

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of Bozeman Health, the information belongs to you. You have the right:

- To copy and/or inspect much of the protected health information that we retain on your behalf. All requests for access must be made in writing and signed by you or your representative. You may obtain an access request form from the address below.
- To request in writing that protected health information that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. All amendment requests, in order to be considered by us, must be in writing, signed by you or your representative, and must state the reasons for the amendment/correction request. If an amendment or correction you request is made by us, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary. You may obtain an amendment request form from the address below.
- To receive an accounting of certain disclosures made by us of your protected health information six years prior to the date of request. Requests must be made in writing and signed by you or your representative. Accounting request forms are available from the address below.
- The first accounting in any 12-month period is free. You will be charged a fee for each subsequent accounting you request within the same 12-month period.
- To request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522. Bozeman Health will honor your request for restrictions to the extent possible. A restriction request form can be obtained from the address below.
- We are not required to agree to your restriction request, unless required by law or you request a restriction to a health plan if you have paid for the services out of pocket and in full. We will attempt to accommodate reasonable requests when appropriate and we retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate, in writing or orally, any agreed-to restriction.
- To be notified of a breach of unsecured PHI in the event you are affected.
- To obtain additional copies of the Notice of Privacy Practices upon request.

Health Information

915 Highland Blvd., Bozeman, MT 59715

You may be asked to sign an acknowledgment form that you received this Notice of Privacy Practices.

TO REPORT A PROBLEM

If you believe your privacy rights have been violated, you can file a complaint with the Bozeman Health Privacy Officer or you may file a complaint with the U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint. If you have questions and/or would like additional information, please contact the Bozeman Health Privacy Officer at 406-414-5584.

INTERPRETIVE SERVICES

Language assistance services are available free of charge. To access this service, dial 1-406-414-5000 (TTY: 771).

Text Telephone (TTY)

Dial 771 to be automatically connected to a TTY operator.



For more information, please contact us
Health Information Management

915 Highland Blvd., Bozeman, MT 59715

406-414-5000

Bozeman Health

BozemanHealth.org

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Revised: August 7, 2013; October 22, 2015; September 30, 2017;
February 1, 2018, August 2025.*



NOTICE OF PRIVACY PRACTICES

Bozeman Health and its affiliated facilities and professionals may use and share your protected health information for treatment, payment, and health care operations as permitted by law. Bozeman Health is legally required to maintain the privacy of this information and to inform you of its practices through this Notice.

Bozeman Health

The terms of this Notice of Privacy Practices apply to Bozeman Health which is operating as a clinically integrated organized health care arrangement that includes Bozeman Health Medical Group and the physicians and other licensed professionals seeing and treating patients at each of these facilities:

- Bozeman Health Deaconess Regional Medical Center
- Bozeman Health Big Sky Medical Center
- Bozeman Health Belgrade Clinic
- Bozeman Health Cottonwood Clinic
- Bozeman Health B2 UrgentCare
- Bozeman Health Convenience Care
- Advanced Medical Imaging

All of the entities and persons listed will share protected health information as necessary to carry out treatment, payment and health care operations as permitted by law.

We are required by law to maintain the privacy of our patients' protected health information (PHI) and to provide patients with notice of our legal duties and privacy practices with respect to your protected health information. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all protected health information maintained by us. You may receive a copy of any revised notices at Bozeman Health Patient Registration or a copy may be obtained by mailing a request to:

Bozeman Health Privacy Officer
915 Highland Blvd., Bozeman, MT 59715

DISCLOSURE FOR TREATMENT, PAYMENT AND HEALTH OPERATIONS

Bozeman Health will use your protected health information for your treatment. Doctors, nurses and other professionals involved in your care will use information in your medical record and information that you provide about your symptoms and reactions to plan a course of treatment for you that may include procedures, medications, tests, etc. We may also release your protected health information to another health care facility or professional who is not affiliated with our organization but who is or will be providing treatment to you. We may contact you to provide appointment reminders, test results or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

We will use your health information for payment.

We may forward information regarding your medical procedures and treatment to your insurance company to arrange payment for the services provided to you or we may use your information to prepare a bill to send to you or to the person responsible for your payment.

We will use and disclose your protected health information for our healthcare operations. For instance, clinical improvement, professional peer review, business management, accreditation and licensing, etc. We may, from time to time, use your protected health information to communicate with you about health products and services necessary for your treatment, to advise you of new products and services we offer, and to provide general health and wellness information.

USES AND DISCLOSURES THAT REQUIRE AN AUTHORIZATION

- Psychotherapy notes unless it is to carry out treatment, payment or health care options.
- Marketing
- Sale of PHI

PERMITTED USES AND DISCLOSURES

Your Authorization. Except as outlined below, we will not use or disclose your protected health information for any purpose unless you have signed a form authorizing the use or disclosure. You have the right to revoke that authorization in writing unless we have taken any action in reliance on the authorization.

Facility Directory. We maintain a facility directory listing the name, room number, general condition, and, if you wish, your religious affiliation. Unless you choose to have your information excluded from this directory, the information, excluding your religious affiliation, will be disclosed to anyone who requests it by asking for you by name. This information, including your religious affiliation, may also be provided to members of the community clergy. You have the right during registration to have your information excluded from this directory.

Family and Friends Involved in Your Care. With your approval, we may from time to time disclose your protected health information to designated family, friends, and others who are involved in your care or in payment of your care in order to facilitate that person's involvement in caring for you or paying for your care. If you are unavailable, incapacitated, or facing an emergency medical situation, and we determine that a limited disclosure may be in your best interest, we may share limited protected health information with such individuals without your approval. We may also disclose limited protected health information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you.

Business Associates. Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, legal services, etc. At times it may be necessary for us to provide certain aspects of your protected health information to one or more of these outside persons or organizations who assist us with our health care operations. In all cases, we require these business associates to appropriately safeguard the privacy of your information.

Fundraising Activities. We may release information about you to Bozeman Health Foundation. Allowable information that may be released includes name, address, phone number, age, gender, insurance status, dates of service, department of service, treating physician and outcome of treatment information. Information regarding illnesses and/or treatments will not be released. If you do not want to receive direct solicitations regarding current fundraising efforts you have the right to opt out of receiving such communications.

Research. In limited circumstances, we may use and disclose your protected health information for research purposes. For example, a research organization may wish to compare outcomes of all patients that received a particular drug and will need to review a series of medical records. In all cases where your

specific authorization has not been obtained, your privacy will be protected by strict confidentiality requirements applied by an Institutional Review Board or privacy board which oversees the research or by representations of the researchers that limit their use and disclosure of patient information.

REQUIRED USES AND DISCLOSURES

We are permitted or required by law to make certain other uses and disclosures of your protected health information without your consent or authorization, including but not limited to the following:

- We may release your protected health information for any purpose required by law.
- We may release your protected health information for public health activities, such as required reporting of disease, injury, birth and death, and for required public health investigations.
- We may release your protected health information as required by law if we suspect child abuse or neglect; we may also release your protected health information as required by law if we believe you to be a victim of abuse, neglect or domestic violence.
- We may release your protected health information to the Food and Drug Administration if necessary to report adverse events, product defects or to participate in product recalls.
- We may release your protected health information to your employer when we have provided health care to you at the request of your employer to determine workplace-related illness or injury; in most cases you will receive notice that information is disclosed to your employer.
- We may release your protected health information if required by law to a government oversight agency conducting audits, investigations or civil or criminal proceedings.
- We may release your protected health information if required to do so by subpoena or discovery request; in some cases you will have notice of such release.
- We may release your protected health information to law enforcement officials as required by law to report wounds and injuries and crimes.
- We may release your protected health information to coroners and/or funeral directors consistent with law.
- We may release your protected health information if necessary to arrange an organ or tissue donation from you or a transplant for you.
- We may release your protected health information if, in limited instances, we suspect a serious threat to health or safety.
- We may release your protected health information if you are a member of the military, as required by the armed forces; we may also release your information if necessary for national security or intelligence activities.
- We may release your protected health information to workers' compensation agencies if necessary for your workers' compensation benefit determination.