NORTHERN MONTANA HOSPITAL

PRIVACY NOTICE

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.

If you have any questions about this notice, please contact the Privacy Officer at 262-1500.

Who Will Follow This Notice:
This notice describes our practices and that of:
*Any health care professional authorized to enter information into your medical record;
*All departments of the organization;
*Any member of a volunteer group we allow to help you while you are in our facilities;
*All these entities, sites and locations follow the terms of this notice: Employees, volunteers, students, trainees and other persons, further referred to as the workforce, whose conduct is under the direct control of: Northern Montana Hospital, Northern Montana Medical Group, Northern Montana Care Center, Northern Montana Visiting Nurses Service, Bear Paw Hospice, Northern Montana Vision Center, Northern Montana Health Care Foundation.

Our Pledge Regarding Medical Information:
We are committed to protecting medical information about you. We create a record of your services to provide you with quality care and to comply with legal requirements. This notice will tell you how we may use and disclose your medical information. We are required by law to:
A. make sure that medical information that identifies you is kept private;
B. give you this notice of our legal duties and privacy practices, and
C. abide by the terms of the notice currently in effect.

How We May Use and Disclose Medical Information About You:
The following categories describe different ways that we may use and disclose your medical information without written authorization.

***For Treatment:** To the workforce who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes. In addition, the doctor may need to tell the dietitian so that we can arrange for appropriate meals. Different departments may share medical information about in order to coordinate your care, such as prescriptions, lab work, and X-rays. We also may disclose medical information about you to people outside the workforce who may be involved in your continued medical care.

***For Payment:** To insurance companies or third-party payors or individuals responsible for payment. For example, we may need to give your health plan information about services received so your health plan may be billed. We may also tell your health plan about services you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
***For Health Care Operations:** To run the organization and make sure that all of our patients receive quality care. For example, we may use medical information to review our services and to evaluate the performance of our staff in caring for you. The workforce may also use the information for review and learning purposes.

*We may use and disclose medical information to notify you about:
--*Appointment Reminders*
--*Treatment Options and Alternatives*
--*Health-Related Benefits and Services.*

**Fundraising Activities:* To a foundation related to the organization. If you do not want to be contacted for fundraising, you must notify NMHC Foundation at PO Box 1231, Havre, Montana, 59501.

**Hospital Directory:* To include the following limited information: your name, location in the hospital, and your general condition. The directory information may also be released to clergy or people who ask for you by name provided you are currently a patient/resident.

**As Required By Law:* To Federal, state or local law enforcement as required by law, and to public health officials as requested by law. In addition, if you become involved in a claim or lawsuit, we may be required by law to release information.

**Individuals Involved in Your Care of Payment for Your Care:* To family or friends involved in your care or who help pay for your health care, or to disaster relief organizations who may need to contact your family about your condition.

Your Rights Regarding Medical Information About You.
You have the following rights regarding medical information we maintain about you:

**Right to Inspect and Copy:*
A. Medical information that may be used to make decisions about your care.
B. You must submit your request in writing to the Health Information

management (HIM) Department. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.
C. We may deny your request to inspect and copy in certain circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the organization will review your request and the denial. We will comply with the outcome of the review.

**Right to Amend:*
A. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept.
B. To request an amendment, your request must be made in writing and submitted to the HIM Department. In addition, you must provide a reason that supports your request.
C. 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;
3. is not part of the information that you would be permitted to inspect and copy; or
4. is accurate and complete.

**Right to an Accounting of Disclosures:* This is a list of the disclosures we made of medical information about you. To request this list, you must submit your request in writing to the HIM Department. Your request must state a time period which may not be longer than six years and may not include the dates before April 14, 2003. The first list you request within a 12-month period will be free.

**Right to Request Restrictions:* On the medical information we use or disclose about you for treatment, payment or health care operations.

To request restrictions, you must make your request in writing to the HIM Department. In your request, you must tell use (A) what information you want to limit; (B) whether you want to limit our use, disclosure or both; and (c) to whom you want the limits to apply, for example, disclosures to your spouse.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

**Right to Request Confidential Communications:* For example, you can ask us to only contact you at home, not at your place of work.

To request confidential communications, you must make your request in writing to the HIM Department. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of This Notice:* You may ask us to give you a copy of this notice at any time. You may also obtain a copy at our website, www.nmhcare.org, or at any registration area in our organization.

Complaints

- If you believe your privacy rights have been violated, you may contact the Privacy Officer (406-262-1500). You will not be penalized for filing a complaint.
- Or you may file a complaint with the Secretary of the Region VIII, Office for Civil Rights, U.S. Department of Health and Human Services. All complaints must be submitted in writing.

Other Uses of Medical Information
*Other uses and disclosures of medical information not covered by this notice and the laws that apply, will be made only with your written authorization. You may revoke your authorization in writing at any time. However, you must understand that we are unable to take back any disclosures we have already made with your authorization.

Changes to this Notice
*We reserve the right to change this notice. Any changes will be effective for medical information we already have as well as any information we receive in the future. We will post a copy of the current notice.