

MONTANA NEUROBEHAVIORAL SPECIALISTS
900 N. Orange, 3rd floor ~Missoula, MT 59802~ Phone (406)327-3350

HIPAA PRIVACY NOTICE

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.

The doctors and staff at Montana Neurobehavioral Specialists understand that your medical information is private and confidential. Further, we are required by law to maintain the privacy of "protected health information", PHI for short. (PHI includes information that can be identified as yours). We must provide you with this notice about our privacy practices that explain how, when and why we use and disclose your PHI and must comply with these policies. With some exceptions, we may not use or disclose any more of you PHI than is necessary to accomplish the purpose of the disclosure.

We reserve the right to change the terms of this notice and our privacy policies at any time. Any changes will apply to the PHI we already have. If we make an important change to our policies, we will change this notice and post a new notice in our waiting areas. You can also request a copy of this notice from our office at any time.

PERMITTED USES AND DISCLOSURES

We can use or disclose your PHI for purposes of treatment, payment and health care operations. For each of these categories of uses and disclosures, we have provided a description and an example below. However, not every particular uses or disclosure in every category will be listed.

Treatment: We may disclose your PHI to physicians, nurses, and other health care personnel who provide you with health care services or are involved in your care. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process.

Payment: We may use and disclose your PHI in order to bill and collect payment for treatment and services provided to you. For example, your insurance may require clarification of the treatment given in order to determine the level of benefits available for that visit.

Health care operations: We may disclose your PHI in order to operate this practice. For example, activities related to quality assurance, case management, receiving and responding to patient comments, physician reviews, and business planning may require the use of PHI.

OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION (PHI)

In addition to using and disclosing your information for treatment, payment and health care operations, we may use your PHI in the following ways:

- We may contact you to provide appointment reminders.
- We may contact you to tell you about or recommend possible treatment alternatives or other health-related benefits and services that may be of interest to you.
- We may disclose to your family and friends or any other individual PHI directly relevant to such person's involvement with your care or payment for your care, unless you object.
- We will allow your family and friends to act on your behalf to pick-up prescriptions, x-rays, and other similar forms of PHI, when we determine, in our professional judgment that it is in your best interest to make such disclosures.
- Subject to applicable law, we may make incidental uses and disclosures of PHI. Incidental uses and disclosures are by-products of otherwise permitted uses or disclosures of PHI. Incidental uses and disclosures are by-products of otherwise permitted uses or disclosures which are limited in nature and cannot be reasonably prevented.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION (PHI)

Request Limits on the Uses and Disclosures of Your PHI: You have the right to ask that we limit how we use and disclose your PHI. Requests to limit the use and disclosure to your PHI must be submitted in writing to the Practice's Privacy Officer. We will consider your request but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.

Choose How We Send PHI to You: You have the right to ask that we send information to you to an alternative address or by alternative means. We must agree to your request so long as we can easily provide it in the format you requested. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed. There may be charges for copies made.

Right to See and Get Copies of your PHI: In most cases, you have the right to look at or get copies of your PHI that we have, but you must make the request in writing, to the Practice's Privacy Officer. In certain situations, we may deny the request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed. There may be charges for copies made.

Right to Get a List of Disclosures We Have Made: You have the right to get a list of instances in which we have disclosed your PHI. The list will not include uses or disclosures that are made for treatment, payment, or health care operations. The list will not include uses and disclosures made for national security purposes, to corrections or law enforcement personnel or pursuant to your authorizations. To request a list of disclosures of your PHI, you must submit your request in writing to the Practice's Privacy Officer. Your request must state a specific time period for the accounting (e.g., the past three months).

Right to Correct or Update your PHI: If you believe there is a mistake in your PHI or that a piece of information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing to the Practice's Privacy Officer. We will respond within 60 days of receiving our request. We may deny the request if the PHI is:

- Correct and complete
- Not created by us
- Not allowed to be disclosed
- Not a part of our record

Our written denial will state the reasons for the denial and explain our right to request that your request and our denial be attached to all future disclosures of your PHI. If we approve your request, we will make the change to your PHI, tell you that we have done it, and tell others that need to know about the change to your PHI.

COMPLAINTS ABOUT OUR PRIVACY PRACTICES

If you think your privacy rights have been violated, you should immediately contact the Practice's Privacy Officer. We will not take action against you for filing a complaint. You may also file a complaint with the Secretary of Health and Human Services.

CONTACT PERSON(S)

If you have any questions or would like further information about this notice, please contact the Practice's Privacy Officer:

Martina Rolando
900 N. Orange St, 3rd Floor
Missoula, MT 59802
(406)327-3384 or (406)327-3350