

Notice of Privacy Practices

Your information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

YOUR RIGHTS

You have the right to:

- Get a copy of your paper or electronic medical record
- Request a correction to your medical record.
- Ask us to limit the information we share
- Get a copy of this privacy notice
- Choose someone to act for you
- Request confidential communication
- Receive an account how your information was used or shared (as outlined in our uses and disclosures)
- File a complaint if you believe your privacy rights have been violated without affecting the quality or delivery of your care*

YOUR CHOICES

You have some choices in the way that we use and share information as we:

- Communicate your care with the family and friends of your choice.
- Disaster notification in coordination with with the Office of Emergency Management of Missoula County
- Provide information to a hospital or medical provider

In these cases we NEVER share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

In the case of fundraising: We may contact you for fundraising efforts, but you can tell us not to contact you again

*If you feel your privacy rights have been violated

please speak to one of our staff members or ask for a complaint/grievance form. You may also ask to speak with HIPAA & Compliance Officer.

- You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Ave, S.W, Washington, D.C. 20201, calling 1-877-696-6775, or visiting <http://www.hhs.gov/ocr/privacy/hipaa/complaints/>



OUR USES AND DISCLOSURES

We may use and share your information as we:

- Provide care and treatment for you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Share de-identified information for health research
(any identifiable information will only be a part of research with your informed consent)
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, & other government requests
- Respond to lawsuits and legal actions
- 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.



OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

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.

For more information see: <http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html>

Partnership Health Center

401 Railroad St W.
Missoula, MT 59802

HIPAA & COMPLIANCE OFFICER:
(406) 258-4373