in the Health Insurance Portability, Act (HIPAA) to notify their patients of the policies and practices they will follow in the safeguarding of patients' private health information as it is used in treatment, obtaining payment (including the submission of insurance claims electronically), and other health care operations within the practitioner's facility.

The Office of the Secretary of Health and Human Services acknowledges in documents posted on its website in December of 2002 that "Health care providers have a strong tradition of safeguarding private health information "However, in today's world of increased computerization and electronic transmission of information federal regulations have been developed to mandate standards for the protections of patients' private health information as it is used in internal health care facility operations and to govern its transmission or disclosure to entities outside of the practitioner's own facilities.

The following sections of this document describe our practices for safeguarding your private health information. At the end of these sections, you will find a page entitled Acknowledgment of Receipt of Notice of Privacy Practices. We will be very grateful if you will sign this page and return it to one of our staff members so that we can comply with the new federal regulations that we demonstrate our notification of our patients regarding our privacy practices and the patient's rights regarding access to his or her private health information.

### **Section 1: ROUTINE USES AND DISCLOSURES OF HEALTH INFORMATION**

Diagnostic Imaging Service of Idaho gathers documents and organizes information about you into records held solely for the purpose of providing you with appropriate medical treatment and service and to obtain payment for those services. Provision of treatment sometimes requires that we share information with other physicians (or their employees) who are involved in your treatment and with emergency personnel such as paramedics and hospital emergency room physicians and staff.

We may use or disclose your personal or health information for patient appointment reminders or in notifying you of clinical results and treatment plan instructions by phone.

There may also be situations in which we are required to disclose information by federal or state law. However, in these situations we are careful to protect the confidential relationship that must exist between a health care practitioner and his or her patient. We will release only what is required by law and are diligent to be certain that we are, in fact required to disclose information before we will do so.



1951 Bench Road. – Suite F – Pocatello, ID 83201 – Phone (208) 237-0977 – Fax (208) 237-0985

## **Section II: OTHER USES AND DISCLOSURES OF HEALTH INFORMATION**

We may disclose private health information to our third party “business associates” who perform activities involving private health information (for example, transcription services) for our office. Our contracts with business associates require them to protect your health information.

Unless you object, we may disclose private information to a member for your family, close friend, or other person identified by you who is involved in your health care or the payment for your health care. We will limit the disclosure to the private health information relevant to that person’s involvement in your health care or the payment of your healthcare.

## **Section III: USES AND DISCLOSURES PURSUANT TO WRITTEN AUTHORIZATION**

Except for the purpose described above in Sections I and II, we will not use or disclose your health information for any other purposes unless we have your specific written authorization. You have the right to revoke that authorization at any time.

## **Section IV: YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

You have the following rights regarding your health information:

- A. You may request (in writing) a copy of the health information we maintain and utilize in making decisions about your care. (We have a right to deny your request in some very limited circumstances; you have a right to appeal a denial). We may charge you a reasonable, cost based fee, for providing the records.
- B. You have a right to request that we amend (or correct) you private health information. We have a responsibility and a right to maintain our patient records with information that is accurate and appropriate to support good medical treatment of our patients. Any decision we make regarding your request for amendment of information will be based on careful consideration of these
- C. You have a right to an accounting of disclosures we have made (not including those involved in routine communication as outlined in Section I and II above).
- D. You have a right to request restriction or limitation of the information we disclose about you for treatment, payment or health care operations.
- E. We normally contact you by telephone (either at your home or work) or by mail to you home address. We may leave a message if we are unable to reach you directly by phone. You have a right to request confidential communications by some other method or at some other location. For example, you may ask that we only try to contact you at home and never at work.
- F. You have a right to receive a paper copy of this notice. (Further we are willing to share with you any more information that you might request and that we have regarding patient privacy policies).

## **Section V: QUESTIONS OR COMPLAINTS**

If you have any question regarding this Notice or if you wish to receive additional information about our privacy practices, please contact our Practice Manager at (208) 237-0977. If you believe your privacy rights have been violated in any way and want to discuss it with someone outside of the clinic, you may contact the Office of the Secretary of Health and Human Services.