

COMMUNITY FAMILY CLINIC

2088 EAST 2TH STREET IDAHO FALLS, ID 83404
PH: (208) 528-7655 FAX: 524-9390

NOTICE OF PRIVACY PRACTICES

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

Please review carefully.

→ If you have any questions about this notice, please contact the Privacy Officer at (208) 528-7655.

→ You may request a copy of this notice at any time. Copies of this notice are available at the reception desk.

PURPOSE OF THIS NOTICE

This Notice of Privacy Practices describes how Community Family Clinic, a program of the Idaho Migrant Council, handles confidential information, following state and federal requirements. Staff at Community Family Clinic may share your information with each other as needed to provide you benefits or services and for normal business purposes.

We are dedicated to protecting your confidential information. We create client files in which we keep records of the services you receive from Community Family Clinic. We need these records to give you quality care and services. We also need these records to follow various local, state and federal laws.

We are required to:

- Use and disclose confidential information as required by law.
- Maintain the privacy of your information.
- Give you notice of our legal duties and privacy practices for your information.
- Follow the terms of the notice that is currently in effect.

YOUR RIGHTS ABOUT YOUR CONFIDENTIAL INFORMATION

Right to Review and Copy

You have the right to ask to review and receive a copy of your information as allowed by law. If you would like to ask to review and receive a copy your information, please submit a written request to Community Family Clinic for processing. You will receive a copy of your records within 30 business days.

Right to Amend

You have the right to ask us to make changes to your information if you feel that the information we have about you is incorrect or incomplete. If you would like to ask about a change in your information, please submit a written request to Community Family Clinic. Community Family Clinic will respond to your request within 10 business days.

We may deny your request if you ask us to change information that:

- Was not created by Community Family Clinic
- Is not part of the information kept by or for Community Family Clinic.
- Is not part of the information which you would be allowed to review and copy.
- We determine the information is correct and complete.

Right to a Report of Health Information Disclosures

You have the right to ask for a report of the disclosures of your health information. This report of disclosures will not include when we have shared your health information for treatment, payment for your treatment or normal business documents, or the times you authorize us to share your information. If you would like to ask for a report of your health information disclosures, please

submit a written request. Community Family Clinic will respond to your request within 10 business days. Each report requested will incur a fee of .10 cents per page.

HOW COMMUNITY FAMILY CLINIC MAY USE AND SHARE YOUR INFORMATION

Times when your permission is not needed

For Treatment: We may use your information for case staffing and supervisors. As a part of any treatment services at Community Family Clinic, all services provided fall under supervision of another staff member. Within supervision, all information remains confidential and no information is discussed outside of supervision and case staffing.

For Payment: We may use and share your information so that the treatment and services you receive through Community Family Clinic can be paid. For example, we may need to give your insurance company (such as Medicaid) information about the treatment or services that you received, so that your medical insurance can pay for the treatment or services.

For Business Operations: We may use and share your information for business operations purposes. This is necessary for the daily operation of Community Family Clinic and to make sure that all of our clients receive quality care. For example, we may use your information to review our provision of treatment and services and to evaluate the performance of our staff in providing services for you.

Other Uses and Sharing of your information that may be made without your permission.

Appointment Reminders	To Law Enforcement
Treatment Alternatives	For Lawsuits and Disputes
As Required by Law	For Emergency Treatment
For Public Health Risks	To Prevent a Serious Threat to Self or Others
Health Oversight Activities	To Correctional Institutions
For National Security and Intelligence Activities	

Times when your permission is needed

For reasons other than Treatment, Payment or Business Operations: There may be times when Community Family Clinic may need to use and share your information for reasons other than for treatment, payment and business operations as explained above. For example, if Community Family Clinic is asked for information from your employer or school that is not part of treatment, payment or business operations, Community Family Clinic will ask you for a written authorization permitting us to share that information. If you give us permission to use or share your information, you may stop that permission at any time, in writing. If you stop your permission, we will no longer use or share that information. You must understand that we are unable to take back any information already shared with your permission.

Special Requirements

Information that has been received from a state or federally funded substance abuse treatment program or through the infant and toddler program will not be released without specific authorization from the individual or legal representative.

Changes To This Notice

Community Family Clinic has the right to change this notice. A copy of the notice is posted in our front office. The effective date of this notice is shown on the top of the first page in the right hand corner. If Community Family Clinic makes any changes to this Notice of Privacy Practices, Community Family Clinic will follow the terms of the notice that is currently in effect.

Complaints

If you believe your information privacy rights have been violated, you may file a written complaint with Community Family Clinic. To the complaint with Community Family Clinic, send your written statement to:

Community Family Clinic
Attention: Privacy Officer
2088 East 25th Street
Idaho Falls, ID 83404

If you believe your health information privacy rights have been violated, you may also file a complaint with the Secretary of Health and Human Services. Your complaint must be in writing and must name the organization that is the subject of your complaint and describe what you believe was violated. Send your written complaint to:

Secretary of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

A complaint filed with the Idaho Migrant Council or the Secretary of Health and Human Services must be filed within 180 days of when you believe the privacy violation occurred. This time limit for filing complaints may be waived with good cause.

You will not be punished or retaliated against for filing a complaint.