



BOZEMAN CLINIC P.L.L.P. 1245 N 15th Ave., Bozeman, MT 59715, Phone:(406)587-4242, Fax: (406)587-3507

Your Information. Our Responsibilities. Your Rights.

This **Notice of Privacy Practices** describes how your protected health information (PHI) may be used and disclosed by Bozeman Clinic PLLP and how you can get access to this information. **Please review it carefully.**

Our Responsibilities

- We are required by law to maintain the privacy and security of your PHI.
- We must follow the duties and privacy practices described in this notice and provide you with this copy of it.
- We will share your PHI as necessary to carry out treatment, payment, and other health operations as permitted by law. We may also release your protected health information to another healthcare facility or professional who is not affiliated with our organization but who is or will be providing treatment to you.
- We will notify you promptly if a breach occurs that may have compromised the privacy or security of your PHI.
- We will not use or share your information other than as described here unless you tell us we can in writing.
- We *never* market or sell any personal information.

Your Rights

When it comes to your protected health information (PHI) you have certain rights. You can:

Get a paper copy of your medical record after you have signed a medical records release, which can be found on our website <http://www.bozemanclinic.com/resources/patient-forms/>.

- We will provide a paper copy of your health information within 10 days of receiving your written request for a reasonable, cost-based fee. No more than 50 cents per page. You can also log on to your patient portal to see a summary of your records electronically at any time free of charge.

Get a paper copy of this privacy notice at any time, but it will be provided to you at least annually

- You will be asked to sign an acknowledgement that you received it. It is also available on our website.

Ask us to amend your medical record

- You can ask us to add health information about you if you think your record is incorrect or incomplete. We are not obligated to make changes, but will give each request careful consideration.

Request confidential communications

- You can ask us to contact you in a specific way (for example: by your home or office phone) or to send mail to a different address.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request if it would negatively affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer unless a law requires us to share that information.

Get an accounting of those with whom we've shared information

- You can ask for an accounting of the times we've shared your PHI for the past 6 years.
- We will include all the disclosures except for those about treatment, payment, and health care operations, or any other disclosures you asked us to make. We'll provide one accounting per year free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your PHI.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights have been violated

- Contact us to file a complaint or send a letter to the U.S. Department of Health and Human Services Office for Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201, or call 1-877-696-6775, or visit www.hhs.gov/ocr/privacy/hipaa/complaints/.
- **We will not retaliate against you for filing a complaint.**

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are unable to tell us your preference, for example if you are unconscious, we may share your PHI if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- For marketing purposes
- Most sharing of psychotherapy notes

Other Uses and Disclosures

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/hipaa. We can share health information about you for certain situations including but not limited to:

Help with public health and safety issues

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence or preventing or reducing a serious threat to anyone's health or safety

Do Research

We can use or share your information for health research. In cases where your specific authorization has not been obtained, your privacy will be protected by strict confidentiality agreements.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests for a transplant for you or from you.

Share PHI with a medical examiner or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

- For workers' compensation claims
- For law enforcement purposes
- With health oversight agencies for activities authorized by law or special government functions such as military, national security, or intelligence activities

Utilize Business Associates

- Certain aspects and components of our services are contracted with outside persons or organizations, such as IT, auditing, or legal services. It may be necessary at times to provide these entities aspects of your PHI to assist us with healthcare operations.
- In all cases, these associates are required to appropriately safeguard your PHI.

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request in our office and on our web site. **You can reach the Privacy Officer at Bozeman Clinic by calling: (406)587-4242.**

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.