



# MOSCOW FAMILY MEDICINE

## Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information.

Moscow Family Medicine, PA (MFM) is committed to protecting your medical information. We are required by law to maintain the privacy of your medical information by the terms of the most current Notice of Privacy Practices, and to provide you with notice of our legal duties and privacy practices with respect to your health information. We reserve the right to change the terms of this Notice of Privacy and to make any new Notice provisions effective for all Protected Health Information (known as "PHI"). We will inform patients of changes to this Notice by making available a new and updated Notice of Privacy Practices each time a change in content occurs. New versions will be available at our reception desks and on our website.

### I. Confidentiality Practices and Uses

MFM may access, use or share medical information:

1. **Treatment.** During the course of your care, Protected Health Information (known as "PHI") may be disclosed to medical/mental health care providers as appropriate/necessary to ensure the quality and continuity of your care. For example, if another treatment provider is treating you, we may discuss your care in order to coordinate care between us. In this instance, the kinds of health care information we may disclose about you could include your diagnosis, x-ray reports, lab results, etc.
2. **Payment.** We may use and give your medical information to others to bill and collect payment for the treatment and services provided to you. For example, if you are seen at MFM for a sore throat, any associated charges and medical information necessary to process your claim may be provided.
3. **Regular Health Care Operations.** To maintain efficient, quality and cost effective medical care, PHI is routinely reviewed by authorized personnel to ensure that the highest quality standards of patient care are consistently being practiced. For example, PHI may be seen by regulatory agencies that oversee clinical laboratories during routine quality assurance procedures.
4. **Information Provided Directly to You or Mailed to You.** For example, your medical provider may give you a copy of your lab results or you may receive a bill sent to your address on file for any outstanding balances.

### II. Disclosures Not Requiring Your Permission

1. **Notification and Communication with Family.** We may disclose your health information to notify or assist in notifying a family member, your emergency contact or another person responsible for your care about your location, general condition or

in the event of your death. However, if you are able and available to agree or object, we will give you the opportunity to do so prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

2. **Required by Law.** As required by law, we may use and disclose your health information.
3. **Public Health.** As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the FDA problems with products and reactions to medications; and reporting disease or infection exposure.
4. **Health Oversight Activities.** We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure, and other proceedings.
5. **Judicial and Administrative Proceedings.** We may disclose your health information in the course of any administrative or judicial proceeding.
6. **Law Enforcement.** We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
7. **Deceased Person Information.** We may disclose your health information to coroners, medical examiners or funeral directors.
8. **Organ Donation.** We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.
9. **Research.** We may disclose your health information to researchers conducting research that has been approved.
10. **Public Safety.** We may disclose your health information to appropriate persons in order to prevent, lessen or coordinate a response to a serious and imminent threat to the health/safety of a particular person, the campus community or the general public.
11. **Specialized Government Functions.** We may disclose your health information for military, national security, intelligence and/or protective services for the President, prisoner and government benefits required by law.
12. **Worker's Compensation.** We may disclose your health information as necessary to comply with worker's compensation laws.
13. **Marketing.** We may contact you to provide appointment reminders or to give you information about other treatments or health-related benefits and services that may be of interest to you.
14. **Fund-Raising.** We may contact you to participate in fund-raising activities associated with Human Resource Services.

### **III. Your Rights to Privacy**

Except as described in this Notice of Privacy Practices, we will not use or disclose your health information without your authorization. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. MFM has procedures to assist you with your rights to your medical information. You may ask our staff for a copy of this notice at any time. An electronic copy of this notice is also available on our web site at [www.moscowfamilymedicine.com](http://www.moscowfamilymedicine.com).

Any request you may have of MFM must be submitted in writing, including complaints. All required forms are available at our reception desks or in our Medical Records office at 623 S. Main St #1, Moscow. Within limits, you have the right to:

1. Request restrictions on certain uses and disclosures of your health information. Human Resource Services is not required to agree to the restriction that you requested.
2. Inspect (w/no charge) and receive a copy of your health information. If copies are requested, you may be charged for copies made and any associated postage fees. If chart summaries are requested, a fee may be assessed for this service.
3. Amend or add information to your designated records. However, Moscow Family Medicine, PA will not change the "original" documents.
4. An accounting of disclosures of your health information made by Moscow Family Medicine. However, Moscow Family Medicine does not have to account for disclosures related to treatment, payment, health care operations, information provided to the patient, specialized government functions, and disclosures authorized by the patient.

#### **IV. Complaints**

If you need more information, have complaints, or feel that your privacy rights have been violated, contact our Administrator by phone at (208)882-2011 or by mail at Moscow Family Medicine, 623 S. Main St #1, Moscow, ID 83843.

If you are not satisfied with how MFM handles your concern, you may submit a formal complaint to:

Department of Health and Human Services – Office of Civil Rights  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, DC 20201.

**If you file a complaint, we will not take any action against you or change our treatment of you in any way.**

These policies are effective on and after  
April 14, 2003