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## NOTICE OF PRIVACY PRACTICES

This notice describes how your medical information may be used and disclosed and how you can access this information. Please review it carefully.

### Our Commitment to Your Privacy

Idaho Hand Institute is required by law to maintain the privacy and security of your protected health information (PHI) and provide you with this notice of our legal duties and privacy practices. We will follow the terms of this notice currently in effect. We may update this notice at any time. Updated copies will be available in our office and upon request.

### How We May Use and Disclose Your Health Information

We may use or disclose your PHI for the following purposes:

- **Treatment:** To provide, coordinate, or manage your healthcare and related services. This may include sharing information with physicians, pharmacies, laboratories, hospitals, or others involved in your care.
- **Payment:** To bill and collect payment from you, your insurance company, or other responsible parties for services provided.
- **Healthcare Operations:** For business operations such as quality improvement, staff training, licensing, compliance, and administrative activities.
- **Appointment Reminders & Health Information:** We may contact you regarding appointments, treatment options, follow-up care, or health-related services that may benefit you.
- **People Involved in Your Care:** We may disclose limited health information to individuals involved in your care or payment for your care, such as family members, friends, or caregivers, when appropriate or necessary, unless you object.
- **As required by Law:** We may disclose your PHI when required by federal, state or local law.
- **Special Circumstances:** We may also disclose your PHI for:
  - Public health and safety reporting
  - Abuse or neglect reporting
  - Worker's compensation claims
  - Law enforcement requests
  - Court orders or subpoenas
  - Military or nation security purposes
  - Coroners, medical examiners, funeral directors
  - Organ and tissue donation
  - Certain approved research activities

### Your Privacy Rights

You have the right to ask us to contact you in a specific way or at a specific location. Request limits on how we use or disclose your PHI. While we will consider your requests, we are not



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always required to agree. Request access to or copies of your medical and billing records. Reasonable fees may apply. Request corrections to your medical record if you believe information is incorrect or incomplete. Request a list of certain disclosures we have made of your PHI. You may receive a paper copy of this notice at any time.

**File a Complaint**

If you believe your privacy rights have been violated, you may file a complaint with our privacy officer or with the U.S. Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

**Privacy Officer:** Christine  
**Phone:** (208) 235-4263  
**Address:** 444 Hospital Way, Suite 710  
Pocatello, ID 83201  
**E-mail:** [contact.us@idahohandinstitute.com](mailto:contact.us@idahohandinstitute.com)

**Authorize Other Uses**

Uses and disclosures not described in this notice will only be made with your written authorization. You may revoke your authorization at any time in writing.

**I acknowledge that I have received or been offered a copy of Idaho Hand Institute’s Notice of Privacy Practices.**

PATIENT NAME: \_\_\_\_\_

NAME OF RESPONSIBLE PARTY: \_\_\_\_\_  
(If different from patient)

DATE: \_\_\_\_\_