



Effective Date: 10/7/2008

NOTICE OF INFORMATION/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.

The terms of this Notice of Privacy Practices apply to Community Medical Center operating as a clinically integrated health care arrangement composed of Community Medical Center and Community Physician Group and the physicians and other licensed professionals seeing and treating patients at each of these facilities. All of the entities and persons listed will share personal health information of our patients as necessary to carry out treatment, payment and health care operations as permitted by law.

Every time you present to Community Medical Center, a physician employed by Community Medical Center, or one of our affiliated enterprises, a record is made of your visit. Information that is commonly stored in that record consists of: the reason for your visit, your health history, examination, test results, diagnosis, and a treatment plan. This information may be referred to as your "medical record" or your "health record". This information has many purposes, it serves as a:

- basis for your treatment
- means of communication among the many health care professionals who contribute to your care
- tool in medical education
- document that is used to assess the appropriateness and quality of care you received
- legal document describing the care you received
- means by which you or an insurance company can verify that you did actually receive health care services
- source of information for public health officials charged with improving the health of the population they serve

Community Medical Center is committed to protecting the privacy of your health information. How your health information is used helps you to better understand your rights with respect to that information.

Your Rights under the Federal Privacy Standard

Although your health records are the physical property of the healthcare provider who completed it, you have certain rights with regard to the information contained within that record.

Community Medical Center will not use or disclose your health information without your authorization, except as described in this notice or as otherwise required by law.

You Have the Right to Request a Restriction

You have the right to request a restriction on uses and disclosures of your health information for treatment, payment, and health care operations. The right to request a restriction does not extend to disclosures to you, individuals such as family members, or to uses and disclosures that include those required by law. In this instance, you do not have the right to request a restriction.

You must present the restriction request to Community Medical Center in writing. We do not have to agree to the restriction. If we do agree to the restriction, we will adhere to it unless you request otherwise or we give you advance notice. You may also ask us to communicate with you by alternate means and, if the method of communication is reasonable, we must grant your request.

You Have the Right to Inspect and Copy Your Health Information

You have the right to inspect and copy your health information upon request. This right is not absolute. There are situations when we may deny a request to access your medical record. This may occur when:

- A licensed healthcare professional had determined, in the exercise of their professional judgment, that the access is reasonably likely to endanger the life or physical safety of any individual.



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Generally, if we deny access, that decision will be reviewed.

If Community Medical Center grants access we will tell you what, if anything, you have to do to get access. *We reserve the right to charge an individual a reasonable, cost-based fee for making copies. We reserve the right to charge third-party payers and other parties requesting health information on behalf of the individual with the individual's authorization as state law allows.*

You Have the Right to Request An Amendment of Your Health Information.

You must present your request to Community Medical Center in writing. We do not have to grant the request if:

- We did not create the record.
- The records are not available to you as discussed previously.
- The record is complete and accurate.

If we deny your request for amendment, we will notify you how you can attach a statement of disagreement to your records (which we may rebut), and how you can complain. If we grant the request, we will make the correction and distribute the correction to those who need it and to those you identify to us that you want to receive the corrected information.

You Have the Right to an Accounting of “Non-routine” Disclosures

You may request an accounting of “non-routine” disclosures— those other than for treatment, payment, health care operations, or when you have signed an authorization giving us permission to disclose your health information. We do not need to provide an accounting for:

- The facility directory or to persons involved in the individual’s care or other notification purposes as provided in § 164.510.
- For national security or intelligence purposes under § 164.512 (k)(2).
- To correctional institutions or law enforcement officials under §164.512 (k)(5).
- That occurred before April 14, 2003.

We will usually provide the accounting within 60 days. *The first accounting in any twelve-month period will be provided to at no charge. Thereafter, we reserve the right to charge a reasonable cost based fee.*

Our Responsibilities under the Federal Privacy Standard

In addition to the rights stated above, we are also responsible to:

- maintain the privacy of your health information, including implementing reasonable and appropriate physical, administrative, and technical safeguards to protect your information.
- provide you with this notice and obtain your written acknowledgement that we have done so upon the initiation of the treatment relationship.
- abide by the terms of this notice.
- train all our employees and staff about privacy and security, including implementing a sanction policy to discipline those who breach confidentiality or other policies we have developed to protect health information.
- mitigate any breach that might occur.
- provide a paper copy of this notice to any requesting party.

WE RESERVE THE RIGHT TO CHANGE OUR PRACTICES AND TO MAKE THE NEW PROVISIONS EFFECTIVE FOR ALL INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION WE MAINTAIN.

The following are examples of when your health information can be released by law without your consent or authorization.



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Your authorization is *not* required to disclose your health information for treatment.

Example: When you present to Community Medical Center for care, health care professionals document the services they provided to you at that time in your “medical record”. This is done for continuity of care purposes, to help diagnose your condition, and to determine the best course of treatment for you. When your care episode is completed, we will also provide your physician, other healthcare professionals, or subsequent healthcare providers with copies of your records to assist them in treating you.

Your authorization is *not* required to disclose your health information for payment.

Example: We may send a bill to you or your insurance company in reference to the health care services that have been provided to you. The information on or accompanying the bill may include information that identifies you, your diagnosis, treatment, and supplies used.

Your authorization is *not* required to disclose your health information for health care operations.

Example: Members of the medical staff, the risk assessment and quality improvement director, or members of the quality assurance team may use information in your health record to assess the care and outcomes in your cases and the competence of caregivers. We will use this information in an effort to continually improve the quality and effectiveness of the healthcare and services we provide.

Other Reasons Your Health Information May Be Released Without Your Authorization

Business associates: We provide some services through contracts with business associates. Examples include outsourcing dictation for transcription, a copy service to make copies of medical records, and the like. When we use these services, we may disclose your health information to the business associate so that they can perform the function we have contracted with them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Continuity of Care: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Directory: Unless you notify us that you object, we will use your name, location in the facility, and general condition for directory purposes. This information may be provided to individuals who ask for you by name.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, location, and general condition.

Communication with family: Unless you object, health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any person you identify, health information relevant to that person’s involvement in your care or payment related to your care.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Funeral directors: We may disclose health information to funeral directors, coroner, or medical examiners consistent with applicable law to enable them to carry out their duties.

Fund-raising: We may contact you as part of a fund-raising effort. You have the right to request not to receive subsequent fund-raising materials.

Food and Drug Administration: We may disclose to the FDA health information relative to adverse effects/events with respect to food, drugs, supplements, products or product defects, or post marketing surveillance information to enable to product recalls, repairs, or replacement.



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Workers Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Correctional Institution: Should you be an inmate in a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Law Enforcement and Legal Proceedings: We may disclose health information for purposes as required by law or in response to a valid subpoena.

Health Oversight Agencies and Public Health Authorities: If a member of our workforce or a business associate believes in good faith that we have engaged in unlawful conduct or otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public, they may disclose your health information to health oversight agencies and/or public health authorities, such as the department of health.

The Federal Department of Health and Human Services: Under the privacy standards, we must disclose your health information to HHS as necessary for them to determine our compliance with these standards.

As otherwise required by law: In order to use or disclose PHI for any purpose other than those described above, we will require a signed authorization from you.

Action You May Take If You Believe This Notice Has Been Violated

You have the right to file a complaint to Community Medical Center and the U.S. Department of Health and Human Services.

You may file a complaint to Community Medical Center by contacting:

Health Information Management
Attn: HIM Director
Community Medical Center
2827 Fort Missoula Road
Missoula, MT 59804
(406) 728-4100
www.communitymed.org

You may file a complaint to the Department of Health and Human Services by contacting:

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