Montana Dermatology

Your Rights & Our Responsibilities.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

At Montana Dermatology, the privacy of your information is very important to us and we are committed to protecting the privacy of your medical information. Additionally, we are required to provide you with notice of our duties and our privacy practices with respect to your health information. We notify you the following should we become aware of a breach of unsecured protected health information. We are committed to the confidentiality of information that identifies you and the care you receive.

This Notice describes your rights regarding your "Protected Health Information" or "PHI". Protected Health Information means any information that can be used to individually identify you. Here in this Notice, we will also call that protected information "medical information." If you have any questions about this Privacy Notice, please contact the Officer Manager for Montana Dermatology, at 406-314-7807.

Your Rights as our Patient

Simply, you have the right to:

- Receive a copy of your paper or electronic medical record
- Correct, or amend, your paper or electronic medical record
- Request a certain method of confidential communication between you and us
- Ask us to limit the information we share
- Receive a list, or accounting, of those with whom we've shared your information
- Receive a paper copy of this privacy notice
- Choose someone to act for you on health care matters, but must inform us
- File a complaint if you believe your privacy rights have been violated

What this means is that:

You can receive an electronic or paper copy of your medical record

- You can ask to see or receive an electronic (if available) or paper copy of your medical record and other health information we have about you. Please ask us how to do this as this will need to be in writing.
- We can provide a copy or a summary of your health information, usually within 30 days of your request. However, we may charge a reasonable, cost-based fee.

You can ask us to correct or amend your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete- which means: you can ask us to *amend* your medical record. However, we must have the request in writing and the writing must state the reason for the requested correction or amendment.
- We may say "no" to your request, which is a denial of your request. However, we will tell you why in writing within 60 days of the request.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home, or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests to assist you in receiving confidential information.

Ask us to limit what we use or share with respect to your medical information

- Since you will be paying for your service or health care item out-of-pocket in full, you can ask us not to use or share certain health information for treatment, payment, or our operations to a health plan.
- Also, you can ask us not to share your medical information to carry out treatment, payment or other health care operations, *except* in the case of when you may need emergency treatment and the requested restricted protected health information is needed to provide the emergency treatment-- we may use the requested information or may disclose such information to a health care provider to provide such treatment to you.

Receive a list of those with whom we've shared information

- You can ask for a list, also known as an *accounting*, of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why we shared it.

- If requested we will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Receive a paper copy of this privacy notice

- At any time, you can request a paper copy of this notice even if you have agreed to receive this notice electronically. We will provide you with a paper copy promptly.

Choose another person to act on your behalf

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- However, we will confirm the person has this authority and can act for you before we take any action and will need a copy of all written authorization that allows such activity.

File a complaint if you feel your rights are violated

- If you feel we have violated your rights, you can complain by contacting our Office Manager at PO Box 11141, Kalispell MT 59901 and at 406-314-7807.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201, emailing at OCRComplaint@hhs.gov, or visiting https://www.hhs.gov/hipaa/filing-a-complaint/index.html
- We will not retaliate against you for filing a complaint.

Our Permitted Uses and Disclosures

We may use and share your information as we:

- Provide you with medical care and treatment.
- Run our medical facility.
- Bill for your services
- Assist with public health and safety issues.
- Conduct research
- Comply with the applicable state and federal law.
- Respond to organ and tissue donation requests.
- Work with a medical examiner or a funeral director
- Address workers' compensation, law enforcement, & other government requests

- Respond to lawsuits and legal actions

We typically use or share your health information in the following ways:

Provide you with care and Treatment.

- We can use your health information and share it with other professionals who are treating you. *Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

Run our medical facility.

- We can use and share your health information to run our practice, improve your care, and contact you when necessary. *Example: We use health information about you to manage your treatment and services.*

Other Uses and Disclosures:

- We are allowed or required to share your medical information in other circumstances. However, we have to meet many conditions in the law before we can share your information for these purposes.

Assist with public health and safety issues.

We can share medical information about you for certain situations such as:

- Preventing or controlling disease, injury, or disability by reporting certain illnesses and diseases.
- Assisting with product recalls, replacement, or repairs
- Reporting adverse reactions to medications, or other medical products or devices
- Reporting suspected abuse, neglect, including child abuse, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety.

Research

- Under certain permitted uses, we can use or share your information for health research.

Compliance with the law

- We will disclose protected health information to the extent it is required by law, and the use or disclosure complies with and is limited to the relevant requirements of such law. This means, we will share information about you if state or federal laws require it.

Respond to organ and tissue donation requests

- In the event of your death, we can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

- In the event of your death, we can share health information with a coroner, medical examiner, or funeral director.

In response to workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official; laws that require the reporting of certain wounds or other types of physical injuries.
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

In Response to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena, provided that we have received satisfactory assurances that you have been given notice of the subpoena request or that a qualified protective has been secured.

Your Choices for the Release of your Medical Information

- You do have some choices in the way that we use and share your medical information as we tell family and friends about your condition, and other health care providers involved

in your treatment about your medical condition, and market our services and sell your information.

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, please inform us in writing in the form of a written authorization.

You have both the right and choice to tell us to:

- Share information with your family, close friends, or other health care providers involved in your medical care.

  If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

For the following: we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Psychotherapy notes

Our Responsibilities

- We will maintain the privacy and security of your protected health information (PHI), also known in this notice as medical information.
- We will inform you promptly if a breach occurs that may have compromised the privacy or security of your medical 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 medical information other than as described here unless we have your authorization in writing. Should you want to change your position, you can withdraw that authorization in writing at any time.

Changes to the Terms of this Notice

- We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

Other Information:

- The Effective Date of this Notice is January 1, 2024. If you have any questions about this Privacy Notice contact the Office Manager for Montana Dermatology, at 406-314-7807.

The portion below is optional. **Please complete only if you want others to be able to obtain or discuss your medical records with us.**

I, _____, give permission to the following person(s) to obtain or discuss any and all of my medical information.

Name: _____, Relationship: _____

Name: _____, Relationship: _____

Name: _____, Relationship: _____

Name: _____, Relationship: _____

☐ Yes, I am giving permission to the individuals listed above to discuss and/or obtain protect- ed health information (PHI) about myself/patient and I understand that I may revoke this permission in writing at any time.

☐ No, I do not want to give anyone permission to discuss or obtain my protected health information (PHI) other than the physicians and medical facilities involved in my care.

_____

Patient/Guardian Printed Name

_____

Patient/Guardian Signature

_____

Patient's Date of Birth

_____

Today's Date