

Notice of Privacy 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.

If you have any questions about this Privacy Notice, please contact our Privacy Officer at the following address:

Glacier Community Health Center, Inc.
519 East Main Street
Cut Bank, MT 59427
(406) 873-5670

This Notice of Privacy Practices describes how Glacier Community Health Center may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. This Notice describes your rights regarding the health information we maintain about you and a brief description of how you may exercise these rights. This Notice further states the obligations we have to protect your health information.

“Protected health information” means health information (including identifying information about you) we have collected from you or received from your health care providers, health plans, your employer or a health care clearinghouse. It may include information about your past, present or future physical or mental health or condition, the provision of your health care, and payment for your health care services.

We are required by law to maintain the privacy of your health information and to provide you with this notice of our legal duties and privacy practices with respect to your health information. We are also required to comply with the terms of our current Notice of Privacy Practices.

We are required to obtain an acknowledgment from you that you received a copy of this notice from us.

How We Will Use and Disclose Your Health Information

We will use and disclose your health information as described in each category listed in general terms.

For Treatment. We will use and disclose your health information without your authorization to provide you with health care and any related services. We may disclose health information about you to other health care offices that are involved in your care; such situations may include referrals to other doctors for additional care that we cannot provide such as a physical therapist.

For Payment. We may use and disclose your health care information so that the treatment and services you receive at our office may be billed to and payment is collected from your insurance company or a third party payer. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover the treatment. For example we may use your information to be able to extend your treatment visits.

For Health Care Operations We may use and disclose health information about you without your authorization to run our office and deliver quality care. For example, we may combine health information of our patients to help us decide if there are additional services we should offer.

Appointment Reminders. We may contact you to remind you of your appointment in this office.

Treatment Alternatives. We may use your health care information to tell you about possible treatment options or alternatives that may be of interest to you.

Uses and Disclosures of Your Health Information with Your Permission

Any use or disclosure not described in this Notice of Privacy Practices will generally only be made with your written permission, called an “authorization”. You have a right to revoke an authorization at any time. If you revoke your “authorization”, we will not longer use or disclose information about you for the reason covered by your written “authorization” but we cannot take back any “authorizations” you have previously authorized.

If we have HIV or Substance Abuse information about you, we cannot release that information without a special signed, written authorization from you that complies with the law governing HIV or substance abuse records.

Uses and Disclosures That May be Made Without Your Authorization or Opportunity to Object

- 1. Emergencies** We may use and disclose your health information in an emergency treatment situation. By way of example, we may provide your health information to a paramedic who is transporting you in an ambulance from our facility.
- 2. As Required By Law** We will disclose health information about you when required to do so by federal, state, or local law.
- 3. Public Health Activities** We may disclose health information about you as necessary for public health activities for example, to notify a patient(s) who may have been exposed to a contagious disease or who is at risk of contacting or spreading a disease or condition. Notifications may also include births, deaths, child abuse or neglect or information from the FDA regarding defective products, including supplements or medications.
- 4. Appropriate Governmental Agencies** will be notified only if required by law if we believe you have been a victim of abuse, neglect or domestic violence.
- 5. Health Oversight Activities.** We may disclose health information about you to a health oversight agency for activities authorized by law. Oversight agencies include government agencies that oversee the health care system, government benefit programs such as Medicare or Medicaid, or those governmental programs that regulate health care, and civil rights laws.
- 6. Disclosures in Legal Proceedings.** We may disclose health information about you without your permission to a court or administrative agency when a judge or administrative agency orders us to do so.
Law Enforcement Activities. We may disclose health information to law enforcement officials for law enforcement purposes as outlined in 45CFR 164.512(f)(1).
- 7. Medical Examiners or Funeral Directors.** We may provide health information about our patients to a medical examiner who is appointed by the law to assist in identifying deceased persons and to determine the cause of death in certain circumstances.
- 8. Military and Veterans.** If you are a member of the armed forces, we may disclose your health information as required by military command authorities or to determine your eligibility for benefits provided by the Department of Veterans Affairs.
- 9. National Security and Protective Services for the President and others.** Your medical information may be disclosed to authorized federal officials if necessary to conduct special investigations.
- 10. Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose health information about you to the correctional institution or law enforcement official.
- 11. Workers' Compensation.** We may disclose health information about you to comply with the state's Workers' Compensation Law.

Uses and Disclosures That May be Made Without Your Authorization, but for which you will have an opportunity to object

Persons involved in your care. We may provide health information about you to someone who helps pay for your care. We may use or disclose your health information to notify or assist a family member, personal representative or any other person that is responsible for your care. If you are physically present and have the capacity to make health care decisions, your health information may only be disclosed with your agreement to persons you designate to be involved in your care, for example a spouse.

If you are in an emergency situation we will use our best judgment in determining whether a disclosure to a spouse, a family member, or a friend is in your best interest.

If you are not in an emergency situation but are unable to make health care decisions we may also use our professional judgment and experience to make reasonable inferences that it is in your best interests to allow another person to act on your behalf for example to pick up, filled prescriptions, medical supplies, or x-rays.

If you are not in an emergency situation but are unable to make health care decisions, we will disclose your health information to the designated individual, guardian or other fiduciary, in accordance with an advanced directive validly executed under state law, appointed by a court.

Your Rights Regarding Your Health Information

1. Right to Inspect and Copy. You have the right to request an opportunity to inspect or copy health information used to make decisions about your care – whether they are decisions about your treatment or payment of your care. You must submit your request in writing to our Privacy Officer. If you request a copy of the information, we may charge a fee for the cost of copying, mailing and supplies associated with your request.

We may deny your request to inspect or copy your health information in certain limited circumstances. In some cases, you will have the right to have the denial reviewed by a licensed health care professional not directly involved in the original decision to deny access. We will inform you in writing if the denial of your request may be reviewed. Once the review is completed, we will honor the decision made by the licensed health care professional reviewer.

2. Right to Amend. If you believe health information we have about you to make decisions about your care – whether they are about your treatment or payment - is incorrect or incomplete, you may request in writing an amendment. We may deny your request for the amendment if your reason does not support the request. We may also deny your request if you asked us to amend information that:

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment
- is not part of the health information we keep.
- Is not part of the health information you would be permitted to inspect and copy
- Is accurate and complete.

3. Right to an Accounting of Disclosures. You have the right to request in writing that we provide you with an accounting of disclosures we have made of your health information. An accounting is a list of disclosures we made about you for purposes other than treatment, payment and health care operations. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. The first accounting you request within a twelve-month period will be free. For additional requests during the same 12-month period, we will charge you for the costs of providing the accounting. We will notify you of the amount we will charge and you may choose to withdraw or modify your request before we incur any costs.

4. Right to Request Restrictions. You have a right to request a restriction on the health information we use or disclose about you for treatment, payment or health care operations. You must request the restriction in writing to our Privacy Officer. We are not required to agree to a restriction that you may request. If we do agree, we will honor your request unless the restricted health information is needed to provide you with emergency treatment.

5. Right to Request Confidential Communications. You have the right to request that we communicate with you about your health care only in a certain location or through a certain method. You must request confidential communications in writing to us. We will accommodate all reasonable requests. You do not need to give us a reason for the request; but your request must specify how or where you wish to be contacted. For example, you may want us to mail your bill or any test results to you at work instead of at home.

6. Right to a Paper Copy of This Notice. You have a right to obtain a paper copy of this Notice of Privacy Practices at any time.

Complaints: If you believe your privacy rights have been violated; you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with our office, contact our Privacy Officer. All complaints must be submitted in writing. You will not be retaliated against for filing a complaint.

Changes to this Notice: We reserve the right to change the terms of our Notice of Privacy Practices. We also reserve the right to make the revised or changed Notice of Privacy Practices effective for all health information we already have about you as well any health information we receive in the future. We will post a copy of our current Notice of Privacy Practices in our office. You may obtain a copy of our current notice by calling our Privacy Officer's number and requesting that a copy be sent to you in the mail or by asking for one any time your are at our office.

Who will follow this Notice: All of Glacier Community Health Center personnel will follow this Notice of Privacy Practices.