

COMMUNITY FAMILY CLINIC

2100 ALAN STREET IDAHO FALLS, ID 83404
PH: (208) 528-7655 FAX: 524-9390

NOTICE OF PRIVACY PRACTICES

EFFECTIVE DATE OF THIS NOTICE: 09/01/2013

**THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

Please review carefully.

→ If you have any questions about this notice, please contact the Abe Gerthung at (208) 528-7655.

→ You may request a copy of this notice at any time. Copies of this notice are available at the reception desk.

PURPOSE OF THIS NOTICE

This Notice of Privacy Practices describes how Community Family Clinic, a program of the Idaho Migrant Council, handles confidential information, following state and federal requirements. Staff at Community Family Clinic may share your information with each other as needed to provide you benefits or services and for normal business purposes.

We are dedicated to protecting your confidential information. We create client files in which we keep records of the services you receive from Community Family Clinic. We need these records to give you quality care and services. We also need these records to follow various local, state and federal laws.

We are required to:

- Use and disclose confidential information as required by law.
- Maintain the privacy of your information.
- Give you notice of our legal duties and privacy practices for your information.
- Notify affected individuals following a breach of unsecured health information
- Follow the terms of the notice that is currently in effect.

HOW COMMUNITY FAMILY CLINIC MAY USE AND SHARE YOUR INFORMATION

1. Uses & disclosures we may make without your written authorization

For **Treatment**: We may use your information for case staffing and supervisors. As a part of any treatment services at Community Family Clinic, all services provided fall under supervision of another staff member. Within supervision, all information remains confidential and no information is discussed outside of supervision and case staffing. Treatment measures included here would also include appointment reminders and treatment alternatives.

For **Payment**: We may use and share your information so that the treatment and services you receive through Community Family Clinic can be paid. For example, we may need to give your insurance company (such as Medicaid) information about the treatment or services that you received, so that your medical insurance can pay for the treatment or services.

For **Business Operations**: We may use and share your information for business operations purposes. This is necessary for the daily operation of Community Family Clinic and to make sure that all of our clients receive quality care. For example, we may use your information to review our provision of treatment and services and to evaluate the performance of our staff in providing services for you.

Other Uses or disclosures of your information that may be made without your permission:

We may also use or disclose your information for certain other purposes allowed by 45 CFR § 164.512 or other applicable laws and regulations, including the following:

- To Prevent a Serious Threat to your health or safety or that of others
- As Required by state or federal law such as reporting abuse, neglect or certain other events
- As allowed by workers compensation laws for use in workers compensation proceedings.
- For certain public health activities such as reporting certain diseases.

- For certain public health oversight activities such as audits, investigations, or licensure actions.
- In response to a court order, warrant or subpoena in judicial or administrative proceedings.
- For certain specialized government functions such as the military or correctional institutions.
- For research purposes if certain conditions are satisfied.
- In response to certain requests by law enforcement to locate a fugitive, victim or witness, or to report deaths or certain crimes.
- To coroners, funeral directors, or organ procurement organizations as necessary to allow them to carry out their duties.

3. Uses and Disclosures ONLY With Your Written Authorization. Other uses and disclosures not described in this Notice will be made only with your written authorization, for most marketing purposes; or if we seek to sell your de-identified information.

There may be other times when Community Family Clinic may need to use and share your information. For example, if Community Family Clinic is asked for information from your employer or school that is not part of treatment, payment or business operations, Community Family Clinic will ask you for a written authorization permitting us to share that information. If you give us permission to use or share your information, you may stop that permission at any time, in writing. If you stop your permission, we will no longer use or share that information. You must understand that we are unable to take back any information already shared with your permission.

Special Requirements

Information that has been received from a state or federally funded substance abuse treatment program or through the infant and toddler program will not be released without specific authorization from the individual or legal representative.

4. Your Rights Concerning Your Protected Health Information. You have the following rights concerning your health information. To exercise any of these rights, you must submit a written request to the Privacy Officer identified below.

- You may request additional restrictions on the use or disclosure of information for treatment, payment or healthcare operations. We are *not* required to agree to the requested restriction except in the limited situation in which you or someone on your behalf pays for an item or service, and you request that information concerning such item or service not be disclosed to a health insurer.

- We normally contact you by telephone or mail at your home address. You may request that we contact you by alternative means or at alternative locations. We will accommodate reasonable requests.

- You may inspect and obtain a copy of records that are used to make decisions about your care or payment for your care, including an electronic copy. We may charge you a reasonable cost-based fee for providing the records. We may deny your request under limited circumstances, e.g., if we determine that disclosure may result in harm to you or others.

- You may request that your protected health information be amended. We may deny your request for certain reasons, e.g., if we did not create the record or if we determine that the record is accurate and complete.

- You may receive an accounting of certain disclosures we have made of your protected health information. 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.

- You may obtain a paper copy of this Notice upon request. You have this right even if you have agreed to receive the Notice electronically.

Changes To This Notice

