



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.

An Organized Health Care Arrangement (OHCA) is a clinically integrated care setting, in which patients receive health care from more than one health care provider. An OHCA can be formed between covered entities that present themselves to the public as part of a joint arrangement. An OHCA allows legally separate covered entities to use and disclose protected health information for the joint operation of the arrangement.

This Notice of Privacy Practices applies to the following entities, which are members of an organized health care arrangement referred throughout this notice as the "OHCA members".

**Great Falls Clinic, LLP
Great Falls Clinic Surgery Center, LLC
Great Falls Clinic Medical Center**

This Notice describes how the OHCA members may use and disclose your protected health information. This Notice also sets out the OHCA members' legal obligations concerning your protected health information and describes your rights to control and access your health information. The OHCA is required by law - Health Insurance Portability and Accountability Act of 1996 (HIPAA), Health Information Technology for Economic and Clinical Health Act 2009 (HITECH), and the Identity Theft Act 2003 (Red Flag Rule) - to maintain the confidentiality of the medical and financial information that identifies you and to provide you with this notice of our legal duties and the privacy practices. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time. The OHCA reserves the right to change the terms of this Notice. Each entity of the OHCA will post the revised notice and will make it available upon request. The OHCA members all agreed to abide by the terms of this Notice.

Questions and Further Information. If you have any questions or want additional information about the Notice or the policies and procedures described in the Notice, please contact OHCA Privacy Officer using the Contact Information provided at the end of this Notice.

OHCA MEMBER'S RESPONSIBILITIES

OHCA members are required by law to maintain the privacy of your protected health information. The OHCA is obligated to provide you with a copy of this Notice setting forth OHCA members' legal duties and its privacy practices with respect to your protected health information. OHCA members must abide by the terms of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

The OHCA may use and disclose your health information for treatment, payment, and healthcare operations. Montana law allows us to disclose information for these purposes only if we believe the person receiving it will not use or disclose it for another purpose and will take appropriate steps to protect it.

Treatment

The OHCA will use and disclose protected health information to provide, coordinate or manage your care. This includes communication and consultation between healthcare providers—doctors, nurses, technicians and other members of your medical team. For example, your doctor may disclose your information to a specialist who is treating you.

Payment

The OHCA will use or disclose your protected health information to fulfill its responsibilities for coverage and providing benefits. For example, OHCA members may disclose your protected health

information when a provider requests information regarding your eligibility for benefits under OHCA members, or it may use your information to determine if a treatment that you received was medically necessary.

Health-care operations

OHCA members will use or disclose your protected health information to support OHCA member's business functions. These functions include, but are not limited to: quality assessment and improvement, reviewing provider performance, licensing, business planning, and business development. For example, OHCA members may use or disclose your protected health information: (i) to provide you with information about a disease management program; (ii) to respond to a customer service inquiry from you; (iii) in connection with fraud and abuse detection and compliance programs, or (iv) to survey you concerning how effectively OHCA members are providing services, among other issues.

Business Associates. OHCA members contract with service providers – called business associates – to perform various functions on its behalf. For example, OHCA members may contract with a service provider to perform the administrative functions necessary to pay your medical claims. To perform these functions or to provide the services, business associates will receive, create, maintain, use, or disclose protected health information, but only after OHCA members and the business associate agree in writing to contract terms requiring the business associate to appropriately safeguard your information.

Other Covered Entities. OHCA members may use or disclose your protected health information to assist health care providers in connection with their treatment or payment activities, or to assist other covered entities in connection with certain health care operations. For example, OHCA members may disclose your protected health information to a health care provider when needed by the provider to render treatment to you, and OHCA members may disclose protected health information to another covered entity to conduct health care operations in the areas of quality assurance and improvement activities, accreditation, certification, licensing, or credentialing. This also means that OHCA members may disclose or share your protected health information with other health care programs or insurance carriers (such as Medicare, etc.) in order to coordinate benefits, if you or your family members have other health insurance or coverage.

Required by Law. OHCA members may use or disclose your protected health information to the extent required by federal, state, or local law

Public Health Activities. OHCA members may use or disclose your protected health information for public health activities that are permitted or required by law. For example, it may use or disclose information for the purpose of preventing or controlling disease, injury, or disability, or it may disclose such information to a public health authority authorized to receive reports of child abuse or neglect. OHCA members also may disclose protected health information, if directed by a public health authority, to a foreign government agency that is collaborating with the public health authority.

Health Oversight Activities. OHCA members may disclose your protected health information to a health oversight agency for activities authorized by law. For example, these oversight activities may include audits, investigations, inspections, licensure or disciplinary actions, or civil, administrative, or criminal proceedings or actions. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and government agencies that ensure compliance with civil rights laws.

Lawsuits and Other Legal Proceedings. OHCA members may disclose your protected health information in the course of any judicial or administrative proceeding or in response to an order of a court or



Notice of Privacy Practices

administrative tribunal (to the extent such disclosure is expressly authorized). If certain conditions are met, OHCA members may also disclose your protected health information in response to a subpoena, a discovery request, or other lawful process.

Abuse or Neglect. OHCA members may disclose your protected health information to a government authority that is authorized by law to receive reports of abuse, neglect, or domestic violence. Additionally, as required by law, if any OHCA members believe you have been a victim of abuse, neglect, or domestic violence, it may disclose your protected health information to a governmental entity authorized to receive such information.

Law Enforcement. Under certain conditions, OHCA members also may disclose your protected health information to law enforcement officials for law enforcement purposes. These law enforcement purposes include, by way of example, (1) responding to a court order or similar process; (2) as necessary to locate or identify a suspect, fugitive, material witness, or missing person; or (3) as relating to the victim of a crime. Additionally, non-medical information may be disclosed (1) to identify a suspect, fugitive or missing person; (2) about the victim of a crime under certain limited circumstance; (3) about a death believed to be a result of criminal conduct; or (4) about a crime committed on any of the OHCA member premises.

Coroners, Medical Examiners, and Funeral Directors. OHCA members may disclose protected health information to a coroner or medical examiner when necessary for identifying a deceased person or determining a cause of death. OHCA members also may disclose protected health information to funeral directors as necessary to carry out their duties.

Organ and Tissue Donation. OHCA members may disclose protected health information to organizations that handle organ, eye, or tissue donation and transplantation.

Research. OHCA members may disclose your protected health information to researchers when (1) 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 protected health information, or (2) the research involves a limited data set which includes no unique identifiers (information such as name, address, social security number, etc., that can identify you).

To Prevent a Serious Threat to Health or Safety. Consistent with applicable laws, OHCA members may disclose your protected health information if disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. It also may disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military. Under certain conditions, OHCA members may disclose your protected health information if you are, or were, Armed Forces personnel for activities deemed necessary by appropriate military command authorities. If you are a member of foreign military service, OHCA members may disclose, in certain circumstances, your information to the foreign military authority.

National Security and Protective Services. OHCA members may disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, and for the protection of the President, other authorized persons, or heads of state.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, OHCA members may disclose your protected health information to the correctional institution or to a law enforcement official for (1) the institution to provide health care to you; (2) your health and safety, and the health and safety of others; or (3) the safety and security of the correctional institution.

Workers' Compensation. OHCA members may disclose your protected health information to comply with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illnesses.

Individuals involved in care, Notification

The OHCA may disclose relevant protected health information to a family member or friend involved with your care, or handling your bills. If family or friends are present while care is being provided, OHCA members will assume your companions may hear the discussion, unless you state otherwise. The OHCA may also share limited protected health information to notify a family member or legal representative of your location, condition or death.

Disclosures to the Secretary of the U.S. Department of Health and Human Services. OHCA members are required to disclose your protected health information to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining OHCA members' compliance with the HIPAA Privacy Rule.

Disclosures to You. OHCA members are required to disclose to you or your personal representative most of your protected health information when you request access to this information. OHCA members will disclose your protected health information to an individual who has been designated by you as your personal representative and who has qualified for such designation in accordance with relevant law. Prior to such a disclosure, however, OHCA members must be given written documentation that supports and establishes the basis for the personal representation. OHCA members may elect not to treat the person as your personal representative if it has a reasonable belief that you have been, or may be, subjected to domestic violence, abuse, or neglect by such person; treating such person as your personal representative could endanger you; or OHCA members determines, in the exercise of its professional judgment, that it is not in your best interest to treat the person as your personal representative.

OTHER USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

Other uses and disclosures of your protected health information that are not described above will be made only with your written authorization. If you provide OHCA members with an authorization, you may revoke the authorization in writing, and this revocation will be effective for future uses and disclosures of protected health information. However, the revocation will not be effective for information that OHCA members have used or disclosed in reliance on the authorization.

CONTACTING YOU

At times, entities of the OHCA may contact you to (1) Provide appointment reminders; (2) Provide information about treatment alternatives or other information that may be of interest to you; and (3) Disclose health-related benefits or services that may be of interest to you.

YOUR RIGHTS

The following is a description of your rights with respect to your protected health information.

Right to inspect and copy

You have the right to inspect and to request a copy of information about you maintained in any of the OHCA members' records. This includes medical and billing records maintained and used by any to make decisions about your care. To obtain or inspect a copy of your medical information, submit a written request to the contact information at the end of this notice. OHCA members may charge a reasonable, cost-based fee to cover the expense of providing the



Notice of Privacy Practices

copy(ies). In addition, patients have a right to access their PHI in electronic format upon request.

Most patients have full access to inspect and receive a copy of their full medical record. On some occasions, certain OHCA members may deny a request to inspect and receive a copy of some information in the medical record. This may occur if, in the professional judgment of your physician, the information could cause a threat to you or others, or if the information is protected from disclosure as permitted under state law.

If you are denied access to information, you may request a review of the denial. Another licensed healthcare professional, who was not involved in the original decision within the specific entity, will independently review both the original request and denial. OHCA members will comply with the outcome of the independent review. If you are denied access because the information could cause you or someone else harm, OHCA members must allow examination of your records by a spouse, adult child, parent, or guardian, or by another healthcare provider chosen by you.

Right to Request an Amendment. You have the right to request an amendment of your protected health information held by OHCA members if you believe that information is incorrect or incomplete. If you request an amendment of your protected health information, your request must be submitted in writing using the Contact Information at the end of this Notice and must set forth a reason(s) in support of the proposed amendment. In certain cases, OHCA members may deny your request for an amendment. For example, OHCA members may deny your request if the information you want to amend is accurate and complete or was not created by OHCA members. If an OHCA member denies your request, you have the right to file a statement of disagreement. Your statement of disagreement will be linked with the disputed information and all future disclosures of the disputed information will include your statement.

Right to an accounting of certain disclosures

You can ask specific entities of the OHCA for a list of where each entity has shared your protected health information. This list would provide you with a summary of all disclosures the specific entity has made that you would not otherwise already know about. The list would not include the following (1) disclosures to carry out treatment, payment and health-care operations within the OHCA; and (2) disclosures made directly to you (the patient). To get a copy of the list, submit a written request to the OHCA Privacy Officer. Your request must state a time period (no longer than six years) and indicate in what form you want to receive the list. The first accounting within a 12-month period is free. For additional accountings, the OHCA member may charge for the costs of providing the list.

Right to Request a Restriction. You have the right to request a restriction on the protected health information OHCA members use or disclose about you for payment or health care operations. You also have a right to request a limit on disclosures of your protected health information to family members or friends who are involved in your care or the payment for your care. You may request such a restriction using the Contact Information at the end of this Notice. OHCA members are not required to agree to any restriction that you request. If any OHCA members agree to the restriction, they can stop complying with the restriction upon providing notice to you. Your request must include the protected health information you wish to limit, whether you want to limit OHCA members' use, disclosure, or both, and (if applicable), to whom you want the limitations to apply (for example, disclosures to your spouse).

Right to Request Confidential Communications. If you believe that a disclosure of all or part of your protected health information may endanger you, you may request that OHCA members communicate with you in an alternative manner or at an alternative location. For example, you may ask that all communications be sent to

your work address. You may request a confidential communication using the Contact Information at the end of this Notice. Your request must specify the alternative means or location for communication with you. It also must state that the disclosure of all or part of the protected health information in a manner inconsistent with your instructions would put you in danger. OHCA members will accommodate a request for confidential communications that is reasonable and that states that the disclosure of all or part of your protected health information could endanger you.

Right to notification of certain breaches of protected healthcare information

The OHCA will take reasonable precautions to detect breaches in the security of your medical and financial information. You have the right to be notified of certain breaches and the OHCA will employ an action plan that will attempt to mitigate harmful outcomes resulting from those breaches.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice. To obtain such a copy, please contact OHCA members using the Contact Information at the end of this Notice

COMPLAINTS

If you believe an OHCA member has violated your privacy rights, you may complain to the OHCA members or to the Secretary of the U.S. Department of Health and Human Services or the Montana Department of Public Health and Human Services. You may file a complaint with OHCA members using the Contact Information at the end of this Notice. OHCA members will not penalize you for filing a complaint.

CHANGES TO THIS NOTICE

OHCA members reserve the right to change the provisions of this Notice and make the new provisions effective for all protected health information that it maintains. If OHCA members make a material change to this Notice, it will provide a revised Notice to you at the address that OHCA has on record for the participant enrolled in the OHCA.

EFFECTIVE DATE

This Notice of Privacy Practices becomes effective on July 1, 2011.

CONTACT INFORMATION

To exercise any of the rights described in this Notice, for more information, or to file a complaint, please contact:

Great Falls Clinic OHCA
Haley Denzer, Compliance & Privacy Officer
1400 29th Street South
Great Falls, MT 59405
406.771.3126
haley.denzer@gfclinic.com