

**FRANCES MAHON DEACONESS HOSPITAL
GLASGOW CLINIC
NOTICE OF HEALTH INFORMATION 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. (This notice does not apply to second floor Outpatient Specialty Clinic Physicians who rent space from Frances Mahon Deaconess Hospital.)

This Notice summarizes our duties and your rights concerning your health information. Our duties and your rights are set forth more fully in 45 CFR Part 164.

Understanding Your Protected Health Information (PHI):

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination, possibly photographs or videotapes and test results, diagnoses, treatment and a plan for future care or treatment. This information is often referred to as your health or medical record. This information serves as a:

- basis for planning your care and treatment;
- means for communication among the many health professionals who contribute to your care;
- written document describing the care you received;
- means by which you or a third party payer can verify that services billed were actually provided;
- tool in educating health professionals;
- source of data for medical research;
- source of information for public health officials charged with improving the health of the nation;
- source of data for facility planning and marketing and
- tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to:

- ensure its accuracy;
- better understand who, what, when, where and why others may access your PHI
- make more informed decisions when authorizing disclosures to others.

Your Health Information Rights:

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- request a restriction on how we use and disclose your medical information for treatment, payment or health care operations or to certain family members or friends identified by you who are involved in your care or the payment for your care
- access your medical information: You may request to inspect and copy much of the medical information we maintain about you, with some exceptions. If you request copies, we may charge you a reasonable and cost-based fee. You also have a right to obtain an electronic copy of your medical information again for a reasonable and cost-based fee. You may direct the facility/provider to send PHI directly to another person/entity.

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- obtain a paper copy of the notice of information practices upon request;
- inspect and obtain a copy of your healthcare records including an electronic copy. We have 30 days in which to comply with your request. We may charge a reasonable cost-based fee for providing records. We may deny your request under limited circumstances, e.g., if we determine that disclosure reasonably likely to cause harm to you or others. A licensed provider will conduct review of denials.
- amend your health record. We may deny your request for certain reasons, e.g., if we did not create the record or if we determine that the record is accurate and complete. We will, however, give each request careful consideration. Denials will be reviewed by a licensed provider.
- obtain an accounting of certain disclosures of your PHI (excluding disclosures for treatment, payment and operations) we have made. You may receive the first accounting within a 12-month period free of charge. We may charge a reasonable cost-based fee for all subsequent requests during that 12-month period.
- request communications of your PHI by alternative means (including electronic) or at alternative locations; and
- revoke your authorization to use or disclose PHI except to the extent that action has already been taken.
- be notified in the event that we, or one of our business associates, discover a breach of unsecured PHI involving your medical information.

(To exercise any of these rights, you must submit a written request to the Health Information Management/Medical Record Offices of Frances Mahon Deaconess or its Clinics) (AS IN PREVIOUS NOTICE)

Our Responsibilities:

This organization is required to:

- maintain the privacy of your PHI;
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you;
- notify affected individuals following a breach of unsecured PHI;
- abide by the terms of our Notice that is currently in effect;
- notify you if we are unable to agree to a requested disclosure restriction (we are not required to agree to the requested restriction except in the limited situation in which you or someone on your behalf pays for an item or service in full); and
- accommodate reasonable requests you may have to communicate health information by alternative means (including electronic means) or at alternative locations.

You have the right to a paper copy of this notice. You may ask for a copy of this notice at any time. You may obtain a copy of this notice on our website at www.fmdh.org We reserve the right to change our practices and to make new provisions effective for all protected health information we maintain. Should our information practices change, we will post a revised notice on the Web site www.fmdh.org and provide an updated copy to you at your next visit after the revised notice, if requested.

We will not use or disclose your PHI without your authorization, except as described in this notice.

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For More Information or to Report a Problem

If you have questions and would like additional information, you may contact the Frances Mahon Deaconess Hospital Privacy Officer at 406-228-3547. (AS IN PREVIOUS NOTICE)

If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer at 406-228-3547 or with the Office of Civil Rights at www.hhs.gov/ocr (click on Health Information Privacy, then “How to File a Complaint” on the left sidebar. You may submit a written complaint to Andrea Oliver, Regional Manager, Region 8, and HHS/Office of Civil Rights, 1961 Stout Street, Room 08-148, Denver CO 80294 or call 800-368-1019. You may also submit a written complaint to the Privacy Officer, Frances Mahon Deaconess Hospital, 621 3rd Street South, Glasgow, MT 59230-2604. You may pick up complaint forms at the Administrative Offices; Health Information Management Department; registration desks at the Glasgow Clinic, Hi-Line General Surgery, FMDH Orthopaedics and Sports Medicine, Hi-Line Med-Spa, 2nd Floor of Medical Arts Building, the Medical Arts Pharmacy or the hospital nurse’s station. You will not be penalized for filing a complaint.

USES AND DISCLOSURES OF INFORMATION WITHOUT YOUR AUTHORIZATION

Examples of Disclosures for Treatment, Payment and Health Operations

We will use your health information for treatment. For example: Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his/her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way the physician will know how you are responding to treatment.

We will provide your physician or subsequent healthcare provider with copies of various reports that should assist him/her in treating you once you’re discharged from this facility. We may provide pharmacies and durable medical supply companies with copies of reports substantiating the need for post discharge treatments ordered by your healthcare provider.

We will use your health information for payment. For example: A bill may be sent to you or a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used. **RESTRICTION FOR PAYMENT:** If you choose to pay your bill in full, you may request that a claim not be sent to your third party payor. If you do not want a claim sent, you must inform us of your wishes concerning this upon coming to the facility for the service.

We will use your health information for regular health operations. For example: Members of the medical staff, the risk or quality assurance manager, or members of quality assurance teams may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

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Other Uses or Disclosures that may not require your authorization:

Business Associates: There are some services provided in our organization through contracts with business associates. Examples include auditing, legal services, consulting services, accrediting organizations, certain laboratory, x-ray and other diagnostic tests. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we've asked them to do and bill you or your third party payer for services rendered. So that your PHI is protected, however, we require the business associate to appropriately safeguard your information.

Directory: Unless you instruct us otherwise, we may disclose your name, general condition and location to our facility to maintain our facility directory. We may also disclose your religious affiliation to clergy.

Family & Friends: Unless you instruct us otherwise, we may disclose your PHI to a member of your family, relative, friend or other person who is involved in your healthcare or payment for your healthcare. We will limit the disclosure to the PHI relevant to that person's involvement in your healthcare or payment. We will only release this PHI, if you agree, are given the opportunity to object and do not, or if in our professional judgment, it would be in your best interests to allow the person to receive the PHI or act on your behalf. For example we may allow a family member to pick up your prescriptions, medical supplies or X-rays. We may disclose PHI to a family member, relative or another person who was involved in the health care or payment for health care of a deceased individual if not inconsistent with prior expressed wishes of the individual that are known to Frances Mahon Deaconess Hospital. You also have the right to request a restriction on our disclosure of your PHI to someone who is involved in your care.

Appointment Reminders: We may contact you as a reminder that you have an appointment for treatment or medical services.

Worker's Compensation: We may release medical information about you as authorized by law for worker's compensation programs that provide benefits for work-related injuries or illness.

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 PHI.

Deceased Individuals: We may disclose PHI to coroners, medical examiners and funeral directors consistent with applicable law to carry out their duties. We may disclose PHI to a family member, relative or another person who was involved in the health care or payment for health care of a deceased individual, if not inconsistent with the prior expressed preferences of the individual that are known to FMDH.

Organ Procurement Organizations: Consistent with applicable law, we may disclose PHI to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs for the purpose of tissue donation and transplant.

Worker's Compensation: We may disclosure PHI to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation and other similar programs established by law.

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

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- To appropriate authorities authorized to receive reports of possible child, elder, and persons with developmental disabilities abuse or neglect.
- To public health authorities authorized to receive reports of reportable conditions/diseases.
- To FDA-regulated entities PHI relative to adverse events with respect to food, supplements, and product defects or post marketing surveillance information for purposes of monitoring or reporting the quality, safety or effectiveness of FDA-regulated products.

Abuse or Domestic Violence: We may notify the appropriate government authority/law enforcement if we believe a patient has been the victim of abuse or domestic violence. Unless the law requires such disclosure, we will only make this disclosure if you agree.

Health Oversight Activities: We may disclosure medical information to a health oversight agency for activities authorized by law. These activities may include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs, and to ensure compliance with all applicable laws/regulations. This includes reporting PHI as required to the Secretary of Health and Human Services.

***Registries:* We will disclose information to birth, death and tumor registries as required by regulation.**

Judicial & Administrative Proceedings: If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court order or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if reasonable efforts have been made to notify you of the request or to obtain an order from the court protecting the information requested.

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

Law Enforcement: We may disclose health information for law enforcement purposes in response to a subpoena or as required by law. Required reporting in Montana includes: gunshot or stab wounds and suspected abuse/neglect of children, elders or persons with developmental disabilities. With your permission we may report injury by the possible criminal act of another.

Threats to Health or Safety: Under certain circumstances, we may use or disclose your medical information to avert a serious threat to health and safety if we, in good faith, believe the use or disclosure is necessary to prevent or lessen the threat and is to a person reasonably able to prevent or lessen the threat (including the target) or is necessary for law enforcement authorities to identify or apprehend an individual involved in a crime.

Incidental Uses and Disclosures: There are certain incidental uses or disclosures of your information that occur while we are providing service to you or conducting our business. For example, after surgery the nurse or doctor may need to use your name to identify family members that may be waiting for you in a waiting area. Other individuals waiting in the same area may hear your name called. We will make reasonable efforts to limit these incidental uses and disclosures.

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Other Uses & Disclosures: Other uses and disclosures of your PHI not covered above will only be made with your written permission. Most uses and disclosure of psychotherapy notes, uses and disclosure of personal health information for marketing purposes and disclosure that constitutes sale of PHI require your written authorization. If you authorize us to use and disclosure your information, you may revoke that authorization at any time. Such revocation will not affect any action we have taken in reliance on your authorization.

Marketing: We may contact you to provide information about treatment alternatives or other health related benefits and services that may be of interest to you. You may opt out of receiving such communication at any time by notifying the FMDH Marketing Department.

Fund Raising: We may contact you to raise funds for Frances Mahon Deaconess Hospital. You may opt out of receiving such communications at any time by notifying the FMDH Marketing Department.

Patient Portal on FMDH Website: A patient portal is a secure web portal that allows you as a patient to access medical records including medications, lab results and medical history via the Internet. This service is currently being offered by FMDH and the Glasgow Clinic. A link to these portals is available on our website.

Security of our Site and E-mail

The security of any data you submit via this Site is very important to us. However, no system can perfectly guard against risk of intentional intrusion or inadvertent disclosure of information sent to us. Moreover, when you transmit information via the Internet or via email, your information will be transmitted over a medium that is beyond our control, and therefore the security of the transmission may be compromised before it reaches us. Accordingly, FMDH makes no guarantee as to the confidentiality or security. **IN ADDITION, YOU HEREBY EXPRESSLY AND SOLELY ASSUME THE RISK OF ANY UNAUTHORIZED DISCLOSURE OR INTENTIONAL INTRUSION, OR OF ANY DELAY, FAILURE, INTERRUPTION OR CORRUPTION OF DATA OR OTHER INFORMATION TRANSMITTED IN CONNECTION WITH YOUR USE OF THE SITE.**

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that workforce member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

EFFECTIVE DATE OF NOTICE: 4/14/03

REVISED: 7/15/04, 7/15/08, 1/2010, 2/2010, 3/2012, 10/2012, 9/2013, 9/2014, 6/2015, 3/2017, 1/2018, 8/2018, 12/2018