

JOINT NOTICE OF INFORMATION 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.

WHO WILL FOLLOW THIS NOTICE

As allowed by law and to better serve your healthcare needs, the following facilities are required to follow the terms of this Joint Notice of Privacy Practices (“**Notice**”): Marias Medical Center, Marias Care Center, and Marias Heritage Center.

The above facilities are referred to “**we,**” “**our,**” or “**us**” and include: Any health care professional authorized to access or enter information into your chart; all departments and units of the facilities covered by this Notice; any member of a volunteer group we allow to help you; and all of our employees, staff, and other personnel.

OUR LEGAL DUTY REGARDING YOUR MEDICAL INFORMATION

We are committed to protecting your medical information (“**Medical Information**”). Medical Information covered by this Notice is information that: 1) Identifies you or could be used to identify you; 2) that we collect from you or that we create or receive; and 3) that relates to your past, present, or future physical or mental health condition, including health care services provided to you and past, present, or future payment for such health care services.

Your health information rights

Although your health record is the physical property of our facilities, the information belongs to you. You have the right to:

- ❖ Obtain a paper copy of the notice of information practices upon request.
- ❖ Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522. We will honor your request for restrictions to the extent possible. To request a restriction, you must make your request in writing to the HIM/MR Department. In your request, you must tell us: 1) what information you want to limit; 2) whether you want to limit our use, disclosure or both; and 3) to whom you want the limits to apply. For example, you may request to restrict disclosures to your spouse. A restriction is not granted until you receive written notice of its approval. If we do agree to your request for restrictions, we will comply with your request unless the information is needed to provide emergency treatment.
- ❖ Inspect and obtain a copy of your health record upon written request as provided for in 45 CFR 164.524. In most cases, you have the right to inspect and obtain a copy of your Medical Information. Usually this includes medical and billing records, but this does not include psychotherapy notes. To inspect and obtain a copy of your Medical Information, please submit your request in writing in the HIM/MR Department. **If you request a copy of your Medical Information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. We will also request picture identification for verification of identity.**
- ❖ Amend your health record upon written request as provided for in 45 CFR 164.528 and Montana Uniform Health Care Information Act (MCA 50-16-541). To request an amendment, your request must be made in writing and submitted to the HIM/MR Department. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: 1) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; 2) is not part of the Medical Information kept by or for the organization; 3) is not part of the information which you would be permitted to inspect and copy; or 5) is accurate and complete.
- ❖ Obtain an accounting of disclosures of your health information upon written request as provided for in 45 CFR 164.528. To request this list of accounting of disclosures, you must submit your request in writing to the HIM/MR Department. We are not required to provide an accounting of disclosures to: 1) carry out treatment, payment or health care operations; 2) disclosures made to you; 3) incident to a permitted or required disclosure 4) made pursuant to your authorization, the organization’s directory, or to persons involved in your care or other notification purposes; 5) for national security or intelligence purposes; 6) to correctional institutions or law enforcement officials; or 7) disclosures that are part of a limited data set that do not include any information that directly identifies you, your relatives, or employers. Your request must state a time period that may not be longer than six years prior to the date of your request. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the

cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- ❖ Request communications of your health information by alternative means or at alternative locations.
- ❖ Revoke your authorization to use or disclose health information except to the extent that action has already been taken.
- ❖ Receive written notification of breach if your unsecured Medical Information has been accessed, used, acquired, or disclosed to an unauthorized person as a result of a breach, and if the breach compromises the security or privacy of your Medical Information. Unless you request in writing to receive the notification by electronic mail, we will provide the written notification by first-class mail or, if necessary, by other substituted forms of communication allowable under the law.
- ❖ Medical photographs or other video images may be taken before, during, or after a surgical procedure or treatment to be used as part of the medical record to document appearance and response to treatment.

Understanding your health information

Understanding what is in your record and how your health information is used helps you to ensure its accuracy and better understand who, what, when, where, and why others may access your health information. Each time you visit a hospital, physician, or other health care provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care of treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment.
- Means of communication among the health professionals who contribute to your care.
- Legal document describing the care you received.
- Means by which you or your insurance company can verify that services billed were actually provided.
- A tool in educating health professionals.
- A source of data for medical research.
- A source of information for public health officials charged with improving the health of the nation.
- A source of data for facility planning and marketing.
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Our responsibilities.....We are required to:

- Maintain the privacy of your health information.
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Obtain your written acknowledgment of receipt of our notice of privacy practices at our first date of service. If your acknowledgment cannot be obtained, we must document our efforts to obtain your acknowledgment and the reasons why it was not obtained.
- Post our notice of privacy practices in a clear and prominent location where it is reasonable to expect individuals seeking service will be able to read the notice.
- Abide by the terms of our notice of privacy practices.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION

The following categories describe different ways that we are permitted to use and disclose your Medical Information. For each category, we describe the use or disclosure and provide some examples. Not every use or disclosure in a category will be listed; however, all the ways we are permitted to use and disclose your Medical Information fall within one of the categories.

USES OR DISCLOSURES THAT CAN BE MADE WITHOUT YOUR AUTHORIZATION OR AN OPPORTUNITY TO OBJECT

Treatment: For example, information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. We will also provide your physician or a subsequent health care provider with copies of various reports that will assist him or her in treating you once you're discharged.

Payment: For example, we will send a bill to you and/or your insurance company. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

Health Care Operations: For example, members of the medical staff or the departments that provided your care may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.

Treatment, payment, and health operations of other covered entities: For example, we may release information to your physician so that he or she may send a bill to you and/or your insurance company. In addition, we may provide your physician or referring hospital with information required to perform quality improvement, peer review, compliance review, and medical education.

As required By Law: We will disclose your Medical Information when required to do so by federal, state, or local law.

To Avert a Serious Threat to Health or Safety/Public Health Risks: We may use and disclose your medical Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. Disclosures regarding infectious diseases must comply with applicable state laws limiting the disclosure of patient identity and related information. We may also disclose your Medical Information for public health activities. These activities generally include the following: To prevent or control disease, injury, or disability; to report child abuse or neglect; to report births and deaths; to the Food and Drug Administration (FDA) health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable produce recalls, repairs, or placement; to notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Law Enforcement and Correctional Institutions: We may disclose Medical Information if asked by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about a crime victim if, under certain limited circumstances, we are unable to obtain the person's agreement; about a death we believe may be the result of criminal conduct; about criminal conduct on site at one of the facilities listed in this Notice; and in emergency circumstances to report a crime. Should you be an inmate of a correctional institution, we may disclose to the institution or their agents health information necessary for your health and the health and safety of other individuals. In addition, Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith we may have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose your Medical Information in response to a court or administrative order. We may also disclose your Medical Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Coroners, Medical Examiners, and Funeral Directors: We may disclose Medical Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose Medical Information about patients to funeral directors as necessary to carry out their duties.

Organ Procurement Organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Schools: We may disclose Medical Information to a school about an individual who is a student or prospective student of the school if the Medical Information is limited to proof of immunization, the school is required by State or other law to have that proof of immunization prior to admitting the individual, and we obtain and document the agreement to the disclosure from either the individual's parent/guardian or from the individual if the individual is an adult or emancipated minor.

Research: Under certain circumstances, we may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Workers Compensation: We may disclose health information to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Business Associates: There are some services provided in our organization through contracts with business associates. Examples include physician services in the emergency department and radiology and certain laboratory tests. When these

services are contracted, we may disclose your health information to the business associate so that they can perform the job we've asked them to do and bill you or your insurance company for services rendered. To protect your health information, we require the business associate to appropriately safeguard your information.

USES OR DISCLOSURES WHEN YOU HAVE AN OPPORTUNITY TO OBJECT

Facility Directories and Religious Preferences: Unless you object, we may use your name and location in the facility for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name.

Individuals Involved in Your Care or Payment for Your Care: Unless you object, we may disclose your Medical Information that is relevant to a family member, relatives, close personal friend, or any other person identified by you who is involved in your health care or payment related to your health care. We may also tell your family or friends your general condition and that you are in the hospital.

Medical Information of a Deceased Individual: As allowed by law and in certain circumstances, we may disclose the Medical Information of a deceased individual to family members, relative, close personal friends, or any other persons who were either authorized by law to act for the deceased individual or who were previously identified as being involved in the individual's care or payment for the individual's health care.

USES OR DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

Mental Health, Drug or Alcohol Treatment: Uses or disclosures for mental health treatment can be made only to professionals for treatment, to obtain payment for services provided, or as otherwise required by state law. Federal law and regulations protect the confidentiality of drug and alcohol abuse patient records maintained by us. Generally, we may not disclose information regarding drug and alcohol abuse-related treatment, a patient's presence in a drug and alcohol abuse treatment program, or a patient's status as an alcohol or drug abuser unless: 1) The patient consents in writing; 2) the disclosure is allowed by a court order; or 3) the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation. Federal law and regulations do not protect any information about a crime committed by a patient in a drug and alcohol abuse program or against any person who works for a drug and alcohol abuse program or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate state or local authorities.

CHANGES TO THIS NOTICE: We reserve the right to change this notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in the hospital. The Notice will contain the effective date on the first page. In addition, each time you register at or are admitted to the hospital for treatment or health care services, we will offer you a copy of the current Notice in effect.

OTHER USES OF MEDICAL INFORMATION: Other uses and disclosures of your Medical Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us permission to use or disclose your Medical Information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your Medical Information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain our records of the care that we provided to you.

FOR MORE INFORMATION OR TO REPORT A PROBLEM: If you believe your privacy rights have been violated, you can file a complaint by phone on the HIPAA Hotline at 406-434-3293 or by written correspondence at Marias Medical Center HIPAA/Compliance, 640 Park Ave, Shelby, MT 59434. **There will be no retaliation for filing a complaint.**