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B O Z E M A N  
**PRIMARY CARE**

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**NOTICE OF PRIVACY RIGHTS**

Effective April 1, 2019

***This Notice Describes How Medical Information About You May Be Used and Disclosed and How you Get Access to this Information. Please review it carefully and contact us with questions.***

**UNDERSTANDING YOUR HEALTH RECORD AND INFORMATION**

Each time you are admitted to Bozeman Primary Care, PLLC ("BPC" or "Facility"), a record of your stay is made containing health and financial information (collectively referred to in this Notice as "Protected Health Information" ("PHI") or simply "health information"). Typically, this record contains information about your condition, the treatment we provide and payment for the treatment.

**HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU**

The following categories describe the ways that we use and disclose health information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall into one of the categories.

- **For Treatment.** We may use or disclose health information about you to provide you with medical treatment. We may disclose health information about you to doctors, nurses, therapists or other BPC personnel who are involved in taking care of you. We may also disclose health information about you to people outside BPC who may be involved in your medical care after you leave our Facility. This may include family members or visiting nurses to provide care in your home.
- **To Bill for Services.** We may use and disclose health information about you so that the treatment and services you receive at BPC may be billed to you, an insurance company or a third party. For example, in order to be paid, we may need to share information with your health plan about services provided to you. 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.
- **To Run Our Organization.** We can use and share your health information to run our practice, improve your care, and contact you when necessary.

**OTHER ALLOWABLE USES OF YOUR HEALTH INFORMATION**

- **Business Associates.** There are some services provided in our Facility through contracts with business associates. Examples include third party medical billing companies. When these services are contracted, we may disclose your health information so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.
- **Health-Related Benefits and Services and Reminders.** We may contact you to provide appointment reminders or information about health-related benefits and/or services that may be of interest to you.
- **Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may disclose health information about you to a friend or family member who is involved in your care. We may also give information to someone who helps pay for your care. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

- **As Required By Law.** We will disclose health information about you when required to do so by federal, state, or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you to prevent a serious threat to your health and safety or the health and safety of the public or another person. We would do this only to help prevent the threat.
- **Organ and Tissue Donation.** If you are an organ donor, we may disclose health information to organizations that handle organ procurement to facilitate donation and transplantation.
- **Military and Veterans.** If you are a member of the armed forces, we may disclose health information about you as required by military authorities. We may also disclose health information about foreign military personnel to the appropriate foreign military authority.
- **Research.** Under certain circumstances, we may use and disclose health information about you for research purposes.
- **Workers' Compensation.** We may disclose health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Reporting** Federal and state laws may require or permit BPC to disclose certain health information related to the following:
  - o *Public Health Risks.* We may disclose health information about you for public health purposes, including:
    - Prevention or control of disease, injury, or disability
    - Reporting births and deaths;
    - Reporting child abuse or neglect;
    - Reporting reactions to medications or problems with products;
    - Notifying people of recalls of products;
    - Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease;
    - Notifying the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
  - o *Health Oversight Activities.* We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
  - o *Judicial and Administrative Proceedings:* We may disclose health information about you in response to a court or administrative order, subpoena, discovery request, or other lawful process by someone else involved in the dispute.
  - o *Reporting Abuse, Neglect or Domestic Violence:* Notifying the appropriate government agency if we believe a patient has been the victim of abuse, neglect, or domestic violence.
- **Law Enforcement.** We may disclose health information when requested by a law enforcement official such as:
  - In response to a court order, subpoena, warrant, summons, or similar process;
  - To identify or locate a suspect, fugitive, material witness, or missing person;
  - About you, the victim of a crime if, under certain limited circumstances, we are unable to obtain your agreement;
  - About a death we believe may be the result of criminal conduct;
  - About criminal conduct at BPC; and
  - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description, or location of the person who committed the crime.
- **Coroners, Medical Examiners, and Funeral Directors.** We may disclose medical information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We

may also disclose medical information to funeral directors as necessary to carry out their duties.

- **National Security and Intelligence Activities.** We may disclose health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Correctional Institution:** Should you be an inmate of a correctional institution, we may disclose to the institution or its agents health information necessary for your health and the health and safety of others.

### OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

### YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

Although your health record is the property of BPC, the information belongs to you. You have the following rights regarding your health information:

- **Right to Inspect and Copy.** With some exceptions, you have the right to review and copy your health information.  
*You must submit your request in writing to BPC. We may charge a fee for the costs of copying, mailing, or other supplies associated with your request.*
- **Right to Amend.** If you feel that health information in your record is incorrect or incomplete, you may ask us to amend the information. You have this right for as long as the information is kept by or for BPC. *You must submit your request in writing to BPC and provide your reason for the request.*

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:

- 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 kept by or for BPC; or
  - Is accurate and complete.
- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures". This is a list of certain disclosures we made of your health information, other than those made for purposes such as treatment, payment, or health care operations. *You must submit your request in writing to BPC.*
  - **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you. *You must submit your request in writing to BPC. In certain circumstances, BPC may not be able to agree to the request.*
  - **Right to Request Alternate Communications.** You have the right to request that we communicate with you about medical matters in a confidential manner or at a specific location. For example, you may ask that we only contact you via mail to a post office box. *You must submit your request in writing to BPC. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.*
  - **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice even if you have agreed to receive the Notice electronically. You may ask us to give you a copy of this Notice at any time.
  - **Right to a Make a Complaint.** You have the right to file a Complaint with the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated.

### OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

**CHANGES TO THIS NOTICE**

BPC reserves the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you, as well as any information we receive in the future.

***ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES***

I have been given a copy of Bozeman Primary Care, PLLC 's *Notice of Privacy Practices* which describes how my health information is used and shared. I understand that Bozeman Primary Care, PLLC has the right to change this *Notice* at any time. I may obtain a current copy by contacting Bozeman Primary Care, PLLC.

**My signature below acknowledges that I have been provided with a copy of the *Notice of Privacy Practices*:**

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Personal Representative's Title

Bozeman Primary Care  
4535 Valley Commons Drive, #104  
Bozeman, MT 59718  
406-404-1525