



## **NOTICE OF PRIVACY PRACTICES CENTRAL MONTANA HEALTH DISTRICT**

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.

**This Notice of Privacy Practices applies to the Central Montana Health District (CMHD) and all satellite vaccination/immunization sites.**

### 1. Legal Duties of CMHD.

- a. By law, CMHD is required to maintain the privacy of Protected Health Information and to provide individuals with notice of its legal duties and privacy practices with respect to Protected Health Information.
- b. The term “Protected Health Information” includes information that can be used to identify you and that relates to your past, present or future health or condition, including your mental health, any health care services that have been provided to you, or payment for these health care services.
- c. CMHD is obligated by law to abide by the terms of this Notice of Privacy Practice.
- d. All individuals associated with CMHD, either through employment or independent contract, must adhere to this policy. This includes anyone who directly interacts with you and/or who enters information into your medical record. Volunteers must also adhere to this policy.
- e. CMHD, with exceptions spelled out in this Notice of Privacy Practices, must keep your Protected Health Information private and it may not be disclosed without your written authorization.
- f. You may revoke at any time your written authorization permitting CMHD to disclose your Protected Health Information. Your written revocation must be in writing and delivered to CMHD. Your written revocation will not be effective for disclosures made by CMHD before it received your written revocation, or if your authorization was obtained as a condition of obtaining insurance coverage.
- g. There are times that the Protected Health Information we have accumulated about you must be disclosed without your written authorization.

### 2. How Your Protected Health Information May be Used or Disclosed Without Your Written Authorization.

- a. **Treatment.** Your Protected Health Information may be used or disclosed by CMHD to staff members and employees or to other health care professionals, including physicians, dentists, physicians-assistants, nurses, technicians, medical students, residents, or other medical personnel (collectively “Health Care Providers”) who are involved in your care. These Health Care Providers will use or disclose your Protected Health Information to evaluate your health, diagnose your medical condition, and provide treatment to you.
- b. **Payment.** Your medical information may be shared with your third-party payer, such as an insurance company to receive payment for services already rendered, or to receive approval for a planned treatment or to ensure coverage. A third-party payer may include an insurance company or health care clearing house, Medicare, Medicaid, or any agency appointed as an administrator of Medicare or Medicaid, Tricare, or Indian Health Services. A third-party payer may also be a parent or guardian, but information disclosed to a parent or guardian will only be disclosed in accordance with applicable state or federal law. Your Protected Health Information may be used to seek payment from other sources of coverage, such as credit card companies, that you may use to pay for services.

- c. Health care operations.
  - i. Operations. Your health information may be used as necessary for such activities as:
    - (1) To support the day-to-day activities, operations and management of CMHD, such as budgeting and financial reporting, business planning and development, and for the day-to-day management of CMHD;
    - (2) For quality assurance, such as evaluating and promoting quality health care, including outcomes evaluations and the development of clinical guidelines;
    - (3) For activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, contacting health care providers and patients with information about treatment alternatives;
    - (4) Reviewing the competence or qualifications of health care professionals and evaluating their performance;
    - (5) Conducting training programs in which students, trainees or health care providers and professionals learn under supervision to practice or improve their skills;
    - (6) For training of non-health care professionals;
    - (7) For accreditation, certification, licensing or credentialing activities;
    - (8) Conducting and arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs;
    - (9) For activities related to the creation, renewal or replacement of a contract of health insurance, health insurance benefits or reinsurance of risk relating to claims for health care;
    - (10) Business management of CMHD, including compliance with privacy rules and regulations, customer service, resolving internal grievances at CMHD, and editing portions of your Protected Health Information so the edited information cannot identify you;
    - (11) Negotiating and completing the sale, transfer, merger or consolidation of all or part of the assets or activities of CMHD.
  - ii. Training. Your Protected Health Information may be used in conjunction with training of CMHD staff and employees.
- d. Other Disclosures. Your Protected Health Information may also be disclosed as follows:
  - i. Appointment Reminders. Your Protected Health Information may be disclosed for purposes of making or confirming appointments.
  - ii. Treatment Alternatives. Your Protected Health Information may be disclosed for purposes of exploring treatment alternatives and options.
  - iii. Health-Related Benefits and Services. Your Protected Health Information may be disclosed to inform you about health-related benefits or services which may be relevant or of interest to you.
  - iv. Other Disclosures. CMHD may disclose your Protected Health Information without your authorization to the extent that the law permits such disclosure. For example, to the extent permitted by law, CMHD may disclose your protected health care information without your consent:
    - (1) to a public health authority that is authorized by law to collect and receive your Protected Health Information to prevent or control disease, injury or disability;
    - (2) to report child abuse or neglect, abuse, including elder abuse or domestic violence, to appropriate agencies;
    - (3) to a person who may have been exposed to a communicable disease or is at risk of contracting or spreading a disease or condition, if CMHD is authorized by law to notify such person;
    - (4) to a health oversight agency, such as United States Health and Human Services, to perform such investigations such as audits, civil, administrative or criminal investigations, licensure, or disciplinary actions;
    - (5) in response to a court order, subpoena, discovery request, or other lawful process, to the extent permitted by law;
    - (6) to law enforcement officials;

- (a) to report certain types of wounds or physical injuries;
  - (b) pursuant to a court order, warrant or subpoena issued by a judge or other authorized person, grand jury subpoena, administrative request;
  - (c) to provide investigative information to locate and identify a suspect, witness, fugitive, or missing person;
  - (d) to provide information about an individual who is or is suspected to be a victim of a crime;
  - (e) to provide information about an individual who has died for the purpose of alerting law enforcement of the death of a person due to criminal conduct;
  - (f) to report evidence of criminal conduct that occurred at the CMHD premises or satellite site;
  - (g) to report, in an emergency setting, that a crime may have taken place, the location of a crime, the victims of a crime, the identity and description of the perpetrator of a crime;
- (7) to coroners or medical examiners for the purpose of identifying a deceased person, determining cause of death, and the like;
  - (8) to funeral directors so they can carry out their duties and responsibilities;
  - (9) for organ donor procurement or donation;
  - (10) for research projects, but this will be subject to strict oversight and approvals;
  - (11) to prevent, lessen or avert a serious or imminent threat to a person's health or safety, including notifying the target of a threat;
  - (12) to the government for specialized governmental functions, including disclosures to facilitate recovery of lawful intelligence and national security activities; to provide protective services for the President of the United States and others authorized by law and other similar functions;
  - (13) to the government or a health plan administering a government program providing public benefits for the purpose of determining eligibility for or enrollment in the health plan;
  - (14) to a correctional institution if you are an inmate.

3. Individual Rights. You have certain rights under the federal and state privacy standards. These include the following:

- a. The right to request CMHD to restrict its use and disclosure of your Protected Health Information for treatment, payment, health care operations, directory information and for notification purposes. However, CMHD is not obligated to agree to your request.
- b. The right to receive confidential communications concerning your medical condition and treatment. However, your request must be in writing, indicate where the protected information should be delivered, if not obtained personally by you at CMHD, and you must pay for the information in advance in an amount CMHD is permitted to charge you by law for providing the information you request.
- c. The right to inspect and copy your Protected Health Information. However, your request may be denied under the following circumstances:
  - i. You may not have access to your psychotherapy notes, if such notes exist in your file or chart;
  - ii. You may not have access to Protected Health Information compiled in reasonable anticipation of, or use in a civil, criminal or administrative action;
  - iii. Non-Reviewable Grounds for Denying Access. CMHD may deny you access to certain Protected Health Information without providing you an opportunity for review in the following circumstances:
    - (1) You may not have access to your Protected Health Information if you are an inmate in a correctional facility, CMHD is acting under the direction of the correctional facility, and your obtaining such information would:
      - (a) Jeopardize your health, safety, security, custody or rehabilitation;
      - (b) Jeopardize the health, safety, security, custody or rehabilitation of the other inmates; or

(c) Jeopardize the safety of any officer, employee, or other person at the correctional facility or who may be responsible for your transportation.

(2) You may not have access to Protected Health Information which was obtained by CMHD from another health care provider under the promise of confidentiality and revealing the information to you would reveal who that health care provider is;

(3) You may not have access to Protected Health Information which is contained in records that are subject to the Privacy Act, 5 USC 552a, if denying your access under the Privacy Act meets the requirements of that Act.

iv. Reviewable Grounds for Denying Access. CMHD may deny your access to certain Protected Health Information but you have the right to have such denials reviewable by the Chief Executive Officer (CEO) of CMHD, a licensed health care professional, or another licensed health care professional appointed by the CEO who did not participate in the original decision to deny your request. This Protected Health Information includes Protected Health Information that a licensed health care professional has determined, in the exercise of his or her professional judgment, that the access requested:

(1) is reasonably likely to endanger your life or physical safety or the life or physical safety of another;

(2) makes reference to another person (not a health care provider) and the disclosure of the information is reasonably likely to cause substantial harm to that person;

(3) is made by your personal representative and the disclosure of the information is reasonably likely to cause substantial harm to that person or to another.

d. Amendment or Correction of Your Protected Health Information.

i. You have the right to amend or submit corrections to your Protected Health Information, as long as that information is maintained by or for CMHD, you make your request for amendment in writing, and as part of your request you provide CMHD with your reasons which support your request that any amendment be made.

ii. CMHD may deny your request to amend if it determines that the information you want to amend:

(1) Was not created by CMHD unless you can provide a reasonable basis for CMHD to believe the originator of the information you want amended is no longer available to act on your request;

(2) Is not part of your "designated record set", which means your medical and billing records which are maintained by CMHD, and includes any item collection or grouping of information that includes Protected Health Information and is maintained, collected, used, or disseminated by CMHD;

(3) Is not available for your inspection because you are denied inspection of some or all of your Protected Health Information as provided in paragraph c above; or

(4) Is already complete and accurate.

iii. If CMHD denies your request to amend your Protected Health Information, you may submit a written statement disagreeing with the denial of all or part of your request. You must state the basis of your disagreement in your written statement. CMHD may, but is not obligated to, send you a written rebuttal to your statement.

e. The right to receive an accounting of how and to whom your Protected Health Information has been disclosed. There are certain disclosures CMHD is not obligated to inform you about.

f. The right to receive a printed copy of this Notice upon written request.

4. CMHD's Right to Revise Privacy Practice. As permitted by law, CMHD reserves the right to amend or modify the Notice and to make new notice provisions effective for all Protected Health Information it

maintains. These changes in our policies and practices may be required by changes in the federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice, by:

- a. Making the revised notice available to you upon written request;
  - b. Making the revised notice available at CMHD to take with you at your request;
  - c. Posting the revised notice in a clear and prominent location where it is reasonable to expect that you will be able to read it.
5. Other uses and disclosures require your authorization. Disclosures of your health information or its use for any purpose other than those listed above require your specific written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

6. Complaints.

- a. If you would like to obtain further information about this Notice, submit a comment or complaint about these privacy practices, you can do so by sending a letter to:

Central Montana Health District  
712 W. Main Street  
Lewistown, MT 59457

- b. If you believe your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You will not be penalized or otherwise retaliated against for filing a complaint. You may also send the complaint to the United States Secretary of Health and Human Services at:

Secretary of the United States  
Department of Health and Human Services  
200 Independence Avenue,  
S. W. Washington, D.C.20201  
(202) 619-0257  
Toll Free: 1-877-696-6775.

7. Effective Date. This Notice is effective as of August 17, 2006.

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