

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.

Workers' Compensation. We may disclose protected health information as authorized by workers' 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.

2. 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 below.

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.

3. 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.

4. 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 Additional Restrictions. You may request additional restrictions 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., information prepared for legal proceedings; or if disclosure may result in substantial harm to you or others.

6. 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.

8. 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:

Dr. Nathan Price
855 West 6th South
Mountain Home, ID 83647
(208)587-2020