

NOTICE OF PRIVACY PRACTICES

THIS NOTICE IS REQUIRED BY LAW (FEDERAL REGULATION 45 CFR PARTS 160 & 164) AND DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

THIS NOTICE IS IN EFFECT ON AND AFTER APRIL 14, 2003 AND APPLIES TO THE FOLLOWING FACILITIES: (These facilities are part of an Organized Health Care Arrangement. Information is shared between facilities.)

Frenchtown Family Practice
Florence Family Practice
Western Montana Clinic

International Heart Institute
Montana Cancer Specialists
Missoula Surgical Associates
Providence Nephrology of Montana

Lolo Family Practice
Seeley Swan Medical Center
Providence Broadway Internal Medicine

Uses and Disclosures of Health Information

We use health information about you for treatment (diagnostic testing, medical prescription, referral, etc.), to obtain payment (submit claims and/or encounters to billing services and/or clearinghouses, and/or collection agencies, etc.), for healthcare operations (reporting, utilization management, etc.) and to evaluate the quality of care that you receive. Training of medical students and residents is part of our health care operations.

We may use or disclose identifiable health information about you without your authorization for other purposes such as auditing and research studies when the research has been approved by an institutional review board. As required by law, we may disclose your health information to public health or legal authorities charged with prevention or controlling disease, injury, or disability.

Your Health Information Rights

- You have the right to inspect and obtain a copy of your health record with a signed authorization as provided in 45 CFR 164.524.
- You have the right to request in writing that we restrict and/or not use or disclose your protected health information as provided in 45 CFR 164.522 *but we do not have to agree to accept your restrictions.*
- You have the right to request in writing that your physician amend your protected health information as provided in 45 CFR 164.528
- You have the right to request in writing to receive confidential communications from us by alternative means or at an alternative location as provided in 45 CFR 164.522
- You have the right to obtain a list of instances (accounting of disclosures) where we have disclosed your protected health information for purposes other than treatment, payment or health care operations as provided in 45 CFR 165.528
- You have the right to revoke your authorization to use or disclose health information except to the extent that action has already been taken as provided in 45 CFR 164.508

Our Responsibilities

- We are required by law to maintain the privacy of your health information.
- We are required by law to provide you with this notice about our privacy practices.
- We are required by law to follow the privacy practices that are described in this notice; however, we reserve the right to change or modify our practices and to make the new provisions effective for all protected health information (PHI) we maintain. Should our information practices change, we will post the revised privacy notice.

Questions/Complaints

If you have questions or if you are concerned that we have violated your privacy rights, you may contact the privacy officer. You may also file a complaint with the U.S. Secretary of Health and Human Services. There will be no retaliation against you for filing a complaint.

Privacy Officer Telephone: (406) 329-7002

Location: Montana Cancer Specialists, 500 W Broadway, Broadway Building, Level 2

Mailing Address: PO Box 7877, Missoula, Montana 59807

PLEASE PRINT THE FOLLOWING:

Last Name *First Name*

Address

City *State* *Zip*

Birthdate

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

I acknowledge that I have received a photocopy of the Notice of Privacy Practices from one of the facilities listed below, which provides a description of uses and disclosures of protected health information.

Signature of Patient

Date

Signature of Parent/Guardian/Legal Representative

Relationship

Date

Organized Health Care Arrangement

**Florence Family Practice ~ Frenchtown Family Practice ~ International Heart Institute ~ Lolo Family Practice
Missoula Surgical Associates ~ Montana Cancer Specialists ~ Providence Broadway Internal Medicine
Providence Nephrology of Montana ~ Seeley Swan Medical Center ~ Western Montana Clinic**