

*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 Privacy Notice, please contact our Privacy Officer at 406-761-2100, P O Box 3089, Great Falls, Montana 59403.*

**I. Introduction** - This *Notice of Privacy Practices* describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. This Notice also describes your rights regarding health information we maintain about you and a brief description of how you may exercise these rights. This Notice further states the obligations we have to protect your health information.

*Protected health information* means health information (including identifying information about you) we have collected from you or received from any other source. It may include information about your past, present or future physical or mental health condition, the provision of your health care, and payment for your health care services.

We are required by law to maintain the privacy of your health information and to provide you with this notice of our legal duties and privacy practices with respect to your health information. We are also required to comply with the terms of our current *Notice of Privacy Practices*.

## **II. How We Will Use and Disclose Your Health Information**

Our use and disclosure of your health information is described below. For each category, we will explain what we mean in general, but we will not describe all specific uses or disclosures of health information.

### **Uses and Disclosures for Treatment, Payment and Healthcare Operations**

We will use and disclose your health information:

- to provide and coordinate your health care and related services. For example, we may need to disclose information to a case manager who is responsible for coordinating your care;
- among staff who work at the Center for Mental Health. For example, our staff may discuss your care at an internal case conference;
- to another health care provider (e.g., your primary care physician or a laboratory) working outside of for purposes of your treatment.

**For Payment** - We may use and disclose your health information in order to bill and collect payment(s) from your health plan or other third party payer. For example, we may disclose your health information to permit your health plan to approve or pay for your services. These actions may include:

- making a determination of eligibility or coverage for health insurance;
- reviewing your services to determine if they were medically necessary;
- reviewing your services to determine if they were appropriately authorized or certified in advance of your care;
- reviewing your services for purposes of utilization management, to ensure the appropriateness of your care, or to justify the charges for your care in order to determine if the plan will approve additional visits to your therapist;
- disclosing your health information to another health care provider so that provider can bill you for services they provided to you, such as home health care services.

### **Uses and Disclosures That May be Made Without Your Authorization, But For Which You Will Have an Opportunity to Object**

**Facility Directory** - We do not maintain a patient directory at any of our outpatient or residential facilities. If asked, we will not confirm orally, in writing or through any other medium that you are our current or former patient, with the exceptions listed below under *Persons Involved in Your Care*.

**For Health Care Operations** - These uses and disclosures are necessary to operate our organization and make sure that our patients receive quality care. These activities may include quality assessment and improvement, reviewing the performance or qualifications of our clinicians, training students in clinical activities, licensing, accreditation, business planning and development, and general administrative activities. We may combine health information of our patients for research and to make decisions about additional services we may offer.

We may also provide your health information to other health care providers or to your health plan to assist them in performing their health care operations. We will do so only if you have or have had a relationship with the other provider or health plan. For example, we may provide information about you to your health plan to assist them in their quality assurance activities. We may contact you to provide appointment reminders.

**Health-Related Benefits & Services** - We may use and disclose your health information to tell you about health-related benefits or services that may be of interest to you. If you do not want us to provide you with information about health-related benefits or services, you must notify the Center for Mental Health Privacy Officer. Please state clearly that you do not want to receive materials about health-related benefits or services.

**Fundraising Activities** - We will generally not use or disclose your health information for the purpose of contacting you about raising money for our programs, services, or operations. If, in the event we would wish to use or disclose your health information for the purpose of contacting you or others about raising money for our programs, services, or operations, we would contact you to request your express, signed permission to use your health information for this purpose.

### **Persons Involved in Your Care**

We may use and disclose your health information:

- to an entity assisting in disaster relief efforts and to coordinate uses and disclosures for this purpose to family or other individuals involved in your health care;
- in limited circumstances, to a friend or family member who is involved in your care. If you are physically present and have the capacity to make health care decisions, your health information may only be disclosed with your agreement to persons you designate to be involved in your care. If you are in an emergency situation, we may disclose your health information to a spouse, a family member, or a friend so that such

person may assist in your care. In this case we will determine whether the disclosure is in your best interest and, if so, only disclose information that is directly relevant to participation in your care.

And, if you are not in an emergency situation but are unable to make health care decisions, we will disclose your health information to:

- a person designated to participate in your care in accordance with an advance directive validly executed under State law;
- your guardian or other fiduciary if one has been appointed by a court, or
- if applicable, the State agency responsible for consenting to your care.

### **We May Use and Disclose Your Health Information Without Your Authorization or Opportunity to Object**

**Emergency Treatment Situations** - For example, we may provide necessary health information to a paramedic who is transporting you in an ambulance. If a clinician is required by law to treat you and your treating clinician has attempted to obtain your authorization but is unable to do so, the treating clinician may nevertheless use or disclose your health information as required or allowed by law.

**Communication Barriers** - For example, if one of our clinicians attempts to obtain consent from you, but is unable to do so due to substantial communication barriers. However, we will only use or disclose your health information if the clinician determines in their professional judgment that, absent the communication barriers, you likely would have consented to use or disclose information under the circumstances.

**Research** - To researchers when their research has been approved by our Institutional Review Board or a similar privacy board following their review of the research proposal and established protocols to protect the privacy of your health information.

**Legal Requirements** - We will disclose health information about you when required to do so by Federal, State or local law.

**Averting a Serious Threat to Health or Safety** - When necessary to prevent a serious and imminent threat to your health or safety or to the health or safety of the public or another person. Under these circumstances, we will only disclose health information as permitted and required by Montana law.

**Organ and Tissue Donation** - If you are an organ donor, we may release your health information to an entity that conducts organ, eye or tissue transplantation or serves as an organ donation bank, as necessary to facilitate organ, eye or tissue donation and transplantation.

**Public Health Activities** - Including disclosures to:

- report to public health authorities for the purpose of preventing or controlling disease, injury or disability;
- report vital events such as birth or death;
- conduct public health surveillance or investigations;
- report child abuse or neglect;
- report certain events to the Food and Drug Administration (FDA) or to a person subject to the jurisdiction of the FDA, including information about defective products or problems with medications;
- notify patients about FDA-initiated product recalls;
- notify a person who may have been exposed to a communicable disease or who is at risk of contracting or spreading a disease or condition;
- notify the appropriate government agency if we believe you have been a victim of abuse, neglect or domestic violence. We will only notify an agency to report such abuse, neglect or domestic violence if we obtain your agreement or if we are required or authorized by law.

**Health Oversight Activities** - To a health oversight agency for activities authorized by law. Oversight agencies include government agencies that oversee the health care system, government benefit programs such as Medicare or Medicaid, and other government programs regulating health care, and civil rights laws.

### **Disclosures in Legal Proceedings**

**Law Enforcement Activities** - To a law enforcement official for law enforcement purposes when:

- the disclosure is required by law, such as a valid investigative subpoena, a search warrant, a summons issued by a court, or a grand jury subpoena, or information about the general physical condition of a patient if injured by a gunshot or stab wound, in a motor vehicle accident, or injury in a possible criminal act.

**Medical Examiners or Funeral Directors** - Medical examiners and County Coroners are appointed by law to assist in identifying deceased persons and to determine the cause of death in certain circumstances. We may also disclose health information about our patients to funeral directors as necessary to carry out their duties.

**Military and Veterans** - If you a member of the armed forces, we may disclose your health informatin as required by military command authorities. We may also disclose your health information for the purpose of determining your eligibility for benefits provided by the Department of Veterans Affairs. If you are a member of a foreign military service, we may disclose your health information to that foreign military authority.

**National Security and Protective Services for the President and Others** -To authorized Federal officials for intelligence, counter-intelligence, and other national security activities authorized by law. We may also disclose health information about you to authorized Federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or so they may conduct special investigations.

**Inmates** - To a correctional institution or law enforcement official if you are an inmate of a correctional institution or under the custody of law enforcement official and the information is needed for the health or safety of the inmate, other inmates, or the staff.

**Worker's Compensation** - To comply with State Worker's Compensation Laws.

**Business Associates** - There are some services provided in our organization through contacts with business associates, such as transcription services, auditing services, information (computer) services, foster care, and collection agencies. When these services are contracted, we may disclose your health information to the business associate so that they can perform the job we have asked them to do and bill you or your insurance company for the services provided. To protect your health information, we require the business associate to certify that they are taking appropriate measures to safeguard your information.

### **III. Uses and Disclosures of Your Health Information With Your Permission.**

Uses and Disclosures not described in Section II of this *Notice of Privacy Practices* will generally only be made with your written permission, called an *Authorization*. You have the right to revoke an *Authorization* at any time. If you revoke your *Authorization* we will not make any further uses or disclosures of your health information under that *Authorization*, unless we have already taken an action relying upon the uses or disclosures you have previously authorized.

#### **IV. Your Rights Regarding Your Health Information.**

**Right to Inspect and Copy** - You have the right to request an opportunity to inspect or copy health information used to make decisions about your care, whether they are decisions about your treatment or payment of your care. You must submit your request on the *Access Request* form. If you request a copy of the information, we may charge a fee for the cost of copying, mailing, and supplies associated with your request. We may deny your request to inspect or copy your health information in certain limited circumstances. In some cases, you will have the right to have the denial reviewed by a licensed health care professional not directly involved in the original decision to deny access. We will inform you in writing if the denial of your request may be reviewed. Once the review is completed, we will honor the decision made by the licensed health care professional reviewer.

**Right to Amend** - For as long as we keep records about you, you have the right to request us to amend any health information used to make decisions about your care, whether they are decisions about your treatment or payment of your care. To request an amendment, you must submit it in writing on the *Request for Amendment of Health Information* and tell us why you believe the information is incorrect or inaccurate.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We may also deny your request if you ask us to amend health information that:

- was not created by us, unless the person or entity that created the health information is no longer available to make the amendment;
- is not part of the health information we maintain to make decisions about your care;
- is not part of the health information that you would be permitted to inspect or copy; or
- is accurate and complete.

If we deny your request to amend, we will send you a written notice of the denial stating the basis for the denial and offering you the opportunity to provide a written statement disagreeing with the denial. If you do not wish to prepare a written statement of disagreement, you may ask that the requested amendment and our denial be attached to all future disclosures of the health information that is the subject of your request.

If you choose to submit a written statement of disagreement, we have the right to prepare a written rebuttal to your statement of disagreement. In this case, we will attach the written request and the rebuttal (as well as the original request and denial) to all future disclosures of the health information that is the subject of your request.

**Right to an Accounting of Disclosures** - You have the right to request that we provide you with an accounting of disclosures we have made of your health information. An accounting is a list of disclosures. But this list will not include certain disclosures of your health information such as those we have made for purposes of treatment, payment, and health care operations.

To request an accounting of disclosures, you must submit your request in writing to the local Center for Mental Health office. For your convenience, you may submit your request on a form called *Request for Accounting of Protected Health Information Disclosed by the Center for Mental Health*, which you may obtain from the local office. The request should state the time period for which you wish to receive an accounting. This time period should not be longer than six (6) years and not include dates before April 14, 2003.

The first accounting you request within a 12-month period will be free. For additional requests during the same 12-month period, we will charge you for the costs of providing the accounting. We will notify you of the amount we will charge and you may choose to withdraw or modify your request before we incur any costs.

**Right to Request Restrictions on Use of Protected Health Information** - You have the right to request a restriction on the health information we use or disclose about you for treatment, payment or health care operations. To request a restriction, you must submit it in writing on the form *Request for Restrictions on Use of Protected Health Information* to the local Center for Mental Health office who will ask you to complete and sign the form. We are not required to agree to a restriction that you may request. If we do agree, we will honor your request unless the restricted health information is needed to provide you with emergency treatment.

**Right to Request Confidential Communications** - You have the right to request that we communicate with you about your health care only in a certain location or through a certain method. For example, you may request that we contact you only at work or by e-mail. To request such a confidential communication, you must make your request in writing on the form *Request for Restrictions on Use of Protected Health Information*. We will accommodate all reasonable requests. You do not need to give us a reason for the request; but your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of this Notice** - You have the right to obtain a paper copy of this *Notice of Privacy Practices* at any time. Even if you have agreed to receive this *Notice of Privacy Practices* electronically, you may still obtain a paper copy. To obtain a paper copy, contact any of our offices.

#### **V. Complaints**

If you believe your privacy rights have been violated, you may file a complaint in writing with the Secretary of the U.S. Department of Health and Human Services. All complaints must be submitted in writing. To file a complaint, contact the address available on our form titled *Fact Sheet for Filing Privacy, Transaction & Code Set, and Security Complaints* which you may request from our staff. Our Privacy Officer will assist you with writing your complaint, if you request such assistance. The Privacy Officer can be contacted at the Center for Mental Health, 915 First Avenue South, Great Falls, Montana 59405, 406-761-2100, ext. 1587. We will not retaliate against you for filing a complaint.

#### **VI. Changes to this Notice**

We reserve the right to change the terms of our *Notice of Privacy Practices*. We also reserve the right to make the revised or changed *Notice of Privacy Practices* effective for all health information we already have about you as well as any health information we receive in the future. We will post a copy of the current *Notice of Privacy Practices* at our main office and at each site where we provide care.

You may also obtain a copy of the current *Notice of Privacy Practices* by accessing our website at [www.center4mh.org](http://www.center4mh.org) or by calling us at **1-406-761-2100** or **1-888-718-2100** between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday to request that a copy be sent to you in the mail or by asking for one any time you are at one of our offices.