



Overview

This notice provides information about the use and disclosure of your protected health information (PHI) by Orthopedic Sports Institute.

This Notice:

- Describes your rights and our obligations for using your health information.
- Informs you about laws that provide special protections.
- Explains how your health information is used and how, under certain circumstances, it may be disclosed.
- Tells you how changes to this notice will be made available to you.

Who Will Follow This Notice

Orthopedic Sports Institute, and their staff, physicians, vendors, volunteers, and students insofar as the health information maintained about you in those organizations.

Uses and Disclosures Permitted Without Your Authorization

There are certain uses and disclosures that we are required or permitted to make without your specific written authorization.

These permitted uses and disclosures are described below:

- **Treatment** - We may use or disclose your health information for providing your care. For example, we may remind you of an appointment or share information about you with your primary physician for follow-up.
- **Payment** – We may use or disclose our health information for obtaining payment. For example, we may call your insurer to confirm in advance that your insurer will cover your surgery.
- **Operations** – We may use or disclose your health information for obtaining payment. For example, to evaluate the performance of those caring for you.
- **Business Associates** – We may disclose your health information to business associates with whom we contract to provide services. For example, we may disclose your information to a company that assists us in billing.
- **Military** – If you are a member of the armed forces, we may disclose information about you as required by military command authorities or to the department of veteran's affairs.
- **Incidental Uses and Disclosures** – There are certain uses or discloses of your information that may occur while we are providing service to you or conducting our business. For example, the doctor or medical assistant may need to use your name to identify family members that may be waiting for you. Other individuals may hear your name called. We will make reasonable efforts to limit these incidental uses and disclosures.
- **Coroners, Medical Examiners and Funeral Directors** – We may disclose health information to organizations that handle organ, eye or tissue donation or transplantation.
- **Health Oversight** – We may disclose health information to organizations that handle organ, eye or tissue donation or transplantation.
- **Public Health Activities** – We may disclose health information to a health oversight agency or public health authority authorized by law to investigate or oversee health provider conduct or conditions.
- **Required by Law** – We will use or disclose your protected health information to the extent that the law requires it.
- **Law Enforcement** – We may report information to appropriate law enforcement personnel: about certain types of wounds or other physical injuries; information to prevent or lessen a serious and imminent threat to the health or safety of a person or to the public; to identify, locate or apprehend a suspect fugitive, material witness or missing person; for intelligence, counter intelligence and other national security activities; about a victim of a crime; and/or about a crime on the premises.
- **Legal Proceedings** – We may disclose health information to attorneys or courts in response to a subpoena, discovery request or other lawful process.
- **Research** – We may use or disclose information about you for research projects. Research projects must go through a special process that protects the confidentiality of your information.
- **Idaho Health Data Exchange (IHDE)** - We participate in the IHDE which allows medical professionals, payers, and state government to access information about you for treatment, payment, and health care operations. If you do not want the IDHE to use or disclose your information, you may obtain a Request to Restrict Disclosure of Health Information from Patient Access at the hospital, or front desk at Orthopedic Sports Institute.

Uses and Disclosure When You Have the Opportunity to Object

- **Disclosure to and Notification of Family, Friends or Others involved in your care** – Unless you object, we may use or disclose information to notify or help notify a family member or other person responsible for your care, your location and condition. We may also disclose to a family member, other relative, close personal friend or any other person you identify, information relative to that person's involvement in your care or payment for your care. If you do not want family members or others notified, please tell staff at the registration or front desk, and/or those caring for you.
- **Hospital Directory** – Unless you object, the Hospital will use your name, location in the facility, general condition and religious affiliation for directory purposes. That means that when you are a hospital patient, this information may be provided to members of the clergy and except religions affiliation, to people who ask for you by name. If you do not want your health information listed in the hospital directory, please tell the Hospital Patient Access staff.

- Disclosure for Disaster Relief Purposes – We may disclose your location and general condition to a public or private entity (such as FEMA or the Red Cross) authorized by its charter or by law to assist in disaster relief efforts.

Other Uses and Disclosures

Certain types of health information are afforded extra protection under federal law or state law. For example, disclosures of information about behavioral health, chemical dependency, sexually transmitted disease, and genetic testing often require your written permission. Unless required by law, we will obtain your written permission before disclosing such information.

Uses and Disclosures Requiring Your Authorization

We will obtain a written authorization from you before using or disclosing your protected health information for any purpose other than that summarized above. You may revoke your authorization at any time by submitting a written notice to Orthopedic Sports Institute. The revocation will not affect disclosures that have already been made but will stop future disclosures.

Your Rights

- When it comes to your health information, you have certain rights, this section explains your rights and how you can exercise those rights.
- You have a right to review and ask for a copy of the lab, health and billing information we maintain and use to make decisions about you.
- If the information is maintained electronically, you have a right to receive that information in an electronic format.
- You can ask to see or obtain a copy of your information by contacting the front desk at Orthopedic Sports Institute.
- You have a right to request changes to your health information.
- You can ask us to correct health information about you that you think is incorrect or incomplete. To request an amendment to your record, contact the author of the incorrect entry, the Privacy Officer.
- You have a right to request restrictions on the use and disclosure of your information. You may ask us to limit how we use or disclose your health information. We are not required to agree to your request and will tell you if your request cannot be honored. If we agree to your request, we will not violate the restriction unless the information is necessary to provide you with emergency treatment.
- You may request a restriction by contacting the Privacy Officer.
- If you pay for a service or item out-of-pocket in full, you can ask us not to share with your health insurer's information about that service or item for the purpose payment or our operations.
- You may request a restriction from your insurer when you present and make payment in full at the time of the encounter.
- You have a right to request we communicate with you by alternative means or locations.
- We normally contact you by telephone or mail at the location and phone number you provided on admission. You may request that we contact you by some other method or at some other location. We will accommodate reasonable requests but may require that you explain how payment will be handled if an alternative means of communication is used.
- You may make your request with the front desk staff at Orthopedic Sports Institute.
- You have a right to receive a list of disclosures of your health information.
- You have a right to obtain a paper copy of this notice.
- This notice is available at the front desk of Orthopedic Sports Institute.

Complaints

Please contact the Privacy Officer if you have questions or concerns about your privacy rights. You may file a formal complaint by completing and submitting the Privacy Rights Complaint.

The Privacy Officer may be reached at:

Orthopedic Sports Institute
1233 N Northwood Center Court Suite 101
Coeur d'Alene ID 83814

You may also file a formal complaint with the officer for Civil Rights, Health and Human Services by following the directions on their website.

We will not retaliate against you for filing a complaint.

Our Legal Duties

Orthopedic Sports Institute is required by law to maintain the privacy and security of your health information and to abide by the terms of the notice currently in effect.

We reserve the right to change the terms of the notice and apply the changes to all information we have about you. The new notice will be available in our facilities, and on our website.

This notice is effective July 1, 2019.

Orthopedic Sports Institute complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.