

## PATIENT PRIVACY NOTICE

This notice describes how medical information about you may be used and disclosed and how you may get access to this information. Please review it carefully. This notice is in effect as of April 14, 2003.

This office is committed to protecting your personal medical information. The creation of a record detailing the care and services you receive help us to provide you with quality health care and complies with our medical records retention requirements.

### Use and Disclosures of Health Information

We use health information about you for treatment, to obtain payment, and to evaluate the quality of care you receive.

We may disclose identifiable health information about you without your authorization for other purposes such as emergency situations, notification of a family member or personal representative, appointment reminders, etc. As required by law, we may disclose your health information to the public health or legal authorities charged with prevention of controlling disease, injury or disability.

### Your Health Information Rights

You have the following rights regarding your health information:

- To inspect and obtain a copy of your health record with a signed authorization
- To request, in writing, that we restrict and/or not use or disclose your protected health information, but realize that we do not have to agree to accept your restrictions.
- To request, in writing, that your physician amend your protected health information.
- To request to receive confidential communications from us by alternate means or at an alternative location.
- To obtain a list of instances where we have disclosed your protected health information for the purposes other than treatment, payment, or health care operations.
- To revoke your authorization to use or disclose health information except to the extent that action has already been taken.

### Our Responsibilities

We are required by law to:

- Maintain the privacy of your health information using all reasonable means.
- To provide you with this notice about our privacy practices if requested.
- To follow the privacy practices that are described in this notice. We reserve the right to change or modify our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post the revised privacy notice.

### Questions/Complaints

If you have any 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) 273-0237  
Location: 285 Rodeo Drive, Florence MT 59833

### Privacy Notice Certification

By signing below, I certify that I have received and reviewed this office's Privacy Policy and that all of my questions have been answered to my satisfaction in language I can understand.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date