



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 the following entities:

- Community Hospital of Anaconda
- Pintler Family Medicine
- Pintler Home Options
- Community Nursing Home of Anaconda
- Pintler Surgical Specialists
- Anaconda Pediatrics
- Southwest Montana Clinic
- Anaconda Internal Medicine
- Pintler Orthopedics and Spine

1. Our responsibility is to safeguard your protected health information.

- The terms of this Notice of Privacy Practices apply to Community Hospital of Anaconda, operating as a clinically integrated health care arrangement composed of Community Hospital of Anaconda and Pintler Family Medicine, Pintler Home Options, Community Nursing Home of Anaconda, Pintler Surgical Specialists, Anaconda Pediatrics, and the physicians and other licensed professionals seeing and treating patients at each of these facilities. All of the entities and persons listed will share protected health information (PHI) 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 your protected health information.
- We are required to provide you with this notice about Community Hospital of Anaconda's legal duties and privacy practices. This notice explains how your protected health information may be used, who it may be disclosed to, and when it may be disclosed. In each case, the staff may only disclose the minimum necessary protected health information to accomplish the purpose of the disclosure.

- We are legally required to abide by the terms of the privacy practices described in this notice.
- We are required to tell you that the board of directors and management reserves the right to change the terms of this notice and its privacy policies at any time. Any changes will apply to the protected health information previously created. Should an important change be made to our privacy practices, a revised copy of the notice will be posted in all registration areas on the date it will go into effect. A copy of the notice can be obtained from the facility's Privacy Officer at the address listed in section five below.

2. How your protected health information may be used.

We use health information about you for treatment purposes, to obtain payment for treatment, and for healthcare operations such as evaluating the quality of care that you receive.

A. TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS.

For treatment, payment, and health care operations we do not need your prior authorization. Below, we describe the different categories of our uses and disclosures that do not need your authorization and give you some examples of each category.

Health Information Exchanges. We may take part in or make possible the electronic sharing of healthcare information. The most common way we do this is through local or regional health information exchanges (HIEs). HIEs help doctors, hospitals, and other healthcare providers within a geographic area or community provide quality care to you. If you travel and need medical treatment, HIEs allow other doctors or hospitals to electronically contact us about you. All of this helps us manage your care when more than one doctor is involved, it helps us keep your health bills lower, for example, by avoiding repeating lab tests, and it helps us improve the overall quality of care provided to you and others. You may opt out of having your PHI shared through the HIE at any time either during registration or by submitting a written request to the Health Information Department. Opting out of the HIE sharing means your providers will need to obtain your records, as permitted or required by law and as described in this Notice, by other means, such as fax or mail.

- **For treatment.** For example, information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the best course of treatment for you. Members of your healthcare team will record the actions they took and their observations. The sharing of your protected health information among your healthcare team is a key component of

your treatment. Community Hospital of Anaconda will provide your physician or your other healthcare providers with copies of reports and results that should assist them in treating you after you leave. We may contact you for appointment reminders.

- **To obtain payment for treatment.** Your protected health information will be used to obtain payment for your treatment. For example, your protected health information such as diagnosis, procedures performed, and supplies used will be included on the billing information sent to your health plan in order to obtain payment. In some instances, your protected health information may be provided to a business associates who provides billing services.
- **For health care operations.** Members of the medical staff, the risk management staff, or quality improvement staff may use information in your health record to assess the care and results in your treatment 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 Community Hospital of Anaconda provides. We may provide information about health related benefits or services that may be of interest to you.

B. PERMITTED USES & DISCLOSURES.

There are certain uses and disclosures to which you will have the opportunity to object.

- **Facility Registries** Unless you object in whole or in part, we will include your name, location in the facility, general condition, and religious affiliation, in the hospital's patient registry. This information will be disclosed to people who ask for you by name. Your religious affiliation may be disclosed to the clergy.
- **Family and Friends Involved In Your Care:** Unless you object, we may provide your protected health information to a family member, friend, or other person that you identify that is involved in your care. If you are unable to agree or object, we may disclose protected health information if we feel based on our professional judgment that it is in your best interest.
- **Fundraising Activities:** We may release information about you to Community Hospital & Nursing Home of Anaconda Foundation, Inc. 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 treatment 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.

Other uses and disclosure of your protected health information will be made only with your written authorization unless otherwise permitted or required by law. You may revoke this authorization, at any time, in writing, except to the extent that Community Hospital of Anaconda has already taken action in reliance on the use or disclosure indicated in the authorization.

C. AUTHORIZATION REQUIRED.

There are certain uses and disclosures that require an authorization. We may not use and disclose your protected health information without your authorization for the following reasons:

- Use or disclosure of psychotherapy notes unless it is to carry out treatment, payment, or health care operations;
- Marketing; or
- Sale of PHI.

D. REQUIRED USES AND DISCLOSURES.

There are certain uses and disclosures that do not require your authorization. We may use and disclose your protected health information without your authorization for the following reasons:

- **Required by Law.** We may disclose your protected health information for any purpose required by law.
- **Organ donation.** We may disclose, as allowed by law, your protected health information to organizations that handle organ, eye, or tissue procurement, banking, or transplantation of organs.
- **Public health activities.** As required by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- **Legal Proceedings.** We may disclose your protected health information in response to a valid subpoena, a court order as the result of a lawsuit or similar proceeding.
- **Disclosure About Victims of Abuse, Neglect, or Domestic Violence.** We may disclose 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.

- **Law Enforcement.** We may release your protected health information to law enforcement officials as required by law to report wounds and injuries and crimes.
- **Information regarding the deceased.** We may provide coroners and medical examiners with your protected health information to assist in identifying the cause of death. We may provide funeral directors the necessary protected health information authorized by law to allow them to perform their job.
- **Health oversight activities.** We may disclose your protected health information for health care oversight agencies' activities authorized by law, such as audits, investigations, and inspections.
- **Research purposes.** We may provide your protected health information in order to conduct medical research in certain situations as approved by an institutional review board or privacy board.
- **Specialized Government Functions.** We may disclose your protected health information if you are a member of the military as required by armed forces; we may also disclose your protected health information to authorized federal officials for national security and intelligence purposes, including protecting the President of the United States or others legally authorized; We may also disclose the protected health information of an inmate at a correctional institution to the institution or its authorized agents for the purposes of protecting the health and safety of the inmate or other individuals.
- **For workers' compensation purposes.** We may provide your protected health information if necessary for your workers' compensation benefit determination.
- **Avert Serious Threats to Health or Safety.** We may disclose your protected health information if, in limited instances, we suspect a serious threat to health or safety.

3. Your rights regarding your protected health information.

Although your health record is the physical property of Community Hospital of Anaconda the information belongs to you. You have the right:

- To request a restriction of certain uses and disclosures of your information as provided by 45 CFR 164.522. Community Hospital of Anaconda will honor your request for restrictions to the extent possible. A restriction request form can be obtained from the Privacy Officer. 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, but will

attempt to accommodate reasonable requests when appropriate and we retain the right to terminate an agreed to restriction if we believe such 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. All requests to restrict protected health information must be forwarded to the facility's Privacy Officer (address found in section five below).

- To request to receive confidential communications from us by alternate means (fax, e-mail instead of direct mail) or at an alternate location (sending information to another address rather than your home address). We will accommodate reasonable requests. All requests must be directed to the facility's Privacy Officer at the address indicated in section five below.
- 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 your Privacy Officer, at the address indicated in section five below.
- To receive an accounting of certain disclosures made by us of your protected health information six years from the date of the request. Requests must be in writing and signed by you or your representative. Accounting request forms are available from the Privacy Officer at the address listed in section five 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 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 reason 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 Privacy Officer at the address listed in section five below
- 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.

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

4. How to complain about the facility's privacy practices.

If you believe that someone at Community Hospital of Anaconda may have violated your privacy rights, or if you disagree with a decision, we made about access to your protected health information, you may file a complaint with the facility Privacy Officer (see section five below). You also may file a complaint with the Secretary of the Department of Health and Human Services.

We will take no retaliatory action against you if you file a complaint about our privacy practices.

5. You may contact the facility Privacy Officer for information about this notice or to file a complaint.

If you have any questions about this notice or would like to lodge a complaint about the facility's privacy practices please contact the facility Privacy Officer, Mary Bisch, at 401 West Pennsylvania, Anaconda, Montana 59711. The phone number is (406) 563-8564 and e-mail mbisch@chofa.net.

6. Effective Date of this Notice.

This notice went into effect on April 14, 2003, Revised August 1, 2023