

NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

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.

We are required by law to maintain the privacy of your health information and to give you notice of our legal duties and privacy practices with respect to your protected health information. This Notice summarizes our duties and your rights considering your protected health information. Our duties and your rights are set forth more fully in 45 C.F.R., part 164. We are required to abide by the terms of the Notice that is currently in effect.

USES AND DISCLOSURES OF INFORMATION THAT WE MAY MAKE WITH YOUR WRITTEN AUTHORIZATION

We may use or disclose protected health information for the following purposes without your written authorization. These examples are not meant to be exhaustive.

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| * Treatment | * Health Oversight Activities | * Research |
| * Payment | * Judicial and Administrative | * Worker's Compensation |
| * Healthcare Operations | * Law Enforcement | * Marketing |
| * Required by Law | * National Security | * Business Associates |
| * Threat to Health or Safety | * Public Health Activities | * Military |
| * Abuse or Neglect | * Coroners and Funeral Directors | * Inmates or Persons in |
| * Communicable Diseases | * Organ Donation | * Police Custody |

USES AND DISCLOSURES OF INFORMATION THAT WE MAY MAKE UNLESS YOU OBJECT

We may use and disclose protected health information in the following instances without your authorization unless you object. If you object, please notify the Privacy Contact identified below.

* **Persons Involved in Your Health Care.** We may disclose information to a member of your family, relative, close friend, or other person identified by you who is involved in your health care or the payment of your health care. We will limit disclosure to the information relevant to that person's involvement in your health care or payment.

* **Notification.** We may use or disclose protected health information to notify a family member or other person responsible for your care of your location and condition. Among other things, we may disclose protected health information to a disaster relief agency to help notify family members.

USES AND DISCLOSURES OF INFORMATION THAT WE MAY MAKE WITH YOUR WRITTEN AUTHORIZATION

We will obtain a written authorization from you before using or disclosing your protected health information for purposes other than those summarized above. You may revoke your authorization by submitting a written notice to the Privacy Contact identified below.

YOUR RIGHTS CONCERNING YOUR PROTECTED HEALTH INFORMATION

You have the following rights concerning your protected health information. To exercise any of these rights you must submit a written request to the Privacy Contact identified below.

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| * Right to Request Additional Restriacts | * Right to Request Amendment to Record |
| * Right to Receive Communications by Alternative Means | * Right to an Accounting of Certain Disclosures |
| * Right to Inspect and Copy Records | * Right to a Copy of this Notice |

CHANGES TO THIS NOTICE

We reserve the right to change the terms of our Notice of Privacy Practices at any time, and to make the new Notice provisions effective for all protected health information that we maintain. If we materially change our privacy practices, we will prepare a new Notice of Privacy Practices, which shall be effective for all protected health information that we maintain. We will post a copy of the current Notice in our reception area and on our website. You may obtain a copy of the current Notice in our reception area, or by contacting the Privacy Contact identified below.

COMPLAINTS

You may complain to us or to the Secretary of Human Services if you believe your privacy rights have been violated. You may file a complaint with us by notifying our Privacy Contact identified below. All complaints must be in writing. We will not retaliate against you for filing a complaint.

PRIVACY CONTACT

If you have any questions about this Notice or if you want to object to or complain about any use or disclosures or exercise any right as explained above, please contact our Privacy Officer:

Cardiothoracic & Vascular Associates
333 N. 1st St. #280 * Boise ID 83702 * (208) 345-6545