

# BIG SKY SURGERY CENTER , LLC

## **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.**

This Privacy Notice is being provided to you as a requirement of a federal law, the Health Insurance Portability and Accountability Act (HIPAA). This Privacy Notice describes how we may use and disclose your protected health information for treatment, payment or health care operations and for other purposes permitted or required by law. It also describes your rights to access and control your protected health information in some cases. Your **protected health information** means any written and oral health information about you, including demographic data that can be used to identify you. This is health information that is created or received by your health care provider, and relates to your past, present or future physical or mental health or condition.

### **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

We will not use or disclose your health information without your written authorization, except in the following situations:

**TREATMENT:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party for treatment purposes. For example, we may disclose your health information to a pharmacy to fill a prescription or to a laboratory to order a blood test. We may also disclose protected health information to physicians who may be treating you or consulting with the facility with respect to your care.

**PAYMENT:** We will use and disclose your protected health information to obtain payment for the services that we provide. We will send a bill to you or your health plan. The information on or accompanying the bill will include information that identifies you, as well as your diagnosis and procedures performed. We may disclose information about you to your health plan so that the health plan may determine your eligibility for payment of benefits.

**HEALTH CARE OPERATIONS:** We may use or disclose your health information, as necessary, for our own health care operations to facilitate the more efficient business and provide quality care to all patients. Health care operations include: quality management and improvement, employee review, training programs in health care under supervision, accreditation, certification, licensing or credentialing; compliance, medical or legal services reviews, audits and business management and general administrative activities.

**OTHER USES AND DISCLOSURES:** We may use and disclose your protected health information for the following purposes (1) to contact you to remind you of your appointment time; (2) to describe or recommend treatment alternatives to you; or (3) to furnish information about health-related benefits to you.

**BUSINESS ASSOCIATES:** There are some services provided in our organization through contracts with business associates. We may disclose your health information to our business associate so they can perform the job we've asked them to do. However, we require the business associate to take precautions to protect your health information.

**COMMUNICATION WITH FAMILY:** We may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care.

**FOOD AND DRUG ADMINISTRATION (FDA)** We may disclose to the FDA health information relative to adverse events, product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

**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, including child abuse and neglect.

**VICTIMS OF ABUSE, NEGLECT, OR DOMESTIC VIOLENCE:** If we reasonably believe you are a victim of abuse, neglect or domestic violence we may disclose your health information as permitted or required by Montana law.

**HEALTH INFORMATION:** In order to oversee the health care system, government benefits programs, entities subject to governmental regulation and civil rights laws for which health information is necessary to determine compliance, we may disclose your health information for oversight activities authorized by law, such as audits and civil, administrative, or criminal investigations.

**COURT PROCEEDINGS:** We may disclose your health information in response to requests made during judicial and administrative proceedings, such as court orders or subpoenas.

**LAW ENFORCEMENT:** Under certain circumstances, we may disclose your health information to law enforcement officials. These circumstances include reporting required by laws, pursuant to subpoenas or court orders, reporting limited information concerning identification and location at the request of law enforcement, reports regarding suspected victims of crimes, reporting death, crimes on our premises, and crimes in emergencies.

**INMATES:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official necessary (1) for

the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

**THREATS TO PUBLIC HEALTH OR SAFETY:** We may disclose or use health information when it is our good faith belief, consistent with ethical and legal standards, that it is necessary to prevent or lessen a serious and imminent threat or is necessary to identify or apprehend an individual.

**SPECIALIZED GOVERNMENT FUNCTIONS:** Subject to certain requirements, we may disclose or use health information for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of State, for correctional institutions and other law enforcement custodial situations, and government programs providing public benefits.

**WORKER'S COMPENSATION:** We may disclose your health information when authorized and necessary to comply with laws relating to workers compensation or other similar programs.

**We may not make any other use or disclosure of your protected health information without your written authorization.** Once given, you may revoke the authorization in writing to our Privacy Officer. We are unable to take back any disclosure we have already made with your permission.

### **Your Rights**

You have many rights concerning the confidentiality of your health information. You have the right:

- To request restrictions on the health information we may use and disclose for treatment, payment, and health care operations. We are not required to agree to these requests. You must state the specific restriction and to whom you want the restriction to apply. You may request a restriction in writing to our Privacy Officer listed below.
- To receive confidential communications of health information about you in a certain manner or at a certain location. For instance, you may request that we only contact you at work or by mail. You must write to us at the address below to tell us how you wish to be contacted.
- To inspect and obtain a copy of your protected health information that is contained in a designated record set for as long as we maintain the protected health information. We may deny your request to inspect or copy your protected health information if, in our professional judgment, we determine that the access requested is likely to endanger your life or safety or that of another person, or that it is likely to cause substantial harm to another person referenced within the information.
- To amend your health information. If you feel that the health information we have about you is incorrect or incomplete, you may request an amendment in writing to our Privacy Officer listed below. You must provide a specific reason to support the requested amendment. In certain cases, we may deny your request for an amendment. You can file a statement of disagreement and we have the right to file a rebuttal.
- To receive an accounting of the disclosures of your health information, you must submit a request in writing to the address below. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice. Your request must state a time period, no longer than 6 years and may not include the dates before April 14, 2003. The first accounting you request within a 12-month period is free. For additional accountings, we may charge you the cost of providing the accounting. We will notify you of this cost and you may choose to withdraw or modify your request before the charges are incurred.
- To obtain a paper copy of this notice. Upon request, we will provide a separate paper copy of this notice even if you have already received a copy of the notice.

### **Our Duties**

The facility is required by law to maintain the privacy of your health information and to provide you with this Privacy Notice of our duties and privacy practices. We are required to abide by the terms of this Notice as may be amended from time to time. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all protected health information that we maintain. Any revision to our privacy practices will be described in a revised Notice that will be posted in our facility.

### **Complaints**

If you believe your privacy rights have been violated, a complaint may be made to our Privacy Officer in writing, using the contact information below. You may also submit a complaint to the Secretary of the Department of Health and Human Services. We will not retaliate against you for filing a complaint.

### **Contact Person**

Our contact person for all questions, requests or for further information related to the privacy of your health information is:

**Big Sky Surgerv Center, LLC**  
**2833 Fort Missoula Road or (406) 542-6559**  
**Missoula, MT 59804**  
Attn: Privacy Officer

Notice Effective Date: April 14, 2003