

# Bonner General Health

## 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.

Bonner General Hospital is required by law to maintain the privacy of your health information, to notify you of our legal duties and privacy practices with respect to your health information, and to notify affected individuals following a breach of unsecured health information. This Notice summarizes our duties and your rights concerning your information. Our duties and your rights are set forth more fully in 45 CFR part 164. We are required to abide by the terms of our Notice that is currently in effect.

Throughout this Notice, "we" or "our" refers to the hospital, clinics, its departments, employees and volunteers, and members of its Medical and Allied Health Staff while they are performing services at the hospital and clinics. "You" or "Your" refers to you or your personal representative or other person legally authorized to make health care decisions for you.

#### 1. Uses And Disclosures of Information That We May Make Without Written Authorization.

We may use or disclose protected health information for the following purposes without your written authorization.

**Treatment.** We may use or disclose protected health information to provide, coordinate, or manage your health care. For example, providers or hospital and clinic staff may use information in your medical records to help diagnose or treat your condition and track your progress. In addition, providers or hospital and clinic staff may disclose your information to other health care providers outside the hospital and clinics so that the other health care provider may help treat you.

**Payment.** We may use or disclose protected health information so that we, or other health care providers, may obtain payment for treatment provided to you. If you pay for a health care item or service in full out of pocket, you may request that we not disclose information about that service to your health plan, and we must honor that request when required by law.

**Healthcare Operations.** We may use or disclose protected health information for health care operations necessary to run the hospital and ensure that our patients receive quality care, such as reviewing our performance or the qualifications of providers and staff; training staff; or to help make business decisions about the hospital and clinics and its services.

**Other uses or Disclosures.** We may also use or disclose your information for certain other purposes allowed by 45 CFR §164.512 or other applicable laws and regulations, including the following:

To avoid a serious threat to your health or safety or the health or safety of others.

As required by workers compensation laws for use in workers compensation proceedings.

For certain public health activities such as reporting certain diseases.

For certain public health oversight activities such as audits, investigations, or licensure actions.

In response to a court order, warrant, or subpoena in judicial or administrative proceedings.

For certain specialized government functions such as the military or correctional institutions.

For research purposes, if certain conditions are satisfied.

We may disclose protected health information to business associates who perform services on our behalf and are required to protect your information.

In response to certain requests by law enforcement to locate a fugitive, victim or witness, or to report deaths or certain crimes. To coroners, funeral directors, or organ procurement organizations as necessary to allow them to carry out their duties.

We may use or disclose protected health information for limited marketing activities without a written authorization only in specific circumstances, such as face-to-face communications with you about our services. All other marketing uses or disclosures require your written authorization.

#### 2. Disclosures We May Make Unless You Object.

Unless you instruct us otherwise, we may use and disclose protected health information in the following instances without your written authorization as described below.

**Persons Involved in Your Health Care.** Unless you instruct us otherwise, we may disclose protected health 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 for your health care. We will limit the disclosure of the protected health information relevant to that person's involvement in your health care or payment.

**Facility Directories.** If a person asks for you by name, we will only disclose your name, general condition, and location in our facility. We may also disclose your religious affiliation to clergy.

**Fundraising Communications.** To contact you to raise funds for our facility. You may opt out of receiving such communications at any time by notifying the Privacy Officer identified below.

**Uses and Disclosures of Information That We May Make With Your Written Authorization.** Other uses and disclosures not described in this Notice will generally be made only with your written authorization, including most uses or disclosures of psychotherapy notes; for most marketing purposes; or if we seek permission to sell your information. You may revoke your authorization in writing at any time, except to the extent we have already relied on it.

**3. Substance use Disorder Records (SUD).** SUD Treatment records received from programs subject to 42 CFR part 2 may be subject to additional protection. Among other things, such records or testimony relaying the content of such records shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against the individual unless based on written consent, or a court order after notice and an opportunity to be heard is provided to the individual or the holder of the record, as provided in 42 CFR part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

**4. Redisclosure.** Information disclosed with or without your authorization as set forth above may be subject to redisclosure by the recipient and no longer protected by state or federal laws.

**5. Your Rights Concerning Your Protected Health Information.** You have the following rights concerning your protected health information. To exercise these rights, you must submit a written request to the Privacy Officer identified below.

- **Right to Request Additional Restrictions.** You have the right to request additional restrictions on the use or disclosure of your protected health information for treatment, payment, or health care operations. We are *not* required to agree to a requested restriction except in the limited situations in which you or someone on your behalf pays for an item or service, and request that the information concerning such item or service not be disclosed to a health insurer.
- **Right to Receive Communications by Alternative Means.** We normally contact you by telephone or mail to your home address. You may request that we contact you by alternative means or alternative locations. We will accommodate reasonable requests.
- **Right to Inspect and Copy Records.** You may inspect and obtain a copy of records that are used to make decisions about your care or payment for your care, including an electronic copy. We may charge a reasonable, cost-based fee for providing the records. You may also direct us to transmit a copy of your records to a third party of your choice. We may deny your request under limited circumstances, e.g., if we determine that disclosure may result in harm to you or others.
- **Right to Request Amendment to Record.** You may request that your protected health information be amended. We require that you provide a reason to support the requested amendment. We may deny your request for certain reasons, e.g., if we did not create the record or if we determine that the record is accurate and complete.
- **Right to an Accounting of Certain Disclosures.** You may receive an accounting of certain disclosures we have made of your protected health information. You may receive the first accounting within a 12-month period free of charge. We may charge a reasonable cost-based fee for all subsequent requests during that 12-month period.
- **Right to a Copy of this Notice.** You have the right to obtain a paper copy of this notice upon request. You have this right even if you have agreed to receive the Notice electronically.

**6. Changes To This Notice.** We reserve the right to change the terms of our Notice at any time, and to make the new Notice effective for all protected health information that we maintain. If we materially change our privacy practices, we will post a copy of the current Notice in our reception area and our website. You may obtain a copy of the current notice in our registration area or by contacting the Privacy Officer.

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

**8. Entities Covered By This Notice.** This Notice of Privacy Practices applies to the hospital (including its departments and units wherever located); the clinics; its employees, staff and other hospital personnel; and all volunteers whom we allow to help you while you are in the hospital. This Notice of Privacy Practices also applies to all members of the Medical Staff and Allied Health Staff of the hospital concerning the services they provide at the hospital, a hospital department, and the clinics. We may share and exchange protected health information with members of the Medical Staff and Allied Health Staff for treatment, payment and health care operations. However, members of the Medical Staff and Allied Health Staff, including your personal provider, may have different privacy policies and practices relating to their use or disclosure of protected health information created or maintained in their clinic or office.

**9. Idaho Health Data Exchange.** Bonner General Health's participates in the Idaho health Data Exchange (IHDE). If you do not want to participate in the IHDE and you do not want to have your health care information shared with other medical providers involved in your care, you can opt out of the participation. To opt out, you must complete and sign the IHDE "request to Restrict Disclosure of health Information" form and mail or fax it to IHDE. You will receive a letter of confirmation upon completion of your request. Opting out restricts release of your information through the exchanged only you may need to contact facilities directly to restrict disclosure with them.

#### 10. Privacy Officer.

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

Privacy Officer  
Bonner General Hospital  
Health Information Department  
520 North Third  
Sandpoint, ID 83864  
(208) 265-1131

**Effective Date:** This Notice is effective:

11. This Notice of Privacy Practices is also available on Bonner General Health's website at [www.bonnergeneral.org](http://www.bonnergeneral.org).

**Revised:** February 6, 2026

