

# SANDCREEK MEDICAL

## NOTICE OF PRIVACY PRACTICES SUMMARY

This notice is a summary of how your protected health information is used and disclosed, and how you can obtain access to this information. You may request a full copy of our Notice of Privacy Practices.

### **Uses and Disclosures of Health Information**

We use health information about you for treatment, to obtain payment for services and treatment, for administrative purposes, and to evaluate the quality of care you receive.

We may use or disclose identifiable health information about you without your authorization for several other reasons. Subject to certain requirements, we may give out health information without your authorization for public health purposes, for auditing purposes, and for emergencies. We provide information when otherwise required by law, such as for law enforcement in specific circumstances. In any other situation we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures.

We may change our policies at any time. Before we make a significant change in our policies, we will change our notice and post the new notice in the waiting area and on our website. You can also request a copy of our notice at any time. You can contact the privacy officer listed below for more information about our privacy practices.

### **Your Rights**

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you and you have the right to:

- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522
- Obtain a paper copy of the notice of privacy practices upon request or from the website.
- Inspect and obtain a copy of your health record as provided in 45 CFR 164.524
- Amend your health record as provided in 45 CFR 164.528
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528
- Request communications of your health information by alternative means or at alternative locations.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Below are your rights, with respect to your protected health information and a brief description of how you may exercise these rights.

### **Complaints**

If you are concerned that we have violated your privacy rights or you disagree with a decision we made about access to your records, you may contact the person listed below. You may send a written complaint to the US Department of Health and Human Services. The person listed below can provide you with the appropriate address upon request.

### **Our Legal Duty**

We are required by law to protect the privacy of your information, provide this notice about our information practices, and follow the information practices that are described in this notice. If you have any questions or concerns, please contact: Gary Rensch Compliance Officer, PO BOX 974, Sandpoint, ID 83864. Phone 208.263.3713.