



JOINT 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 notice, please contact the

MCH Privacy Officer
P.O. Box 66
Superior, MT 59872
Phone: 406-822-4841

This notice applies to the following entities and any reference to "MCH" includes all listed:

Mineral Community Hospital

OUR PLEDGE REGARDING MEDICAL INFORMATION

At MCH we are committed to protecting the confidentiality of your personal health care information wherever generated or used. This notice tells you about the ways in which we may use and disclose, "protected health information" about you. We also describe your rights and certain obligations we have.

"Protected Health Information" is patient-identifiable information, whether oral, electronic, or paper, which is created or received by MCH and relates to a patient's health care or payment for the provision of health care. In this notice, we will also refer to "protected health information" (PHI) as "medical information."

We are required by law to:

- Maintain the privacy of your protected health information; and
- Give you notice of our legal duties and privacy practices with respect to protected health information. You may request a copy at any time.
- Abide by the terms of MCH's privacy notice currently in effect.

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose protected health information, with an explanation and examples, in some cases. Except for the purposes described below, we will use and disclose PHI only with your written permission. These disclosures will be subject to the "minimum necessary" rule.

For Treatment. We may use medical information about you to provide, coordinate, or manage your health care and related services, including management of your care in conjunction with a third party. We may disclose information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you. For example, your internal medicine provider may share information regarding your diabetes with the orthopedic surgeon treating you for a broken leg because diabetes may slow the healing process. You may also be referred for rehabilitation either within or outside of MCH, and information will be shared to facilitate that referral.

For Payment. We may use and disclose health information so that we or others may bill or receive payment from you, an insurance company, or a third party for the treatment and services you received. For example, we may need to give your health plan or other third party payor information about surgery you received at the hospital so that health plan or payor will pay us or reimburse you for the surgery. 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. We may also disclose information to another health care provider or entity eligible to receive such information for its own payment activities. For instance, if you are brought to a hospital by ambulance, we may share information with the ambulance company to allow it to bill you or your insurer.

For Health Care Operations. We may use and disclose medical information about you for our organizational operations. As an organization committed to providing high quality and efficient care, we use information to conduct quality assessment and improvement activities, to review the competence or qualifications of health care professionals and to conduct training and education programs so health care providers improve their skills and all personnel comply with applicable professional, licensure, safety, and accreditation standards. We may also use and disclose information to conduct or arrange for legal services or for auditing and monitoring, including fraud and abuse detection and compliance programs. Business planning and development, management and general administrative activities, customer service activities, and grievance and complaint resolution are all routine operational activities that may require use and disclosure of certain protected information. Use and disclosure of protected health care for health care operations is limited to the minimum reasonably necessary to achieve that purpose, subject to reasonable safeguards to assure the security of such information.

For Research. In the event that MCH is involved with any research project that involves the use or disclosure of your medical information, we will seek your authorization. However, we may disclose your protected health information to researchers when the specific research has been approved by an institutional review board that has reviewed the proposal and protocols to ensure the privacy of your protected health information. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition.

Appointment Reminders. We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at MCH.

Treatment Alternatives. We may use and disclose medical information to contact you about possible treatment options or alternatives.

Health-Related Benefits and Services. We may use and disclose medical information to contact you about health-related products or services we provide, including communications about health care provider networks, plans, and benefits.

Fundraising Activities. We may use medical information about you, or disclose information to Mineral County Medical Foundation or a business associate, in an effort to raise funds for MCH. We will release only contact information, such as your name, address and phone number and the dates you received treatment or services at MCH. If you do not want MCH or the Foundation to contact you for fundraising efforts, you may "opt out" of future fundraising efforts by notifying MCH Foundation or MCH's Privacy Officer in writing.

Directory Information. Unless you request that such information not be released, we may disclose limited "directory information" about you while you are a patient in the hospital. Specifically, we may disclose your presence and general health condition to people who ask for you by name. If you authorize it, MCH may also disclose your religious affiliation to a member of the clergy, such as a minister, priest or rabbi, even if they do not ask for you by name. This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing.

Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose to a family member, other relative, or a close personal friend, or any other person you identify, protected health information directly relevant to that person's involvement with your care or payment related to your care.

Limited Uses When You Are Not Present or Are Incapacitated. If you are not present or cannot object to disclosure of information because of incapacity or an emergency circumstance, we will, in the exercise of professional judgment, disclose protected information in your best interests. We may use professional judgment and experience to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of protected health information on your behalf. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort.
164.510(b)(3)(4).

As Required By Law. We will disclose medical information about you when required to do so by federal, state or local law, including requests by law enforcement personnel in specific circumstances. 164.512(a)(1)

To Avert a Serious Threat to Health or Safety. We may use and disclose medical information about you when necessary to prevent or lessen a serious threat to your health and safety or the health and safety of the public or another person, unless that information is learned during counseling, therapy or treatment to affect the propensity to engage in such criminal conduct. Any disclosure, however, would only be to someone able to help prevent the threat. 164.512(j)

SPECIAL SITUATIONS

Tumor Registry. If you have been diagnosed with cancer we may release medical information about you to the State Registry. This information is used to monitor current treatment practices and develop new protocols to treat cancer.

Military and Veterans. If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release protected health information about foreign military personnel to the foreign military authority. 164.512(k)

Worker's Compensation. We may release protected health information about you for workers' compensation or similar programs, in accordance with state law.

Public Health Risks. We may disclose protected health information about you for public health activities and purposes described below:

- To a public health authority authorized to collect information for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events such as births and deaths, conducting public health surveillance, investigations and interventions, or, at the direction of a public health authority, disclosing information to a official of a foreign government agency that is collaborating with a public health authority;
- To a public health authority or other appropriate government agency authorized to receive reports of actual or suspected child abuse or neglect;
- To a person responsible for federal Food and Drug Administration activities for purposes related to the quality, safety or effectiveness of FDA-regulated products or activities;
- To a person who may have been exposed to a communicable disease or may be at risk for contracting or spreading a disease or condition, as authorized by law;
- To an employer, when required by federal or state law, to conduct medical surveillance of the workplace or to evaluate whether an individual has a work-related illness or injury. 164.512(b)

Victims of Abuse, Neglect or Domestic Violence. If required by law, we may disclose protected health information about an individual we reasonably believe to be the victim of abuse, neglect or domestic violence to a person authorized by law to receive such reports. We will make this disclosure if you agree, or if the disclosure is required or authorized by law and we believe the disclosure is necessary to prevent harm to the victim or other potential victims. Also if the patient is incapacitated, we may disclose information to a person authorized to receive such reports, if that person represents that the protected health information is not intended to be used against the patient and that an immediate enforcement activity depends upon the disclosure. 164.512(c)

Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure or disciplinary activities; legal proceedings or actions; or other activities necessary for appropriate oversight of the health care system, government benefit programs, and compliance with government regulatory programs or civil rights laws for which health information is necessary for determining compliance. 164.512(d)

Judicial and Administrative Proceedings. If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

Coroners, Medical Examiners and Funeral Directors. We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties. 164.512(g)

Organ and Tissue Donation. If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation. 164.512(h)

National Security and Intelligence Activities. We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. 164.512(k)(2)

Protective Services for the President and Others. We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations authorized by law. 164.512(k)(3)

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to authorities for those facilities, if the correctional institution or law enforcement official represents that such information is necessary in order to provide you with health care; to protect your or other inmate's health and safety or the health and safety of others; for law enforcement on the premises of the correctional institution; or for the safety, security, and good order of the correctional institution. 164.512(k)(5)

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy. You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually this includes medical and billing records, but does not include psychotherapy notes. To inspect and copy medical information, you must submit your request in writing to the MCH Privacy Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by MCH will review your request and the denial. The person conducting the review will not be the person who denied your request.

Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for MCH. To request an amendment, your request must be made in writing and submitted to the MCH Privacy Officer. In addition, you must provide a reason that supports your 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 medical information kept by or for MCH;
- Is not part of the information which you would be permitted to inspect and copy; 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 the disclosures we made of medical information about you for purposes other than treatment, payment, or health care operations. To request this list or accounting of disclosures, you must submit your request in writing to the MCH Privacy Officer. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have a right to request a restriction or limitation on our use or disclosure of your protected health care information. Such requests must in writing. MCH may not be able to agree to your request; if we do agree to a restriction, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to MCH Privacy Officer. In your request you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to MCH's Privacy Officer. We will not ask you the reason for your request. We will accommodate reasonable requests. Your request must specify how or where you wish to be contacted.

WE RESERVE THE RIGHT TO CHANGE OUR PRACTICES AND TO MAKE THE NEW PROVISIONS EFFECTIVE FOR ALL INDIVIDUALLY- IDENTIFIABLE HEALTH INFORMATION WE MAINTAIN. SHOULD WE CHANGE OUR INFORMATION PRACTICES, WE WILL FURNISH YOU WITH A REVISED NOTICE UPON WRITTEN REQUEST.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To obtain a paper copy of this notice, you may receive one at the registration desk or by submitting your request in writing to:

MCH Privacy Officer
P.O. Box 66
Superior, MT 59872