

LAKESIDE PEDIATRIC & ADOLESCENT MEDICINE, PLLC

NOTICE OF PRIVACY PRACTICES

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

A. OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your **protected health information (PHI)**. **Your PHI includes, as applicable, the PHI of your minor child or the PHI of your personal representee.** In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of PHI. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

This notice summarizes our duties and your rights concerning your PHI.

The terms of this notice apply to all records containing your PHI that are created or retained by our practice.

CHANGES TO THIS NOTICE: We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current notice in our office in a visible location at all times, and you may request a copy of our most current notice at any time.

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

HIPAA Compliance Officer
980 W Ironwood Dr, Ste 302
Coeur d'Alene, ID 83814
208-292-5437

C. PERMITTED USE AND DISCLOSE OF YOUR PHI

We may use or disclose your PHI for certain purposes without your written authorization, including:

1. **Treatment.** Our practice may use your PHI to treat you. For example:
 - We may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis.

- We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you.
 - Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives.
 - Many of the people who work for our practice, including but not limited to, our doctors and nurses may use or disclose your PHI in order to treat you or to assist others in your treatment.
 - We may also disclose your PHI to other healthcare providers for purposes related to your treatment.
2. **Payment.** Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may:
- Contact your health insurer to certify that you are eligible for benefits (and for what range of benefits).
 - Provide your insurer with details regarding your treatment to determine if your insurer will cover or pay for your treatment.
 - Use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members.
 - Use your PHI to bill you directly for services and items.
 - Disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.
3. **Idaho Health Data Exchange.** As a patient of Lakeside, you are a part of the Idaho Health Data Exchange (IHDE). The IHDE receives data from Hospitals, Labs, Imaging systems, and Clinics with connected Electronic Medical Records (EMRs). Data includes patient demographics, lab results, radiology reports, and other inpatient and outpatient reports, such as: Progress Notes, History and Physical, ER Notes, and Office Notes. Lakeside patient data is shared with and received from the IHDE to improve the continuity of patient care. If a patient wants to “Opt-Out” and not have their data shared, then they can complete an Opt-Out form and send it to IHDE. The Opt-Out form can be found on the IHDE website www.idahohde.org and can be faxed or mailed to IHDE.
4. **Health Care Operations.** Our practice may use and disclose your PHI to operate our business. For example:
- Our practice may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice.
 - We may disclose your PHI to other health care providers and entities to assist in their health care operations.
 - Our practice may use and disclose your PHI to contact you and remind you of an appointment.
5. **Release of Information to Family/Friends.** Unless you tell us otherwise in advance, we may release your PHI to a family member, friend, or other person that is involved in your

care or the payment for your health care.

6. **Disclosures Required By Law.** Our practice will use and disclose your PHI when we are required to do so by federal, state or local law.
- **Minor's PHI.** Idaho law requires health care providers to release health information if (A) a parent requests that information and (B) it is in the control of the health care provider, unless
 - The parent's access to the requested health information is prohibited by a court order; or
 - The parent is a subject of an investigation related to a crime committed against the minor child, and a law enforcement officer requests that the information not be released to the parent.
 - **Mandatory Reporting.** In accordance with Idaho's mandatory reporting laws, if our practice or employees have reason to believe that a minor child under the age of eighteen years has been abused, abandoned, or neglected, or who observes the child being subjected to conditions or circumstances that would reasonably result in abuse, abandonment, or neglect, then our practice or employees must report such abuse, abandonment, or neglect within 24 hours of the event, condition, or circumstances to law enforcement or the Idaho Department of Health and Welfare. To learn more about mandatory reporting in the state of Idaho, please visit this website.
 - **Other Reports of Abuse and Neglect.** Our practice may be required to Notify appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult/pediatric patient (including domestic violence).

D. USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

1. **Public Health Risks.** Our practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:
- Maintaining vital records, such as births and deaths.
 - Preventing or controlling disease, injury or disability.
 - Notifying a person regarding potential exposure to a communicable disease.
 - Notifying a person regarding a potential risk for spreading or contracting a disease or condition.
 - Reporting reactions to drugs or problems with products or devices.
 - Notifying individuals if a product or device they may be using has been recalled.
 - Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult/pediatric patient (including domestic violence).

However, we will only disclose this information if you agree or we are required or authorized by law to disclose this information.

- 2. Health Oversight Activities.** Our practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws, and the health care system in general.
- 3. Lawsuits and Similar Proceedings.** Our practice may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
- 4. For Worker's Compensation.** Our practice may disclose information relevant to a worker's compensation matter as authorized by and to the extent necessary to comply with laws relating to worker's compensation claims. (45 CFR § 164.512(l)) Any request for PHI in service of worker's compensation should be brought to the Compliance Officer to ensure such disclosures are made appropriately.
- 5. Law Enforcement.** We may release PHI if asked to do so by a law enforcement official:
 - Regarding a crime victim in-certain situations, if we are unable to obtain the person's agreement
 - Concerning a death we believe has resulted from criminal conduct
 - Regarding criminal conduct at our offices.
 - In response to a warrant, summons, court order, subpoena or similar legal process
 - To identify/locate a suspect, material witness, fugitive or missing person
 - In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)
- 6. Deceased Patients.** Our practice may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.
- 7. Organ and Tissue Donation.** Our practice may release your PHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

8. Research. Our practice may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your PHI for research purposes **except when** an Institutional Review Board or Privacy Board has determined that the waiver of your authorization satisfies the following:

(i) the use or disclosure involves no more than a minimal risk to your privacy based on the following:

(A) an adequate plan to protect the identifiers from improper use and disclosure;
(B) an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law); and
(C) adequate written assurances that the PHI will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted;

(ii) the research could not practicably be conducted without the waiver; and

(iii) the research could not practicably be conducted without access to and use of the PHI.

9. Serious Threats to Health or Safety. Our practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

10. Marketing. We will not use or disclose your PHI for marketing purposes without your written authorization except as otherwise permitted by law.

11. Sale of your PHI. We will not sell your PHI without your written authorization except as otherwise permitted by law.

12. Psychotherapy notes. We generally do not maintain what HIPAA calls “psychotherapy notes” about our patients. If we do, we will not use and disclose your psychotherapy notes without your written authorization except as otherwise permitted by law.

13. Reproductive Health Care Records. HIPAA prohibits us from using or disclosing reproductive health care records for certain “prohibited purposes.” If our PHI records indicate that someone sought, obtained, provided, or facilitated legal reproductive health care services, we will not disclose that information in furtherance of any civil, criminal, or administrative investigation or legal action initiated for the mere act of seeking, obtaining, providing, or facilitating reproductive health care. For example, if a patient reveals to us that they sought a legal abortion, we will not later disclose that information to someone who asks for the patient’s records in order to sue the patient for seeking a

legal abortion. This protection only applies to legal reproductive health care services, which varies from state to state.

If we receive a request to disclose PHI in service of health oversight activities, judicial or administrative proceedings, law enforcement purposes, or coroner/medical examiner purposes, and the PHI requested potentially relates to reproductive health care, we will not disclose that PHI without first receiving a written “attestation” from the requestor. The attestation will state that the PHI will not be used for any of the prohibited purposes discussed above (i.e., it will not be used to conduct an investigation into any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care). For example, if we receive a court-ordered subpoena for someone’s call records, and those records indicate that the patient received a legal abortion, we will not disclose those records without a written attestation promising that the records would not be used to support a claim against the patient for obtaining an abortion.

E. YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding your PHI:

1. **Confidential Communication.** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to the **HIPAA Compliance Officer** at 980 W. Ironwood Drive, Suite 302, Coeur d'Alene, ID 83814, specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.
2. **Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. **We are not required to agree to your request;** however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to the **HIPAA Compliance Officer** at 980 W. Ironwood Drive, Suite 302, Coeur d'Alene, Idaho 83814. Your request must describe in a clear and concise fashion:
 - a. the information you wish restricted;
 - b. whether you are requesting to limit our practice's use, disclosure or both; and
 - c. to whom you want the limits to apply.
3. **Inspection and Copies.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to the **HIPAA Compliance Officer** at 980 W. Ironwood Drive, Suite 302, Coeur d'Alene, Idaho 83814 in order to inspect and/or obtain a copy of your PHI. Our practice may

charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

4. **Amendment.** You may ask us to amend your PHI if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to the **HIPAA Compliance Officer** at 980 W. Ironwood Drive, Suite 302, Coeur d'Alene, Idaho 83814. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.
5. **Accounting of Disclosures.** All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your PHI for non-treatment, non-payment or non-operational purposes. Use of your PHI as part of the routine patient care in our practice is not required to be documented. For example, the doctor is sharing information with the nurse; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to **HIPAA Compliance Officer** at 980 W. Ironwood Drive, Suite 302, Coeur d'Alene, Idaho 83814. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you a cost-based fee for additional lists within the 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.
6. **Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact the **HIPPA Compliance Officer at 208-292-5437 x104.**
7. **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact The **HIPAA Compliance Officer at 208-292-5437.** All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**
8. **Right to revoke prior authorizations:** If authorization is required, and if you change your mind after authorizing a use or disclosure of your PHI, you may withdraw your

permission by revoking the authorization. However, your decision to revoke the authorization will not affect or “undo” any use or disclosure of your PHI that occurred before you notified us of your decision, or any actions that we have taken based upon your authorization. All revocations must be in writing. Please send written revocations to HIPAA Compliance Officer at 980 W. Ironwood Drive, Suite 302, Coeur d'Alene, Idaho 83814.

9. **Right to Provide an Authorization for Other Uses and Disclosures.** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note, we are required to retain records of your care.
10. **Data Breach Notification.** We will promptly notify you if a data breach occurs that may have compromised the privacy or security of your PHI.

If you have any questions regarding this notice or our health information privacy policies, please contact the **HIPAA Compliance Officer at 208-292-5437**.