



Idaho Falls Pediatrics

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HIPAA

Summary of Notice of Privacy Practices

The notice of Privacy Practice contains a detailed description of how our office will protect your health information, your rights as a patient and our common practice in dealing with patient health information.

Uses and Disclosures of Health Information

We will use and disclose your children's health information in order to treat your children or to assist other health care providers in treating your children. We will also use and disclose their health information in order to obtain payment for our services or to allow insurance companies to process insurance claims for services rendered to your children by us or other health care providers.

Finally, we may disclose your children's health information for certain limited operational activities such as licensing, accreditation and training of students.

Uses and Disclosures Based on your Authorization

We will not use or disclose your health information without your written authorization except as stated in more detail in the Notice of Privacy Practices.

Uses and Disclosures Not Requiring Your Authorization

In the following circumstances, we may disclose your health information without your written authorization:

- For purposes of public health and safety
- To government agencies for purposes of audits, investigations, and other oversight activities
- To government authorities to prevent child abuse or domestic violence
- To the FDA to report product defects or incidents
- To law enforcement authorities to protect public safety or to assist in apprehending criminal offenders.
- When required by court orders, search warrants, subpoenas and as otherwise required by law

Patient's Rights

As our patient you have the following rights:

- To have access to and or a copy of your health information
- To receive an account of certain disclosures we have made of your health information
- To request restrictions as to how your health information is used or disclosed
- To request that we communicate with you in confidence
- To request that we amend your health information
- To receive notice of your privacy practices