NOTICE OF PRIVACY PRACTICES

Edge Medical d/b/a Initial Point Family Medicine
Effective Date: February 16, 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.

Who We Are

This Notice applies to **Edge Medical, doing business as Initial Point Family Medicine** ("we," "us," or "the Clinic").

Address:
2640 S. Eagle Rd.
Meridian, ID 83642

We provide family medicine and telehealth services and are a **HIPAA-covered entity**.
We do not operate a substance use disorder treatment program subject to **42 CFR Part 2**.

Our Responsibilities

We are required by law to:

- Maintain the privacy and security of your protected health information ("PHI")
- Provide you with this Notice of our legal duties and privacy practices
- Follow the terms of this Notice
- Notify you following a breach of unsecured PHI
- Use and disclose only the **minimum necessary** PHI except when required by law

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How We May Use and Disclose Your Health Information

We may use or disclose your PHI **without your written authorization** for the following purposes:

Treatment

To provide, coordinate, or manage your health care, including:

- Sharing information with specialists or other providers
- Prescribing medications
- Providing telehealth services

Payment

To bill and receive payment from you, your health plan, or other responsible parties.

Health Care Operations

To operate our practice and improve care, including:

- Quality assessment and improvement
- Training and supervision
- Care coordination and case management
- Business planning and customer service

Health Information Exchange (HIE)

We may **access** the Idaho Health Data Exchange (IHDE) to obtain information relevant to your care.
We do not currently submit data to IHDE.

Public Health and Safety

As permitted or required by law, including:

- Disease reporting
- Preventing or reducing serious threats to health or safety
- Reporting adverse events or product issues

Required by Law

When required by federal, state, or local law.

Law Enforcement and Legal Proceedings

In limited circumstances, such as:

- Court orders or subpoenas
- Certain law enforcement purposes permitted by law

Workers' Compensation and Similar Programs

As authorized by law.

Coroners, Medical Examiners, and Funeral Directors

Organ and Tissue Donation

Research

For approved research when permitted by law.

Special Protections for Reproductive Health Information

We **will not use or disclose** PHI related to **reproductive health care**:

- To investigate or impose liability on any person for seeking, obtaining, providing, or facilitating **lawful reproductive health care.**
- To identify or locate individuals for such purposes

When required by law, we will obtain a **written attestation** before making any disclosure related to reproductive health information.

Uses and Disclosures That Require Your Written Authorization

We will obtain your written authorization before using or disclosing your PHI for:

- Marketing not otherwise permitted by law
- Sale of PHI
- Psychotherapy notes (except as permitted by law)
- Any other use or disclosure not described in this Notice

You may revoke your authorization at any time in writing.

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Your Rights Regarding Your Health Information

You have the right to inspect or obtain a copy of your medical record and other PHI.

- We will respond **within 15 days**
- You may receive records in paper or electronic form
- You may direct us to send your PHI to a third party of your choice
- Fees, if any, will be reasonable, cost-based, and will not apply to inspection or most electronic copies

Right to Request a Correction

You may request an amendment if you believe your information is incorrect or incomplete.

Right to Request Restrictions

You may request limits on how we use or disclose your PHI.
We must agree if you pay in full out-of-pocket and request that information not be shared with your health plan for that service.

Right to Request Confidential Communications

You may request contact in a specific way or location.

Right to an Accounting of Disclosures

You may request a list of certain disclosures of your PHI.

Right to a Paper Copy of This Notice

You may request a paper copy at any time.

Right to Be Notified of a Breach

You will be notified following a breach of unsecured PHI.

Telehealth and Electronic Communications

If you receive telehealth services, your information may be transmitted electronically using secure, HIPAA-compliant technology.

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Our website and online tools may collect limited information related to your interaction with our services. We do not use online tracking technologies for advertising or marketing purposes involving PHI.

Changes to This Notice

We may change this Notice at any time.
Changes apply to all PHI we maintain.
The updated Notice will be available in our office and on our website.

Questions or Complaints

Privacy Officer:
Jathan Edge, Clinic Manager & Privacy Officer
Phone: 208-884-0835
Email: jedge@initialpointmedical.com
Address: 2640 S. Eagle Rd., Meridian, ID 83642

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.
We will not retaliate against you for filing a complaint.

Acknowledgment of Receipt

By signing below you acknowledge that you have received the Notice of Privacy Practices

Print Name:_____

Signature:_____

Date:_____