



**IDAHO ORTHOPAEDIC  
& SPORTS CLINIC, P.A.**

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**PATIENT NOTICE OF PRIVACY PRACTICES**  
(Pursuant to the Health Insurance Portability and Accountability Act)  
**Effective: April 2003**

At Idaho Orthopaedic and Sports Clinic, we have always believed that our patients are entitled to seek treatment in an environment where they are treated by professional staff, with dignity, and where their privacy is respected and protected. We are responsible for maintaining such a clinic environment and have historically practiced stringent policies and procedures to ensure that we do so.

Effective in April, 2003, health care practitioners and facilities in the United State are required by regulations provided for in the Health Insurance Portability and Accountability Act (HIPAA) to notify their patients of the policies and practices they will follow in the safeguarding of patients' private health information as it is used in treatment, obtaining payment (including the submission of insurance claims electronically), and other health care operations within the practitioner's facility.

The following sections of this document describe Idaho Orthopaedic and Sports Clinic's practices for safeguarding your private health information. This Notice also describes how medical information about you may be used and disclosed and how you can get access to this information. Please review carefully.

**SECTION I: ROUTINE USES AND DISCLOSURES OF HEALTH INFORMATION**

Idaho Orthopaedic and Sports Clinic gathers, documents and organizes information about you into records held in our patient charts and our patient accounting system solely for the purpose of providing you with appropriate medical treatment and services and to obtain payment for those services. Provision of treatment sometimes requires that we share information with other physicians (or their employees) who are involved in your treatment and with emergency personnel such as paramedics and hospital emergency room physicians and staff.

**SECTION II: OTHER USES AND DISCLOSURES OF HEALTH INFORMATION**

Other health care operations we conduct in which we may use or disclose your personal or health information includes patient appointment reminders or notifying you of clinical results and treatment plan instructions by phone. You have the right to ask that we do not ever leave phone messages for you at your home or place of employment.

There may also be situations in which we are required to disclose information by federal or state law.

However, in these situations we are careful to protect the confidential relationship that must exist between a health care practitioner and his or her patients. We will release only what is required by law and are diligent to be certain that we are required to disclose information before we will do so.

**SECTION III: USES AND DISCLOSURES PURSUANT TO WRITTEN AUTHORIZATION**

Except for the purposes described in Sections I and II, we will not use or disclose your health information for any other purposes unless we have your specific written authorization. You have the right to revoke that authorization at any time.

**Section IV: YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

You have the following rights regarding your health information:

- A. You may request (in writing) a copy of the health information we maintain and utilize in making decisions about your care. We have a right to deny your request in some very limited circumstances; you have a right to appeal the denial.
- B. You have a right to request that we amend (or correct) information documented or created by us and maintained in your chart. We have a responsibility and a right to maintain our patient charts with the information that is accurate and appropriate to support quality medical care to our patients. Any decisions we make regarding your request for amendment of information will be based on careful considerations.
- C. You have a right to an accounting of disclosures we have made (not including those involved in routine communication with other practitioners involved in your care or to emergency personnel in an emergency situations).
- D. You have a right to request restrictions or limitations of the information we disclose about you for treatment, payment, or health care operations. Such a request should be made in writing and be made before receiving that treatment.
- E. You have a right to request confidential communications regarding your health care.
- F. You have a right to receive a paper copy of this notice.

**Section V: QUESTIONS OR COMPLAINTS**

If you have any questions regarding this Notice or if you wish to receive additional information about our privacy practices, please contact our privacy officer at (208) 234-1960. If you believe your privacy rights have been violated in any way and want to discuss it with someone outside the clinic, you may contact the Office of the Secretary of Health and Human Services.

**Idaho Orthopaedic and Sports Clinic, P.A.**

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

(You may refuse to sign this acknowledgement)

I, \_\_\_\_\_, have received a copy of this office's Notice of Privacy Practices.

(Please Print Name)

(Signature)

(Date)

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**FOR OFFICIAL USE ONLY**

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We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- \_\_\_\_\_ Individual refused to sign
  - \_\_\_\_\_ Communication barriers prohibited obtaining the acknowledgement
  - \_\_\_\_\_ An emergency situation prevented us from obtaining acknowledgement
  - \_\_\_\_\_ Other (please specify)
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