

# Northern Rockies Medical Center



## Notice of Privacy Practices

**Privacy Officer, Northern Rockies Medical Center, Inc., 802 2nd Street SE, Cut Bank, MT 59427**

**Phone: 873-2251**

**Effective Date: March 1, 2021**

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 understand the importance of privacy and are committed to maintaining the confidentiality of your medical information. We make a record of the medical care we provide and may receive such documents from others. We use these records to provide or enable other health care providers to provide quality medical care, obtain payment for services provided to you as allowed by your health plan, and will allow us to meet our professional and legal obligations to operate this medical practice properly. By law, we are required to maintain the privacy of protected health information, provide individuals with notice of our legal duties and privacy practices concerning protected health information, and notify affected individuals following a breach of unsecured protected health information. This notice describes how we may use and disclose your medical information. It also describes your rights and our legal obligations concerning your medical information. If you have any questions about this Notice, please contact our Privacy Officer listed above.*

### **How This Medical Practice May Use or Disclose Your Health Information**

This medical practice collects health information about you and stores it in a chart [and on a computer] [and in an electronic health record/personal health record]. This is your medical record. The medical history is the property of this medical practice, but the medical record's information belongs to you. The law permits us to use or disclose your health information for the following purposes:

1. **Treatment:** We use medical information about you to provide your medical care. We disclose medical information to our employees and others who are involved in providing the care you need. For example, we may share your medical information with other physicians or other health care providers who will provide services that we do not offer. Or we may share this information with a pharmacist who needs it to dispense a prescription to you or a laboratory that performs a test. We may also disclose medical information to your family members or others who can help you when you are sick or injured or after you die.
2. **Payment:** We use and disclose medical information about you to obtain payment for the services we provide. For example, we give your health plan the information it requires before it will pay us. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you.
3. **Health Care Operations:** We may use and disclose medical information about you to operate this medical practice. For example, we may use and disclose this information to review and improve the

quality of care we provide or our professional staff's competence and qualifications. We may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services, and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share your medical information with our "business associates," such as our billing service, that perform administrative services for us. We have a written contract with each of these business associates that contains terms requiring them and their subcontractors to protect your medical information's confidentiality and security. We may also share your information with other health care providers, health care clearinghouses, or health plans that have a relationship with you when they request this information to help them with their quality assessment and improvement activities. This also could include their patient-safety activities, their population-based efforts to improve health or reduce health care costs, their protocol development, case management or care-coordination activities, their review of competence, qualifications, and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, or their health care fraud and abuse detection and compliance efforts.

4. Appointment Reminders: We may use and disclose medical information to contact and remind you about appointments. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.
5. Sign In Sheet: We may use and disclose medical information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.
6. Notification and Communication with Family: We may disclose your health information to notify or assist in notifying a family member, your representative, or another person responsible for your care about your location, your general condition, or, unless you had instructed us otherwise, in the event of your death. In a disaster, we may disclose information to a relief organization to coordinate these notification efforts. We may also disclose information to someone involved with your care or help pay for your care. If you are able and available to agree or object, we will allow you to object before making these disclosures. However, we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.
7. Marketing: Provided we do not receive any payment for making these communications, we may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments, therapies, health care providers or settings of care that may be of interest to you. We may similarly describe products or services provided by this practice and tell you which health plans this practice has an affiliation. We may also encourage you to maintain a healthy lifestyle and get recommended tests, recommend that you participate in a disease management program, provide you with small gifts, tell you about government-sponsored health programs or encourage you to purchase a product or service when we see you, for which we may be paid. Finally, we may receive compensation covering our cost of reminding you to take and refill your medication or otherwise communicate about a drug or biologic prescribed for you. We will not otherwise use or disclose your medical information for marketing purposes or accept any payment for other marketing communications without your prior written authorization. The authorization will disclose whether we receive any compensation for any marketing activity you authorize, and we will stop any future marketing activity to the extent you revoke that authorization.

8. Sale of Health Information: We will not sell your health information without your prior written authorization. The authorization will disclose that we will receive your health information if you authorize us to sell it. We will stop any future sales of your information to the extent that you revoke that authorization.
9. Required by Law: As required by law, we will use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect, domestic violence, or respond to judicial or administrative proceedings or law enforcement officials, we will further comply with the requirement set forth below concerning those activities.
10. Public Health: We may and are sometimes required by law to disclose your health information to public health authorities for purposes related to preventing or controlling disease, injury, or disability; reporting child, elder, or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure. When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your representative promptly unless, in our best professional judgment, we believe the notification would place you at risk of serious harm or would require notifying a personal representative we believe is responsible for the abuse or harm.
11. Health Oversight Activities: We may, and are sometimes required by law to disclose, your health information to health oversight agencies during audits, investigations, inspections, licensure, and other proceedings, subject to the limitations imposed by law.
12. Judicial and Administrative Proceedings: We may, and are sometimes required by law, to disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request, or another lawful process. After reasonable efforts have been made to notify you of the claim, and you have not objected, or if your objections have been resolved by a court or administrative order.
13. Law Enforcement: We may, and are sometimes required by law, to disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness, or missing person, complying with a court order, warrant, grand jury subpoena, and other law enforcement purposes.
14. Coroners: We may, and are often required by law, to disclose your health information to coroners connected with their investigations of deaths.
15. Organ or Tissue Donation: We may disclose your health information to organizations involved in procuring, banking, or transplanting organs and tissues.
16. Public Safety: We may, and are sometimes required by law, to disclose your health information to appropriate persons to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
17. Proof of Immunization: We will disclose proof of immunization to a school required to have it before admitting a student if you have agreed to the disclosure on behalf of yourself or your dependent.

18. Specialized Government Functions: We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.
19. Worker's Compensation: We may disclose your health information as necessary to comply with worker's compensation laws. For example, to the extent your care is covered by workers' compensation, we will make periodic reports to your employer about your condition. By law, we are also required to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.
20. Change of Ownership: If this medical practice is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.
21. Breach Notification: In the case of a breach of unsecured protected health information, we will notify you as required by law. If you have provided us with a current email address, we may use email to communicate information related to the breach. In some circumstances, our business associate may provide the notification. We may also provide notification by other methods as appropriate.
22. Psychotherapy Notes: We will not use or disclose your psychotherapy notes without your prior written authorization except for the following:
  - 22.1 your treatment
  - 22.2 for training our staff, students and other trainees,
  - 22.3 to defend ourselves if you sue us or bring some other legal proceeding,
  - 22.4 if the law requires us to disclose information to you or the Secretary of HHS or for some other reason,
  - 22.5 in response to health oversight activities concerning your psychotherapist,
  - 22.6 to avert a serious threat to health or safety, or
  - 22.7 to the coroner or medical examiner after you die.To the extent you revoke an authorization to use or disclose your psychotherapy notes, we will stop using or disclosing these.
23. Research: We may disclose your health information to researchers who are researching which your written authorization isn't required as approved by an Institutional Review Board or privacy board, in compliance with governing law.
24. Fundraising: We may use or disclose your demographic information, the dates you received treatment, the department of service, your treating physician, outcome information, and health insurance status to contact you for our fundraising activities. If you do not want to receive these materials, notify the Privacy Officer listed at the top of this Notice of Privacy Practices. We will stop any further fundraising communications. Similarly, you should notify the Privacy Officer if you decide you want to start receiving these solicitations again.

### **When This Medical Practice May Not Use or Disclose Your Health Information**

Except as described in this Notice of Privacy Practices, this medical practice will, consistent with its legal obligations, not use or disclose health information that identifies you without your written authorization. If you do authorize this medical practice to use or disclose your health information for another purpose, you may revoke your consent in writing at any time.

## **Your Health Information Rights**

1. **Right to Request Special Privacy Protections:** You have the right to request restrictions on specific uses and disclosures of your health information by a written request specifying what information you want to limit and what limitations on our use or disclosure of that information you wish to have imposed. Suppose you tell us not to disclose information to your commercial health plan concerning health care items or services you paid for in full out-of-pocket. In that case, we will abide by your request unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request and will notify you of our decision.
2. **Right to Request Confidential Communications:** You have the right to request that you receive your health information in a specific way or at a particular location. For example, you may ask that we send information to a specific email account or your work address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.
3. **Right to Inspect and Copy:** You have the right to inspect and copy your health information, with limited exceptions. To access your medical information, you must submit a written request detailing what information you want access to, if you wish to inspect it or get a copy of it, and if you want a copy, your preferred form, and format. We will provide copies in your requested form and format if it is readily producible, or we will provide you with an alternative format you find acceptable, or if we can't agree. We maintain the record in an electronic format; we will provide your choice of a readable electronic or hardcopy format. We will also send a copy to any other person you designate in writing. We will charge a reasonable fee that covers our costs for labor, supplies, postage, and if requested and agreed to in advance, the cost of preparing an explanation or summary, as allowed by federal [and state] law. We may deny your request under limited circumstances. Suppose we reject your right to access your child's records or the records of an incapacitated adult you represent because we believe allowing access would be reasonably likely to cause substantial harm to the patient. In that case, you will have a right to appeal our decision. If we deny your request to access your psychotherapy notes, you will have the right to have them transferred to another mental health professional.
4. **Right to Amend:** You have a right to request that we amend your health information that you believe is incorrect or incomplete. You must request to amend in writing and include why you believe the information is inaccurate or incomplete. We are not required to change your health information and will provide you with information about this medical practice's denial and how you can disagree with the denial. We might deny your request if we do not have the information if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the notification is accurate and complete as is. If we deny your request, you may submit a written statement of your disagreement with that decision, and we may, in turn, prepare a written rebuttal. All information related to any request to amend will be maintained and disclosed in conjunction with any subsequent disclosure of the disputed information.
5. **Right to an Accounting of Disclosures:** You have a right to receive an accounting of disclosures of your health information made by this medical practice, except that this medical practice does not have to account for the disclosures provided to you or according to your written authorization, or as described in paragraphs 1 (treatment), 2 (payment), 3 (health care operations), 6 (notification and communication with family) and 18 (specialized government functions) of Section A of this Notice of Privacy Practices

or disclosures for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent this medical practice has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.

6. Right to a Paper or Electronic Copy of this Notice: You have a right to notice of our legal duties and privacy practices concerning your health information, including a right to a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by email.
  
7. Your Rights Regarding Electronic Health Information Exchange:  
Healthcare providers and health plans may use and disclose your health information without your written authorization for purposes of treatment, payment, and healthcare operations. An electronic medical record links our healthcare providers. When you go to an outside provider, we may be able to share and/or access your records through an electronic Health Information Exchange (HIE). Before there was an HIE, providers and health plans exchanged this information directly by hand delivery, mail, facsimile, or email. This process was time-consuming, expensive, and not secure. The electronic HIE changes this process. Technology allows a provider or health plan to submit a single request through an HIE to obtain electronic records for a specific patient from other HIE participants. The provider must have sufficient personal information about you to prove they have a treatment relationship with you before the HIE will access your data. NRMC participates in an HIE as a means to improve the quality of your health and healthcare experience. Such participation not only allows NRMC to effectively and securely share patient information with other treating healthcare providers, but it will enable emergency personnel to have immediate access to healthcare information that may be essential to providing critical care. To allow authorized individuals to access your electronic health information, you do not have to do anything. By reading this notice and not opting out, your information will be available through the HIE. However, you may choose to opt-out of participation in the HIE, or cancel an opt-out choice, at any time.
  
8. Opting Out: If you do not wish to share information with providers through an HIE, you must opt-out. Please understand your decision to restrict information through an HIE may limit your healthcare providers' ability to provide the most effective care for you. By submitting a request for restrictions, you accept the risks associated with that decision. Your decision to restrict access to your electronic health information through the HIE does not impact other disclosures of your health information. Providers and health plans may continue to share your information directly through other means (such as by facsimile or secure email) without your specific written authorization. Opting out of the HIE will not prevent our providers from seeing your complete medical records. You can obtain a hard copy of our HIE Opt-Out form to complete while visiting NRMC or download it from our website at NRMCINC.ORG. Follow the directions on this form to complete and return it to the HIE and Big Sky Care Connect at:

BSCC Opt-Out Team  
2021 11th Avenue, Suite 2  
Helena, MT 59601

Alternatively, you may learn more information about the HIE and submit the opt-out form on the HIE's website at <https://mtbscc.org/bbcc-patients/>.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact our Privacy Officer listed at the top of this Notice of Privacy Practices.

### **Changes to this Notice of Privacy Practices**

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with this Notice. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area, and a copy will be available at each appointment. We will also post the current information on our website.

### **Complaints**

If you are concerned that we have violated your privacy rights, or if you disagree with a decision we made about your records, you may contact the person listed below. You also may send a written complaint to the U.S. Department of Health and Human Services. The person listed below will provide you with the appropriate address upon request. You will not be penalized in any way for filing a complaint.

### **Contact Person**

If you have any questions, requests, or complaints, please contact the NRMC Privacy Officer at (406) 873-2251.

All complaints must be submitted in writing to:

Northern Rockies Medical Center  
Attention: Privacy Officer  
802 2<sup>nd</sup> St SE  
Cut Bank MT, 59427.

You will not be retaliated against for filing a complaint.