Rocky Mountain Diabetes Center
Rocky Mountain Clinical Research LLC
and Affiliated Covered Entities

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.

Our Commitment to Your Privacy

We understand that your medical information is personal and important. Federal law requires us to protect the privacy of your protected health information (PHI), provide you with this Notice of Privacy Practices, and follow the terms of this notice.

This Notice applies to Rocky Mountain Diabetes Center, Rocky Mountain Clinical Research, and affiliated healthcare personnel and operations that participate together as Affiliated Covered Entities (ACEs) under HIPAA. Because we work closely together, we may share your information with each other for treatment, payment, healthcare operations, and approved research activities as allowed by law.

We are also required by law to notify you if a breach occurs involving your unsecured protected health information.

How We May Use and Share Your Information

We may use or disclose your medical information without your written authorization for the following purposes:

Treatment

We may use and share your information to provide, coordinate, or manage your healthcare. For example, providers, nurses, laboratories, pharmacies, specialists, and research personnel involved in your care may share information to help diagnose or treat you.

Payment

We may use or share your information to bill and receive payment for healthcare services. For example, we may send information to your insurance company to request payment or prior authorization.

Healthcare Operations

We may use your information to operate and improve our clinic and research operations. Examples include quality improvement activities, staff training, licensing, accreditation, auditing, legal compliance, and appointment reminders.

Research Activities

Rocky Mountain Clinical Research conducts clinical research studies that may involve investigational medications, devices, or treatments. Participation in research is always voluntary.

We may review your medical information to determine whether you may qualify for a current or future clinical research study. This type of review is permitted under HIPAA as an activity preparatory to research.

If you participate in a study, you may receive a separate informed consent form and HIPAA authorization describing how your information may be used and shared for that specific study.

We may also share information with research sponsors, monitors, Institutional Review Boards (IRBs), regulatory agencies such as the FDA, or others involved in approved research oversight activities as permitted by law.

Health Information Exchange (HIE)

We participate in electronic Health Information Exchanges (HIEs), including the Idaho Health Data Exchange (IHDE), Carequality, and CommonWell Health Alliance. These systems allow healthcare providers involved in your care to securely access important health information such as medications, allergies, diagnoses, lab results, and clinical notes.

Sharing information through HIEs helps improve coordination of care, avoid duplicate testing, and support safer treatment decisions.

You may request restrictions on certain disclosures, although we may not always be able to agree to every restriction if it could affect your care.

Other Uses Allowed by Law

Federal and state law also allow or require us to share information in certain situations, including:

- Public health reporting
- Reporting abuse or neglect
- Health oversight audits or investigations
- Court orders, subpoenas, or law enforcement requests
- Workers' compensation claims
- Preventing serious threats to health or safety
- Military or national security activities
- Coroners, funeral directors, or organ donation organizations

People Involved in Your Care

Unless you object, we may share limited information with family members, friends, or others involved in your care or payment for your care.

Electronic Communication

We may communicate with you through phone calls, voicemail, text messages, email, or patient portals. Mobile or phone number data will not be shared with any third parties for marketing or promotional purposes. While we use reasonable safeguards, electronic communications may carry some privacy risks.

Uses Requiring Your Written Permission

Certain uses and disclosures require your written authorization. This includes most uses of psychotherapy notes, most marketing activities, and any sale of protected health information.

You may revoke an authorization at any time in writing, except to the extent we have already acted on it.

Your Rights Regarding Your Information

You have important rights regarding your protected health information:

- Request restrictions on certain uses or disclosures
- Request confidential communications
- Inspect or obtain copies of your records
- Request corrections to your records
- Receive an accounting of certain disclosures
- Receive a paper copy of this Notice at any time

Changes to This Notice

We reserve the right to change this Notice and make the revised Notice effective for all protected health information we maintain. Current copies of this Notice will be available in our office and on our website.

Complaints

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

Contact Information

Privacy Officer
Von Crofts
3910 Washington Parkway
Idaho Falls, ID 83404
Phone: 208-523-1122 ext. 622
Fax: 208-523-2582
Email: voncrofts@idahomed.com

Effective Date

Effective Date: May 26, 2026