



Privacy

Joint Notice of Privacy Practices

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

This notice applies to all members of Frontier Family Practice's work force and members of the Professional Staff and other independent health care providers accorded privileges to practice at Frontier Family Practice. The Professional Staff agree to abide by the terms of this notice and to share information as necessary to carry out treatment, payment or health care operations related to Frontier Family Practice.

Your Health Information Rights

Although your health record is the physical property of Frontier Family Practice, the information belongs to you. You have the right to:

- Request in writing a restriction on certain uses and disclosures of your information as provided by 45 CFR §164.522. Frontier Family Practice is not required to grant your request. Frontier Family Practice will comply with any request granted.
- Obtain a paper copy of the notice of information practices upon request.
- Inspect and obtain a copy of your health record upon written request as provided for in 45 CFR §164.524.
- Amend your health record upon written request as provided for in 45 CFR §164.528 and Montana Uniform Health Care Information Act (MCA 50-16-541).
- Obtain an accounting of disclosures of your health information upon written request as provided for in 45 CFR §164.528.
- Request in writing communications by alternative means or at alternative locations.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken. Your request must be submitted to us in writing.

Understanding Your Health Record/Information

Understanding what is in your record and how your health information is used helps you to ensure its accuracy and better understand who, what, when, where, and why others may access your health information. Each time you visit a hospital or clinic a record of your visit is made. Typically, this record

contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment.
- Means of communication among the many health professionals who contribute to your care.
- Legal document describing the care you received.
- Means by which you and/or your insurance company can verify that services billed were actually provided.
- A tool in educating health professionals.
- A source of data for medical research.
- A source of information for public health officials charged with improving the health of the nation.
- A source of data for facility planning and marketing.
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Frontier Family Practice Responsibilities

Frontier Family Practice is required to:

- Maintain the privacy of your health information.
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Obtain your written acknowledgment of receipt of our notice of privacy practices at your first date of service. If your acknowledgment cannot be obtained, we must document our efforts to obtain your acknowledgment and the reasons why it was not obtained.
- Post our notice of privacy practices in a clear and prominent location where it is reasonable to expect individuals seeking service will be able to read the notice.
- Abide by the terms of our notice of privacy practices.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

Frontier Family Practice reserves the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the lobby and on the clinic's website. The notice will contain the effective date. In addition, each time you register for treatment or health care services, we will offer you a copy of the current notice in effect.

For More Information or to Report a Problem

If you believe your privacy rights have been violated, you can file a complaint with Frontier Family Practice's Privacy Officer or with the secretary 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 our staff at 406-467-3447.

Examples of Disclosures for Treatment, Payment and Health Operations

Frontier Family Practice will use your health information for treatment. For example, information obtained by a member of Frontier Family Practice, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your provider will document in your record his or her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the provider will know how you are responding to treatment. Frontier Family Practice will also provide your provider or a subsequent health care provider with copies of various reports that will assist him or her in treating you once you're discharged.

We will use your health information for payment. For example, Frontier Family Practice will send a bill to you and/or your insurance company. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.

We will use your health information for regular health operations. For example, members of the medical staff or the departments that provided your care may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

We will use your health information for treatment, payment and health operations of other covered entities. For example, Frontier Family Practice may release information to your provider so that he or she may send a bill to you and/or your insurance company. In addition, Frontier Family Practice may provide your provider or referring hospital with information required to perform quality improvement, peer review, compliance review and medical education.

Other Permitted Uses and Disclosures

Communicating appointment reminders and healthcare alternatives: We may contact you to provide appointment reminders or provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Business associates: There are some services provided in our organization through contacts with business associates. Examples include radiology, certain laboratory tests and your electronic health record. When these services are contracted, we may disclose your health information to the business associate so that they can perform the job we've asked them to do and bill you or your insurance

company for services rendered. To protect your health information, we require the business associate to appropriately safeguard your information.

Required Uses and Disclosures

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs or replacement.

Public health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Workers' compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.

Law enforcement and correctional institutions: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Should you be an inmate of a correctional institution, we may disclose to the institution or their agents health information necessary for your health and the health and safety of other individuals.

Military and Veterans: We may release medical information about you as required by military command authorities. In addition, Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that Frontier Family Practice may have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

Effective/Last Updated: 09-10-2012