



Challis Area Health Center

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.

In this Notice, we describe the ways that we may use and disclose health information about our patients. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule requires that we protect the privacy of health information that identifies a patient, or where there is a reasonable basis to believe the information can be used to identify a patient. This information is called “protected health information” or “PHI”. This Notice describes your rights as our patient and our obligations regarding the use and disclosure of PHI. We are required by law to:

- Maintain the privacy of PHI about you;
- Give you this Notice of our legal duties and privacy practices with respect to PHI;
- Comply with the terms of our Notice of Privacy Practices that is currently in effect.

USES AND DISCLOSURES FOR TREATMENT, PAYMENT, HEALTH CARE OPERATIONS, RESEARCH AND THE IDAHO HEALTH DATA EXCHANGE:

The following categories describe the different ways we may use and disclose PHI for treatment, payment, health care operations, research and via the Idaho Health Data Exchange without your consent or authorization. The examples included in each category do not list every type of use or disclosure that may fall within that category.

Treatment: We may use and disclose PHI about you to provide, coordinate, or manage your health care and related services. We may also disclose PHI about you for the treatment activities of another health care provider for referrals. We may use and disclose PHI to individuals involved in your care or payment for your care, such as family members.

Payment: We may use and disclose PHI so that we can bill and collect payment for the treatment and services provided to you. We may also disclose PHI to another health care provider or to a company or health plan required to comply with the HIPAA Privacy Rule for the payment activities of that health care provider, company, or health plan.

Health Care Operations: We may use and disclose PHI in performing business activities that are called health care operations. Health care operations include doing things that allow us to improve the quality of care we provide and to reduce health care costs. If another health care provider, company, or health plan that is required to comply with the HIPAA Privacy Rule also has or once had a relationship with you, we may disclose PHI about you for certain health care operations of that health care provider or company.

Research: We may use or disclose your PHI for research purposes, subject to the requirements of applicable law. Your PHI will only be shared for research purposes pursuant to your written authorization or as required or permitted by HIPAA and other applicable law, including 45 C.F.R. 164.512. We partner with Idaho State University (ISU) to provide certain telemedicine services to our patients. Pursuant to 45 C.F.R. 164.512(i)(1) we may provide ISU with your identity and contact information if you participate in telemedicine. This limited information is provided to ISU so that ISU may identify potential research candidates and request that the potential research candidates provide written authorization to

participate in research studies related to the telemedicine services. No other PHI will be provided to ISU without your written authorization or unless permitted or required by law. You are entitled to decline any research request from ISU and doing so will not impact your care, including telemedicine services, in any way.

Idaho Health Data Exchange: We participate in the Idaho Health Data Exchange (IHDE). This is a secure statewide internet-based health information exchange. The purpose of the IHDE is to improve the quality and coordination of health care in Idaho. If you do not want to participate in the IHDE and you do not want to have your health care information shared with other medical providers involved in your care via the IHDE, you can opt out of participation. To opt out, you must complete and sign the IHDE "Request to Restrict Disclosure of Health Information" form and mail or fax it to IHDE at the address or fax number provided on the form. The "Request to Restrict Disclosure of Health Information" form is available online at the IHDE's website—<http://www.idahohde.org>—or upon request from our office. You will receive a letter of confirmation from the IHDE upon completion and submission of the form. This will only restrict your information from being released or shared through the IHDE. For additional privacy concerns please contact our office directly at the number and address provided below. Please be aware that if you do not opt out of participation in the IHDE by completing the Request to Restrict Disclosure of Health Information form, we may share your protected health information with other participating healthcare providers involved in your care through the IHDE.

We may use and disclose PHI about you as required by law, including 45 CFR 164.512, without your authorization or opportunity to agree or object, provided that we comply with certain conditions that may apply.

YOU HAVE THE RIGHT TO: Request restrictions to receive confidential communications, to inspect and copy records, to amend records, to receive an accounting of disclosures, and to a paper copy of this notice. If you have complaints or questions, please contact the Privacy Official listed below.

PRIVACY OFFICIAL CONTACT INFORMATION: Steve Rembelski, CEO (contact info shown below)