



**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.**

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**Effective Date of This Notice: March 29, 2004**

Pain Care Center Boise, LLC (“Pain Care Boise”) is required by law to maintain the privacy of your health information and to give to you notice of our legal duties and privacy practices with respect to your protected health information. This Notice summarizes our duties and your rights concerning your protected health information. Our duties and your rights are set forth more fully in 45 C.F.R. part 164. We are required to abide by the terms of our Notice that is currently in effect.

**Persons Covered by This Notice.**

This notice applies to the delivery of healthcare at Pain Care Boise and William G. Binegar, MD, PA, by the employees and staff, the medical staff and allied health professionals. This notice applies to protected health information obtained by Pain Care Boise or William G. Binegar, MD, PA in providing services to you. In addition, all persons and entities participating in Pain Care Boise or William G. Binegar, MD, PA may share your protected health information with each other for purposes as described in the Notice of Privacy Practices. You will be billed separately for services.

**Why Do We Collect Your Personal Information?**

We collect personal health information from you for a number of reasons, including to help us determine the best medical treatment, to obtain payment for treatment, and to provide quality improvement services.

**How Do We Collect Your Personal Health Information?**

We collect your personal health information through you and other health care providers.

**How Do We Protect Your Personal Health Information?**

We protect your personal health information by:

- Treating all of your personal information that we collect as confidential;
- Stating confidentiality policies and practices in our employee handbook as well as disciplinary measures for privacy violations;
- Restricting access to your personal information only to those employees and staff who need to know your personal information in order to provide our services to you;
- Only disclosing your personal information that is necessary for our business associates to perform their functions on our behalf, and the associates agree to protect and maintain the confidentiality of your personal information; and
- Maintaining physical, electronic, and procedural safeguards that comply with federal and state regulations to guard your personal information.

**Uses And Disclosures of Information That We May Make Without Written Authorization.**

We may use or disclose protected health information for the following purposes without your written authorization. These examples are not meant to be exhaustive.

## **Information Provided to You the Patient.**

**Treatment.** We use or disclose protected health information to provide treatment and other services to you. For example, a doctor or staff member may use information in your medical records to diagnose or treat your condition. Also, we may disclose your information to health care providers outside our office so that they may help treat you.

**Payment.** We may use or disclose protected health information so that we, or other health care providers, may obtain payment for treatment provided to you. For example, we may disclose information from your medical records to your insurance company to obtain pre-authorization for treatment or submit a claim for payment.

**Health Care Operations.** We may use or disclose protected health information for our health care operations, which includes internal administration and planning and various activities that improve the quality and cost effectiveness of care that we deliver to you. For example, we may use your health information to evaluate the quality and competence of our physicians, nurses, and other health care workers. We may disclose your health information internally in order to resolve any complaints you may have and ensure that you have a comfortable visit with us.

**Required by law.** As required by law, we may use and disclose your health information.

**Threat to Health or Safety.** We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

**Abuse or Neglect.** We must disclose protected health information to the appropriate government agency if we believe it is related to child abuse or neglect, or if we believe that you have been a victim of abuse, neglect or domestic violence.

**Communicable Diseases.** We are required to disclose protected health information concerning certain communicable diseases to the appropriate government agency. To the extent authorized by law, we may also disclose protected health information to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Public Health Activities.** We may use or disclose protected health information for certain public health activities, such as reporting information necessary to prevent or control disease, injury or disability; or reporting limited information for FDA activities.

**Health Oversight Activities.** We may disclose protected health information to government health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings.

**Judicial and Administrative Proceedings.** We may disclose protected health information in response to an order of a court or administrative tribunal. We may also disclose protected health information in response to a subpoena, discovery request or other lawful process if we receive satisfactory assurances from the person requesting the information that they have made efforts to inform you of the request or to obtain a protective order.

**Law Enforcement.** We may disclose protected health information, subject to specific limitations, for certain law enforcement purposes, including to identify, locate, or catch a suspect, fugitive, material witness or missing person; to provide information about the victim of a crime; to alert law enforcement that a person may have died as a result of a crime; or to report a crime.

**National Security.** We may disclose protected health information to authorized federal officials for national security activities.

**Coroners and Funeral Directors.** We may disclose protected health information to a coroner or medical examiner to identify a deceased person, determine cause of death, or permit the coroner or medical examiner to fulfill their legal duties. We may also disclose information to a funeral director to allow them to carry out their duties.

**Organ Donation.** We may use or disclose protected health information to organizations involved in procuring, banking or transplanting organs and tissues.

**Research.** We may use or disclose protected health information for research if approved by an institutional review board or privacy board and appropriate steps have been taken to protect the information.

**Worker's Compensation.** We may disclose protected health information as necessary to comply with worker's compensation laws and other similar legally-established programs.

**Appointments and Services.** We may use or disclose protected health information to contact you to provide appointment reminders, or to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Marketing.** We may use or disclose protected health information for limited marketing activities, including face-to-face communications with you about our services.

**Business Associates.** We may disclose protected health information to our third party business associates who perform activities involving protected health information for us, e.g., billing or transcription services. Our contracts with the business associates require them to protect your health information.

**Military.** If you are in the military, we may disclose protected health information as required by military command authorities.

**Inmates or Persons in Police Custody.** If you are an inmate or in the custody of law enforcement, we may disclose protected health information if necessary for your health care; for the health and safety of others; or for the safety or security of the correctional institution.

**Change of Ownership.** In the event that Pain Care Boise is sold or merged with another organization, your health information/record will become the property of the new owner.

#### **Uses and Disclosures of Information That We May Make Unless You Object.**

We may use and disclose protected health information in the following instances without your written authorization unless you object. If you object, please notify the Privacy Contact identified on next page.

**Persons Involved in Your Health Care.** Unless you object, we may disclose protected health information to a member of your family, relative, 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 protected health information relevant to that person's involvement in your health care or payment.

**Notification.** Unless you object, we may use or disclose protected health information to notify a family member or other person responsible for your care of your location and condition. Among other things, we may disclose protected health information to a disaster relief agency to help notify family members.

#### **Uses and disclosures Of Information That We May Make With Your Written Authorization.**

We will obtain a written authorization from you before using or disclosing your protected health information for purposes other than those summarized above. You may revoke your authorization by submitting a written notice to the Privacy Contact identified below.

#### **Your Rights Concerning Your Protected Health Information.**

You have the following rights concerning your protected health information. To exercise any of these rights you must submit a written request to the Privacy Contact identified below.

**Right to Request Restrictions.** You may request additional restriction on the use or disclosure of your protected health information for treatment, payment, or health care operations. We are *not* required to agree to a requested restriction. If we agree to a restriction we will comply with the restriction unless an emergency or the law prevents us from complying with the restriction, or until the restriction is terminated.

***Right to Receive Communications by Alternative Means.*** We normally contact you by telephone or mail at your home address. You may request that we contact you by some other method or at some other location. We will not ask you to explain the reason for your request. We will accommodate reasonable requests. We may require that you explain how payment will be handled if an alternative means of communication is used.

***Right to Inspect and Copy Records.*** You may inspect and obtain a copy of protected health information that is used to make decisions about your care or payment for your care. We may charge you a reasonable cost-based fee for providing the records. We may deny your request under limited circumstances, e.g., if you seek psychotherapy notes; information prepared for legal proceedings; or if disclosure may result in substantial harm to you or others.

***Right to Request Amendment to Record.*** You may request that your protected health information be amended. You must explain the reason for your request in writing. We may deny your request if we did not create the record unless the originator is not longer available; if you do not have a right to access the record; or if we determine that the record is accurate and complete. If we deny your request, you have the right to submit a statement disagreeing with our decision and to have the statement attached to the record.

***Right to an Accounting of Certain Disclosures.*** You may receive an accounting of certain disclosures we have made of your protected health information after March 29, 2004. We are not required to account for disclosures for treatment, payment, or health care operations; to family members or others involved in your health care or payment; for notification purposes; or pursuant to your written authorization. You may receive the first accounting within a 12-month period free of charge. We may charge a reasonable cost-based fee for all subsequent requests during that 12-month period.

***Right to a Copy of This Notice.*** You have the right to obtain a paper copy of this Notice upon request.

#### **Changes to This Notice.**

We reserve the right to change the terms of our Notice of Privacy Practices at any time, and to make the new Notice provisions effective for all protected health information that we maintain. If we materially change our privacy practices, we will prepare a new Notice of Privacy Practices, which shall be effective for all protected health information that we maintain. We will post a copy of the current Notice in our reception area. You may obtain a copy of the current Notice in our reception area, or by contacting the Privacy Contact identified below.

#### **Complaints.**

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint with us by notifying our Privacy contact identified below. All complaints must be in writing. We will not retaliate against you for filing a complaint. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

#### **Privacy Contact.**

If you have any questions about this Notice, or if you want to object to or complain about any use or disclosure or exercise any right as explained above, please contact our Privacy Contact:

**Erin Brown, RN – Nurse Administrator**

**Phone: (208) 342-8200**

**Pain Care Boise**

**301 W. Myrtle**

**Boise, ID 83702**

**Email: [ebrown@paincareboise.com](mailto:ebrown@paincareboise.com)**