

Mountain View Family Medicine Inc.

Notice of Privacy Practices

Updated May 17, 2011

Our Commitment to Your Privacy

Mountain View Family Medicine Inc. is dedicated to protecting your health information. We feel that your health information is very personal and it is imperative that we protect your records according to federal and state laws. This notice will explain our privacy policy.

How we may use your health information without written authorization.

1. **Treatment:** We may use or disclose your health information for purposes of treating you. For example, this may include requesting records from another office or providing your records to another physician to assist in treating your condition or illness. Our office personnel may use or disclose your information only to appropriate parties aiding in your treatment. We may also use this information for appointment reminders or to provide additional information in regards of your medical condition or treatment options.
2. **Payment:** We may disclose your health information to your insurance company in order to obtain payment for services provided.
3. **Operations:** We may use your health information for certain activities that are necessary to operate our practice and ensure that our patients receive quality care. For example we may use information to review the performance of our staff or make decisions affecting the practice.

Other Uses and Disclosures. We may also use or disclose information for certain other purposes allowed by 45 C.F.R. 164.512 or other applicable laws and regulations, including the following purposes.

1. To avoid a serious threat to your health or safety or the health or safety of others.
2. As required by state or federal law, e.g., to report abuse or neglect or certain other occurrences.
3. As allowed by workers compensation laws for use in workers compensation proceedings.
4. For certain public health activities, e.g., to report certain events or diseases.
5. For certain public health oversight activities, e.g., to allow public health agencies to conduct investigations or inspections.
6. In response to a court order, warrant or subpoena in judicial or administrative proceedings.
7. Subject to specific limitations, in response to certain requests by law enforcement, e.g., to help identify or locate a fugitive, witness or victim, or to report a crime.
8. For research purposes if certain conditions are satisfied.

Disclosure to Persons Involved in your Healthcare. Unless you tell us otherwise in advance, we may disclose information to a member of your family, relative, friend, or other person who is involved in your healthcare or the payment for your healthcare. We will limit the disclosure to the information relevant to that person's involvement in your healthcare or payment. If you object to such disclosures, please notify the Privacy Officer.

Uses and Disclosures With Your Written Authorization. We will make other uses and disclosures of your information only with your written authorization. You may revoke your authorization by submitting a written notice to the Privacy Officer. The revocation will not be effective to the extent we have already taken action with the authorization.

Your rights when it involves your health information. To exercise the following rights, you must submit a written request to the Privacy Office identified below.

1. 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.
2. We normally contact you by telephone or mail at your home address. We will accommodate reasonable requests to contact you by alternative means or at alternative locations.
3. You may inspect and obtain a copy of records that are 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 we determine that disclosure may result in harm to you or others.
4. 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.
5. You may receive an accounting of certain disclosures we have made of your protected health information.
6. You may obtain a paper copy of this notice upon request.

Changes To This Notice. We reserve the right to amend change the terms of our Notice of Privacy Practices at any time. Copies will be available at the front desk.

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

Privacy Officer:	Natalie Houghton
Phone:	208-232-1132 x 104
Address	2006 Birdie Thompson Dr. Pocatello, ID 83201

This notice is effective May 17, 2011.