



NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can access the information. Please review it carefully.

Our Responsibilities. We are required by law to maintain the privacy of your health information and to notify you of our legal duties and privacy practices with respect to your protected health information. This notice summarizes our duties and your rights concerning your 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. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

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 Officer identified below.

- 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.
- 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.
- 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 alternate locations.
- You may request that we limit the information we share for treatment, payment, or our operations. We are not required to agree to your request if it would affect your care.
- You may request an accounting of certain disclosures we have made of your protected health information.
- 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.
- You may designate an agent to exercise your rights and make choices about your health information. We will verify medical power of attorney or guardianship before taking any action.
- You may submit a complaint 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 Officer identified below. All complaints must be in writing. We will not retaliate against you for filing a complaint.

Your Choices Concerning Your Protected Health Information. You can choose how certain health information is shared.

- 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 identified below.
- We will never share your information for marketing purposes without your written permission.

Uses and Disclosures We May Make Without Written Authorization. We may use or disclose your protected health information for certain purposes without your written authorization, including the following:

- **Treatment.** We may use or disclose information for purposes of treating you, e.g., our staff may use your information or disclose your information to another health care provider to diagnose or treat you.
- **Payment.** We may use or disclose information to obtain payment for services provided to you. For example, we may disclose information to your health insurance company or other payer to obtain pre-authorization or payment for treatment.

NOTICE OF PRIVACY PRACTICES (continued)

- **Operations.** We may use or disclose 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 or Disclosures.** We may also use or disclose information for certain other purposes allowed by 45 C.F.R. part 164.512 or other applicable laws and regulations, including the following purposes:
 - Preventing or reducing a serious threat to your health or safety or the health or safety of others.
 - As required by state or federal law, e.g., to report suspected abuse, neglect, or certain domestic violence.
 - As allowed by workers compensation laws for use in workers compensation proceedings.
 - For certain public health activities, e.g., to report certain events or diseases.
 - For certain public health oversight activities, e.g., to allow public health agencies to conduct investigations or inspections.
 - In response to a court order, warrant or subpoena in judicial or administrative proceedings.
 - 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.
 - For research purposes if certain conditions are satisfied.

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 identified below. The revocation will not be effective to the extent we have already taken action in reliance on the authorization.

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 effective for all protected health information that we maintain. If we materially change our privacy practices, we will post a copy of the current Notice in our reception area and on our website. You may obtain a copy of the operative Notice from our receptionist or the Privacy Officer identified below.

Complaints and Contact Information. Please contact our Privacy Officer 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.

Privacy Officer: Tasha Riedelbach
Phone: (208)522-1040 ext. 1216
Address: 2267 Teton Plaza, Idaho Falls, ID 83404
Email: tashar@humandynamicsid.com

I acknowledge that I have received a copy of the Human Dynamics & Diagnostics Notice of Privacy Practices in accordance with the Health Insurance Portability and Accountability Act (HIPAA). *A copy of this agreement is available to me upon request.*