

Intermountain Neurology, Skyline Pain Clinic, Hormone Specialists Clinic

Jahan Imani, MD Danna Schow, FNP-C Jared Abrams, PA Marinda Paskett, ANP-C

Notice of Policies and Practices to protect the privacy of your health information

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI).

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

We may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- *“PHI”* refers to Patient Health Information in your record that could identify you.
- *“Treatment, Payment, and Health Care Operations”*
 - *Treatment* is when we provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician or physical therapist.
 - *Payment* is when we obtain reimbursement for your health care. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
 - *Health Care Operations* are activities that relate to the performance and operation of our clinic.
 - *Use* applies only to activities within our center such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
 - *Disclosure* applies to activities outside of our center such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

We may use or disclose PHI for purposes outside of treatment, payment, or health care operations when our appropriate authorization is obtained.

- An *“authorization”* is written permission above and beyond the general consent that permits only specific disclosures.

In those instances when we are asked for information for purposes outside of treatment, payment, or health care operations, we will obtain an authorization from you before releasing this information. You may revoke all such authorizations (of PHI) at any time, provided each revocation is in writing.

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III. Uses and Disclosures with Neither Consent nor Authorization

We may use or disclose your PHI without your consent or authorization in the following circumstances:

- *Required by law* – Disclosures of PHI are permitted when required by other laws, whether federal, tribal, state or local.
- *Health Oversight Activities* – If the Utah Division of Occupational and Professional Licensing or other examining board is investigating the center.
- *Judicial and Administrative Proceedings* – When in the course of a judicial or administrative proceeding under specified circumstances.
- *Public Health* – PHI can be disclosed to public health authorities and their authorized agents for public health purposes including but not limited to public health surveillance, investigations, and interventions.
- *Abuse, Neglect, or Domestic Violence* – To report abuse, neglect, or domestic violence under specified circumstances.
- *Worker's Compensation* – We may disclose PHI regarding you as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

IV. Patient's Rights and Clinician's Duties

Patient's Rights:

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of PHI. However, we are not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are being seen here. Upon your request, we will make arrangements to send your bills to an alternate address.)
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI in the health and billing records that are used to make decisions about you for as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. Upon your request, we will discuss with you the details of the request and denial process.
- *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI. Upon request your request, we will discuss with you the details of the accounting process.

Clinician's Duties:

- We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- We reserve the right to change the privacy policies and practices described in this notice.

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