



## NOTICE OF PRIVACY PRACTICES

EFFECTIVE June 5, 2023

REVISED September 22, 2023

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT  
YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET  
ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

Minidoka Memorial Hospital is required by law to maintain the privacy of your health information and to give you notice of our legal duties and privacy practices with respect to your protected health information. This notice summarizes our duties and your rights concerning your protected health information. We are required to abide by the terms of our Notice that is currently in effect. We are required to notify affected individuals following a breach of unsecured protected health information. Our duties and your responsibilities are more fully set forth in the Privacy Rules at 45 C.F.R part 164.

Throughout this notice, “we”, “us”, or “our” refers to the hospital, its Rural Health Clinic, its departments, employees, volunteers, contractors, and members of its Medical Staff while they are performing services on our campus or on our behalf. “You” or “your” refers to you or your personal representative or other person legally authorized to make health care decisions on your behalf.

Minidoka Memorial Hospital is part of an organized health care arrangement including participants in OCHIN. A current list of OCHIN participants is available at [www.ochin.org](http://www.ochin.org). As a business associate of Minidoka Memorial Hospital, OCHIN supplies information technology and related services to Minidoka Memorial Hospital and other OCHIN participants. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and assess clinical benefits that may be derived from the use of electronic health record systems. OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your personal health information may be shared by Minidoka Memorial Hospital with other OCHIN participants or a health information exchange only when necessary for medical treatment or for the health care operations purposes of the organized health care arrangement. Health care operation can include, among other things, geocoding your residence location to improve the clinical benefits you receive.

The personal health information may include past, present, and future medical information as well as information outlined in the Privacy Rules. The information, to the extent disclosed, will be disclosed consistent with the Privacy Rules or any other applicable law as amended from time to time. You have the right to change your mind and withdraw this consent; however, the information may have already been provided as allowed by you. This consent will remain in effect until revoked by you in writing. If requested, you will be provided a list of entities to which your information has been disclosed.

We also participate in a Medicare Shared Savings Program - Accountable Care Organization - Caravan Collaborative ACO 24.

**Uses and disclosures of information that we may make without written authorization:** We may use or disclose your health information with for other purposes allowed by 45 C.F.R 164.512 and other applicable laws and regulations when necessary for medical treatment, or for the health care operations purposes of organized health care arrangements for the following purposes without your written authorization:

**Treatment:** We may use or disclose your health information so that we, or other health care providers, may treat you. For example, doctors or hospital staff may use information in your medical records to help diagnose or treat

your condition and track your progress. In addition, doctors or hospital staff may disclose your information to other health care providers outside the hospital so that the other health care provider may help treat you.

**Payment:** We may use or disclose your health information so that we, or other health care providers, may obtain payment for treatment provided to you. For example, we may disclose information from your medical records to your health insurance company to obtain pre-authorization for treatment or submit a claim for payment.

**Operations:** We may use or disclose your health information for certain health care operations that are necessary to run the hospital and ensure that our patients receive quality care, such as reviewing our performance or the qualifications of physicians and staff; training staff; or to help make business decisions about the hospital and its services. For example, we may use or disclose information in your medical records to evaluate the performance of our staff while they cared for you.

**Appointments and Services:** We may use or disclose your 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.

**Fundraising and Marketing Activities:** We may use certain information to contact you as part of our fundraising efforts. If you do not wish to receive such communications please notify the Privacy Officer - contact information provided at the end of this notice. We may also use your health information for limited marketing activities, including face-to-face communications with you about our services.

**Required by Law:** We may use or disclose your health information to the extent that such use or disclosure is required by law.

**Public Health Activities:** We may use or disclose your health information for certain public health activities, including: to report information necessary to prevent or control disease, injury, or disability; to report births or deaths; to report information about FDA-related products or activities; and to report information about a work-related illness or injury to an employer under certain circumstances.

**Communicable Diseases:** We are required to disclose your health information concerning certain communicable disease to the appropriate government agency. To the extent authorized by law, we may also disclose protected health information to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Abuse or Neglect:** We must disclose your health information to the appropriate government agency if we believe it is related to child abuse or neglect, or if we believe, you have been a victim of abuse, neglect or domestic violence.

**Health Oversight Activities:** We may disclose your health information to governmental health oversight agencies to help perform certain activities authorized by law, such as audits, investigations, and inspections.

**Judicial and Administrative Proceedings:** We may disclose your health information in response to an order of a court or administrative tribunal. We may also disclose your health information in response to a subpoena, discovery request or other lawful process if efforts have been made to inform you of the request or to obtain a protective order.

**Law Enforcement:** We may disclose your health information, subject to specific limitations, for certain law enforcement purposes, including: in response to legal process or as otherwise required by law; to identify, locate, or apprehend 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; to report a crime that has occurred on the hospital premises; or, if the provider is responding to an emergency away from the hospital premises, to report certain information about a crime that occurred away from the hospital.

**Coroners and Funeral Directors:** We may disclose your health information to a coroner or medical examiner to identify a deceased person, determine cause of death, or permit the coroner or medical examiner to fulfill other

duties authorized by law. We may disclose protected health information to a funeral director in order for them to carry out their duties.

**Organ Donation:** We may use or disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs or tissue.

**Research:** We may use or disclose your health information for research if the research has been approved by an institutional review board or privacy board in accordance with established protocols and appropriate assurances have been obtained to protect the privacy of your health information.

**Threat to Health or Safety:** We may use or disclose your health information to avert a serious threat to your health or safety or the health and safety of others.

**Military:** If you are in the military, we may disclose your health information as required by military command authorities.

**National Security:** We may disclose your health information as required by federal officials for national security activities.

**Inmates or Persons in Police Custody:** If you are an inmate or in the custody of law enforcement, we may disclose your 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.

**Worker's Compensation:** We may disclose your health information as authorized by and to comply with worker's compensation laws and other similar legally established programs.

**Business Associates:** We may disclose your health information to our third party "business associates" who perform activities involving protected health information for us, e.g., billing or therapy services. Our contracts with the business associates require them to protect your health information.

**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 Officer - contact information provided at the end of this notice.

**Facility Directories:** Unless you object, we will include your name, your location in the hospital, your general condition, and your religious affiliation in our facility directory. We may disclose the foregoing information to clergy and, except religious affiliation, to people who ask for you by name.

**Persons Involved in Your Health Care:** Unless you object, we may disclose your 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 of your health care. We will limit disclosure to the protected health information relevant to that person's involvement in your health care or payment. This exception would also allow disclosures of information about deceased persons to family members and others involved in the deceased person's care prior to their death unless the deceased person objected prior to their death.

**Notification:** Unless you object, we may use or disclose your 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.

**Uses and disclosures of information that we may make with your written authorization:** Other uses and disclosures of protected health information will be made only with your written authorization. You may revoke your authorization by submitting a written notice to the Privacy Officer - contact information provided at the end of this notice.

**Your rights concerning your protected health information:** You have the following rights concerning your health information. To exercise any of these rights, you must submit a request in writing to the Privacy Officer - contact information provided at the end of this notice.

***Right to Request Additional Restrictions.*** You have the right to 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 request 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 to your home address. You have the right to 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 have the right to inspect and obtain a copy of your protected health information that is used to make decisions about your care, including medical and billing records. We may charge you a reasonable cost-based fee for providing the records. We may deny your request if you seek psychotherapy notes; information compiled in anticipation of legal proceedings; information that is protected by applicable law; and information that may result in substantial harm to you or others if disclosed.

***Right to Request Amendment of Record.*** You have the right to request that your protected health information be amended. We require that you provide a reason to support the requested amendment. We may deny your request if we did not create the record unless the originator is no longer available; if you do not have a right to access the record; or if we determine that the record is accurate and complete. If we deny your request, we will tell you why in writing within 60 days. You have a right to submit a statement disagreeing with our decision and to have the statement attached to the record.

***Right to an Accounting of Certain Disclosures.*** You have the right to request and receive an accounting of disclosures we have made of your protected health information for certain purposes. The right does not extend to disclosures made to you; for treatment, payment, or health care operations; pursuant to a facility directory; to family members or others involved in your health care or payment; for notification purposes; or pursuant to an authorization. You have the right to receive the first accounting within a 12-month period free of charge. We may charge a reasonable cost-based fee for all subsequent requests during that 12-month period.

***Right to a Copy of this Notice.*** You have the right to obtain a paper copy of this notice upon request.

**Amending 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 provisions effective for all protected health information that we maintain. If we materially change our privacy practices, we will prepare a new Notice of Privacy Practices, which shall be effective for all protected health information that we maintain. We will post a copy of the current Notice in the hospital and on our website. You may obtain a copy of the current Notice in our registration area or by contacting the Privacy Officer - contact information provided at the end of this notice.

**File a complaint if you feel your rights are violated:** You may complain to us or to the Secretary of Health and Human Services if you believe your rights have been violated. We will not retaliate against you for filing a complaint.

Complaints may be sent to our Privacy Officer at Minidoka Memorial Hospital.  
Attention – Privacy Officer; 1224 8<sup>th</sup> Street; Rupert, ID 83350,  
Or by telephone at 208-436-0481,  
Or by emailing [eorthman@minidokamemorial.com](mailto:eorthman@minidokamemorial.com),  
After regular business hours, please call 1-877-745-8981.

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).