

NOTICE OF PROVIDER PRIVACY PRACTICES

Effective as of March 26, 2013

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED & DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY

ALLUVION HEALTH must maintain the privacy of your Personal Health Information (PHI) & give you this notice that describes our legal duties and privacy practices concerning your PHI as per the federal Privacy -Security (HIPAA/HITECH) Rules. Release of information is done on a “minimum necessary” basis to achieve the exclusive purpose of that use/disclosure. The sections below describe possible contents, uses & disclosures of such information and your rights over the use/disclosure of your PHI. ALLUVION HEALTH reserves the right to change the privacy practices in this notice in accordance with the law. If we change these practices, you will receive and need to sign an Acknowledgement of Receipt form of the new privacy.

YOUR HEALTH RECORD (PHI): May contain symptoms, exam & test results, diagnosis, assessments, treatments, future treatment plans, or case management which is used to: Plan your treatment & care at ALLUVION HEALTH & with other care providers if further care/follow-up is needed; For payment & billing purposes through your insurance, employer or by self-pay; for other internal business activities. Additionally certain types of conditions are reportable & necessary for improving the public’s general health & safety.

YOUR PRIVACY RIGHTS: Your health record is the physical property of the ALLUVION HEALTH, but the information belongs to you. *You have the right to:*

1. Fill out a PHI Request form to inspect/obtain a copy of your PHI within what is allowable by law. These will **not** include psychotherapy notes or judicial proceeding information. As by law, a fee may be charged and ALLUVION HEALTH has 30 days to comply and can request one 30-day extension to complete the request.
2. Fill out a Patient PHI Amendment form to request your PHI be corrected. ALLUVION HEALTH **cannot** amend PHI that we did not create or PHI that is deemed correct, so your request may be denied. This denial response to you will be in writing.
3. Fill out an Accounting of Use/Disclosure form to track the internal & external uses/disclosures (allowable by law) of your PHI up to the previous 6 years from date of request. You may receive only one free Accounting list/year.
4. Fill out a Restriction of PHI Use & Disclosure form to limit the use/disclosure of your PHI within the extent possible & allowable by law. Be aware that restrictions you choose may affect your care & treatment, form of payment options and ALLUVION HEALTH’s internal health care operation activities.
5. Fill out a Revoke of Authorization form to **change** the restrictions for PHI Use & Disclosure form (#4 above) or to **discontinue** releases allowed by you on a Patient Authorization Release form.
6. Request & receive a paper or electronic copy of this Privacy Notice. You will need to sign an Acknowledgement of Receipt form. This Notice is available at: cchdmt.org - Healthcaretab.
7. Request that your insurance **not** be informed of ALLUVION HEALTH services that are paid in full, in cash, at time of service. If payment is rescinded ALLUVION HEALTH can collect payment other ways, including billing insurance.
8. Fill out a Request of Alternate Means form to receive confidential PHI by electronic form &/or at alternate locations. ALLUVION HEALTH will accommodate reasonable requests. There may be a copy fee.
9. Release a child’s immunization record to schools with verbal permission. Releases are documented.
10. File a Complaint if you believe your privacy rights have been violated. You may file at ALLUVION HEALTH and/or the federal Dept. of HHS. No retaliation against you may occur for filing a complaint.

The ALLUVION HEALTH Privacy Officer can provide you with the necessary paperwork & assistance. 406-791-9261

ALLUVION HEALTH'S RESPONSIBILITIES:

1. To use, maintain, store & disclose your PHI as required by law and professional ethics.
 - Treatment -To provide, coordinate & manage your medical care & services, in & out of house.
 - Payment – To bill & receive payment for services rendered from your insurance provider, other designated payer such as employers, or self-paying patients.
 - Healthcare Operations – To support ALLUVION HEALTH activities such as; quality assessment, employee review, training medical students, licensing and conducting general business activities with business associates such as transcription services, etc. who also must abide by these Rules.
 - To contact you or authorized/other individuals (family/caregivers) for appointment reminders, about health services of interest/benefit to you, or in case of emergency & subsequent needed care.
 - To Disaster Relief organization's efforts for care continuity & contacting family/caregivers.
2. Abide by the terms of Privacy Practices that are currently in effect by all HIPAA/HITECH Rules.
3. Post the Notice of Privacy Practices in prominent places within the facility, on the web site and provide copies in writing or electronic forms for ALLUVION HEALTH patients/clients.
 - Obtain written acknowledgement that you received & understand this Notice of Privacy Practices. To provide requested copies of paper or electronic PHI in a secure, yet practical manner.
 - Provide you help to understand the contents of this Notice of Privacy Practices.
4. Contact you with a Breach Notification if your PHI has been used/disclosed inappropriately – this must be done as soon as possible and within 60 days after the potential breach is discovered.
5. ALLUVION HEALTH does **not** use any PHI for fundraising, marketing OR sale PHI to any other entities.
6. To follow state & federal law requirements of use & disclosure:
 - To public authorities who are permitted to collect or receive information for publichealth activities and purposes such as:
 - Disease control (communicable illnesses and notifying individuals who may havebeen exposed to a disease),
 - Controlling injury or disability to minimize threat to public safety,
 - Reporting birth & deaths,
 - Child abuse/neglect state law reporting requirements,
 - Recall notification from FDA on tainted/defective products,
 - To comply with Worker's compensation laws & other such programs.
 - To Health Oversight agencies that audit, investigate & inspect as authorized by law. ●
 - For legal proceedings, law enforcement, incarceration or military/national security:
 - As required by law or in response to court order, subpoena, warrant, civil demand or other legal action,
 - To correctional institutions of which you are an inmate to provide for your health or health & safety of others.
 - As deemed necessary by military/command authorities under appropriate conditions.
 - For activities related to a death; to coroners, funeral directors and organ donation for identification purposes, determining cause of death, and to perform their duties.
 - For research: Under certain circumstances, with special approval, your PHI may be helpful in conducting disease research and treatment.
7. Release only de-identified data without your specific written authorization except as allowed by law.

ALL PATIENTS MUST SIGN AN ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PROVIDER PRIVACY PRACTICES