**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. PLEASE REVIEW IT CAREFULLY.

Robert J. Lee, MD, P.C. is required by law to maintain the privacy of your **protected health information (PHI),** notify you of any breach of unsecured PHI that affects you, and provide you with this notice, which describes our legal duties and privacy practices relating to your PHI. Robert J. Lee, MD, P.C. is required to abide by the terms of this notice that is currently in effect; however, we reserve the right to change the privacy practices described in this notice, in accordance with the law. Any change to our privacy practices applied to all of the PHI that we maintain. If we change our privacy practices, you may request the revised copy at the clinic or request an electronic copy by sending request via email at [drrobertleestaff@gmail.com](mailto:drrobertleestaff@gmail.com).

In general, when we use or disclose your PHI, we must release only the information needed to achieve the purpose of the use or disclosure. However, if you request the information for yourself, for a provider regarding your treatment, or to meet a legal requirement, you can indicate which PHI may be made available by completing an authorization form.

Without your written authorization, we can use your PHI for the following purposes (except with respect to uses or disclosures that require an authorization or are prohibited by law):

**Treatment.** Robert J. Lee, MD, P.C. may use or disclose PHI for the treatment activities of a health care provider. For example, a provider may use the information in your medical record to determine which treatment option, such as a drug or surgery, best addresses your health needs. The treatment selected will be documented in your medical record so that other health care professionals can make informed decisions about your care.

**Payment.** Robert J. Lee, MD, P.C. may use or disclose PHI for the payment activities of a health care provider or another covered entity. For example, the clinic may supply verbal or written clarification about your claim for reimbursement when it is requested by your insurance provider in order to expedite payment.

**Health Care Operations.** Robert J. Lee, MD, P.C. may use or disclose PHI for the health care operations of another entity if both Dr. Lee and the covered entity has or had a relationship with you, the PHI relates to that relationship, and the disclosure is for an appropriate purpose, such as quality assessment, patient safety activities, review of health care professional competence, certain training programs, licensing, or health care fraud and abuse detection and compliance. For example, we may need your diagnosis, treatment, and outcome information in order to improve the quality or cost of care we deliver. These quality and cost improvement activities may include evaluating the performance of your doctors, nurses, and other health care professionals, or examining the effectiveness of the treatment provided to you when compared to patients in similar situations. In addition, we may use your PHI for purposes such as to determine the date and time of your next appointment with us and then send you a reminder to help you remember the appointment, or to determine whether or not another treatment or a new service we offer may interest you and then notify you of the treatment or service.

**As Required by Law.** We may use or disclose your PHI to legal authorities, such as law enforcement officials, court officials, or government agencies, as required by law. For example, we may be required to respond to a court order or report certain physical injuries.

**Law Enforcement.** We may use or disclose your PHI for law enforcement purposes. Such purposes may include reporting certain types of wounds, providing information to assist in the identification and location of a crime suspect, turning in evidence of crime on the premises, and other uses and disclosures involving law enforcement.

**Public Health Activities.** We may use or disclose your PHI for public health activities and purposes. For example, we may be required to report information to authorities in order to help prevent or control disease, injury, or disability. This may include using your medical record to report certain diseases, injuries, birth and death information, information of concern to the Food and Drug Administration, or information related to child abuse or neglect. Additionally, we may be required to report certain work-related illnesses or injuries to your employer so your workplace can be monitored for safety.

**Health Oversight Activities.** We may use or disclose your PHI to a health oversight agency for oversight activities authorized by law. These activities may include civil, administrative, or criminal proceedings or actions; audits; investigations; inspections; licensure or disciplinary actions; or other necessary activities.

**Judicial and Administrative Proceedings.** We may use or disclose your PHI in the course of any judicial or administrative proceeding. For example, we may be required to disclose your information in response to a subpoena or other lawful process.

**Activities Related to Death.** We may use or disclose your PHI for purposes related to your death. For example, we may disclose information to coroners, medical examiners, or funeral directors, as permitted or required by law, for duties related to your death (such as identification, determination of cause of death, or funeral preparation activities).

**Organ, Eye or Tissue Donation.** We may use or disclose your PHI for cadaveric organ, eye, or tissue donation purposes. For example, we may disclose information to an organ procurement organization that facilitates organ, eye, or tissue transplantation.

**Research.** Under certain circumstances and only after specific approval process, we may use or disclose your PHI for research purposes. For example, we may disclose information for research is an authorized board approves a waiver for authorization.

**To Avoid a Serious Threat to Health or Safety.** We may use or disclose your PHI to the proper authorities as required by law and standards of ethical conduct if we believe, in good faith, that such release is necessary for law enforcement authorities to identify or apprehend an individual or to prevent or minimize a serious and imminent threat to the health or safety of your or the public.

**Victims of Abuse, Neglect, or Domestic Violence.** We may use or disclose your PHI if we reasonably believe that you are a victim of abuse, neglect, or domestic violence. For example, we may report this information to a government authority that is authorized by law to receive such reports.

**Specialized Government Functions.** We may use or disclose your PHI for military and veteran’s activities, national security and intelligence activities, and protective services for certain individuals, or for other specialized government functions. For example, if you are involved with the Armed Forces, we may disclose your information to appropriate military authorities to assure proper execution of a military mission.

**Workers’ Compensation.** We may disclose your PHI in order to comply with workers’ compensation laws. For example, we may disclose your information to appropriate persons for your work-related injuries.

**To Those Involved With Your Care, Payment, or Notification.** If a person such as a family member, relative or close personal friend involved in your care or helps pay for your care, we may disclose, to that person, PHI that is directly relevant to his or her involvement in your care (or payment for your care). You have the right to object to such disclosures unless your condition renders you unable to object or if there is an emergency. We may allow you to agree or disagree orally. This type of disclosure may also include giving information to an entity that is authorized to assist in disaster relief efforts.

**More Restrictive Law.**  Certain State laws are more restrictive that Federal law regarding disclosures of your PHI. In order to comply with such laws, we will not disclose your PHI without your authorization except as permitted and required by State law. For example, we may disclose your PHI upon request of the Idaho Board of Pharmacy, or its representatives, acting in their official capacity; the practitioner (or the practitioner’s designee) who issues a prescription of yours; other licensed health care professionals responsible for your care; agents of the Idaho Department of Health and Welfare when acting in their official capacity with reference to issues related to the practice of Robert J. Lee, MD, P.C. pharmacy, provided such request in writing; agents of any board whose practitioners have prescriptive authority, when the board is enforcing laws governing that practitioner; a government agency charged with responsibility for providing medical care for you, provided such request is in writing; the Food and Drug Administration (FDA), for purposes related to monitoring of adverse drug events in compliance with requirements of Federal law, rules, or regulations adopted by the FDA; the authorized insurance benefit provider or health plan that provides your health care coverage or pharmacy benefits; or the order of a court of competent jurisdiction.

*NOTE*:. We must obtain your written authorization for any disclosure of your PHI that does not fit with at least one of the situations listed above. Additionally, a written authorization is required for the use and disclosure of physiotherapy notes (except for certain treatment, payment, or health care operations), use and disclosure of PHI for marketing purposes, and sale of PHI. You may, at any time, withdraw any authorization form that you completed previously, but the withdrawal must be requested in writing. Please note that you may not withdraw an authorization to the extent that Robert J. Lee, MD, P.C. has taken action by relying on the authorization or, if the authorization was obtained as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy or the policy itself. If your wish to withdraw an authorization, please submit your request in writing to the medical records staff at Robert J. Lee, MD, P.C. (3446 South 15th East Idaho Falls, ID 83404)

YOUR RIGHTS

You have several rights with respect to your PHI. Please note that your personal representative under State law, if you have one, may exercise your rights in your place. If you wish to exercise any of the following rights, please contact our staff (3446 South 15th East Idaho Falls, ID 83404) or call us at 208.522.4409.

Specifically, you have the right to:

**Inspect and copy your PHI**

You have the right to inspect and obtain a copy of your PHI in any appropriate and readily producible format. However, this right does not apply to psychotherapy notes or information gathered for a civil, criminal, or administrative action or proceeding. You may submit request for your information to our medical records staff (by mail, fax, or hand-delivery). We will act on your request within 30 days (or within 60 days if an extension is granted). We may charge a reasonable, cost-based fee that covers labor, supplies, and postage. Under circumstances specified by law, Robert J. Lee, MD, P.C. may deny your request for access to information.

**Request a correction to your PHI**

If you believe your PHI is incorrect, you may submit a written request for an amendment of your medical record. We will act on your request no later than 60 days after we receive it; however, we may deny your request under circumstances specified by law. You have the right to submit a written disagreement with the denial.

**Request restrictions on certain uses and disclosures**

You have the right to request restrictions on how your PHI is used or to whom your information is disclosed, even if the restriction affects your treatment or our payment or health care operations activities. For example, you may wish to limit the PHI provided to family or friends involved in your care or payment of medical bills. We are not required to agree to all requested restrictions; however, we must agree to requests to limit information disclosed to your health plan if the information relates to a specific health care item or service only, if you or someone else besides the health plan pays for that item or service in full, if the disclosure is for purposes of payment or health care operations, and if the disclosure is not required by law. You may request a restriction by submitting the request in writing to our medical records staff.

**Request confidential communications of PHI**

You have the right to request that we communicate your PHI to you confidentially and by alternative means or at alternative places. For example, you may wish to receive information about your health status in a private room or in a letter sent to a private address. We must accommodate reasonable requests in which you clearly state that the disclosure of all or part of the information could endanger you, and we may not require an explanation from you about the basis of the request. You may request confidential communications by submitting the request in writing to our medical records staff.

**Receive an accounting of disclosures of your PHI**

You have the right to receive a list of certain disclosures of your PHI that we have made during the six years before the date of your request. The list will include the date of each disclosure, to whom each disclosure was made, a brief description of the information disclosed, and why each disclosure was made. We may not include certain disclosures, including those made to you; for treatment, payment, and health care operations purposes; allowed by a valid authorization; incident to a permitted or required use or disclosure; for a facility directory; to people involved in your care; or for national security or law enforcement. You may request this list by submitting a written request to our medical records staff. We must comply with your request within 60 days unless you agree to a 30-day extension, and we must not charge you for the first list that you request in a given year.

**Obtain a paper copy of this notice**

You may request a paper copy of this notice at any time, even if you agreed previously to receive the notice electronically. You can also find this notice on our website at [www.drleeorthopedics.com](http://www.drleeorthopedics.com).

**Complain**

To file a complaint about a violation of your privacy rights, ask questions about this notice, or obtain any other assistance related to this notice or your rights, please contact our office at Robert J. Lee, MD, P.C. (3446 South 15th East Idaho Falls, ID 83404) or at 208.522.4409. We will not retaliate against you for filing such a complaint. If you wish to file a complaint with the Secretary of the Department of Health and Human Services, please visit [www.hhs.gov](http://www.hhs.gov).

*Effective 01/01/2019*