Notice of Privacy Practices

Effective August __, 2026

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 protect the privacy of your health information, to give you this Notice of our legal duties and privacy practices, and to notify you if there is a breach of your unsecured health information. This Notice summarizes our duties and your rights under 45 C.F.R. Part 164. We must follow the terms of the Notice currently in effect.

USES & DISCLOSURES WE MAY MAKE WITHOUT YOUR WRITTEN AUTHORIZATION

Treatment. We may use or share your health information to treat you — including sharing it with other providers involved in your care, giving you appointment reminders, and discussing treatment options with you. If you are enrolled in Chronic Care Management, your care plan may be shared with your care team to coordinate monthly services.

Payment. We may use or share your information to get paid for services — including submitting claims to Medicare, Medicare Advantage, Medicaid, commercial insurers, and other payers, and answering coverage and eligibility questions.

Health care operations. We may use or share your information to run our practice — including quality improvement, staff evaluation, accreditation, and practice-management decisions.

Other purposes permitted or required by law. We may also use or share your information as the law requires or permits, including to prevent a serious threat to health or safety, for public health activities, health oversight, judicial proceedings, law enforcement, research with appropriate protections, coroners and organ procurement, workers' compensation, and certain government functions.

USES & DISCLOSURES WE MAY MAKE UNLESS YOU OBJECT

Family or others involved in your care. We may share information with a family member, close friend, or other person you have identified as involved in your care, limited to what is relevant to their involvement.

Health information exchanges. We may participate in health information exchanges, including the Idaho Health Data Exchange (IHDE), through which we may share your information for treatment, payment, or operations. You may opt out directly through IHDE using its opt-out form at idahohde.org — ask us for a copy and we will help you submit it.

Idaho Immunization Reminder Information System (IRIS). We may share immunization records with IRIS. Participation is voluntary. To opt out, use the online form at healthandwelfare.idaho.gov/iris-opt-out, or contact the Idaho Immunization Program at 208-334-5931 or IIP@dhw.idaho.gov. If you opt out, you will need to keep your own immunization records.

USES & DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

All other uses and disclosures not described in this Notice require your written authorization — including any use of psychotherapy notes, marketing, and any sale of your health information. You may revoke an authorization in writing at any time, except to the extent we have already acted in reliance on it.

SPECIAL PROTECTIONS FOR CERTAIN HEALTH INFORMATION

Substance use disorder records (42 C.F.R. Part 2). We may receive or maintain records of substance use disorder treatment that are protected by federal law under 42 C.F.R. Part 2. Records subject to Part 2 — and any testimony relaying the content of those records — may not be used or disclosed in any civil, criminal, administrative, or legislative investigation or proceeding against you unless you give written consent, or a court order is entered after you (or the holder of the record) have been given notice and an opportunity to be heard, as provided in 42 C.F.R. Part 2. You have the right to request restrictions on the use and disclosure of Part 2 records for treatment, payment, and health care operations, and to receive an accounting of disclosures of Part 2 records. You may file a complaint about a suspected violation of Part 2 with the Secretary of the U.S. Department of Health and Human Services.

Mental health, HIV/AIDS, and genetic information. These categories may receive additional protection under state and federal law. We apply all legally required restrictions to such records.

YOUR RIGHTS CONCERNING YOUR HEALTH INFORMATION

To exercise any of these rights, submit a written request to the Privacy Officer identified at the end of this Notice, or call (208) 247-4279 and we will help you.

Right to request restrictions. You may ask us to restrict how we use or share your health information for treatment, payment, or health care operations, or with someone involved in your care. We are not required to agree to most requested restrictions, and we will tell you if we cannot agree. There is one restriction we must honor: if you pay for a service in full, out of pocket, and ask us not to send information about that service to your health plan for payment or health care operations purposes, we will not send it — unless the disclosure is otherwise required by law.

Right to confidential communications. You may ask us to contact you by a different method or at a different location. We will accommodate all reasonable requests and will not ask you why.

Right to inspect and obtain copies. You may inspect and get a copy of your health information, including an electronic copy. A reasonable, cost-based fee may apply.

Right to request an amendment. You may ask us to amend your health information. If we deny the request, you may submit a written statement of disagreement to be kept with your record.

Right to an accounting of disclosures. You may request a list of certain disclosures we made in the six years before your request. This list does not include disclosures for treatment, payment, or health care operations; disclosures made to you or with your authorization; disclosures to people involved in your care; or other categories the law excludes. The first accounting in any 12-month period is free.

Right to be notified of a breach. You have the right to be notified if we discover a breach of your unsecured health information.

Right to a paper copy of this Notice. You have the right to a paper copy of this Notice on request, even if you agreed to receive it electronically.

Personal representatives. A legal guardian, an agent under a health care power of attorney, or another person with legal authority to act on your behalf may exercise all of the rights described in this Notice. We may ask for documentation of that authority.

ELECTRONIC COMMUNICATIONS

Email and text messages are convenient but are not fully secure — they can be intercepted, misdirected, or seen by anyone with access to your device. We will explain these risks, document the method you prefer, and use that method for routine matters. A secure alternative is available at any time; just ask. We may decline to send particularly sensitive information by unsecured email or text and may ask you to use a secure method instead. You may change your preference at any time by calling (208) 247-4279.

CHANGES TO THIS NOTICE

We may change the terms of this Notice and make the changes effective for all health information we maintain. We will post updates in our office and on our website, and a current copy is always available on request.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer, or directly with the Secretary of the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint.

NONDISCRIMINATION & ACCESSIBILITY

Hayton Primary Care complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. We provide free aids and services to help people with disabilities communicate with us, and free language assistance to people whose primary language is not English. To request an interpreter or an accommodation, call (208) 247-4279 — at no cost to you.

CONTACT INFORMATION

Privacy Officer: Privacy Officer, Hayton Primary Care
Hayton Primary Care / HPC Medical Group PLLC
300 W. Main St., Suite 100 · Boise, ID 83702
Phone (208) 247-4279 · Fax 208-684-2455 · info@haytonprimarycare.com

Secretary of Health and Human Services: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue S.W., Washington, D.C. 20201 · 1-800-368-1019 (TDD 1-800-537-7697) · hhs.gov/ocr

A paper or electronic copy of this Notice is available on request.