

**Marcus Daly Memorial Hospital Organization
1200 Westwood Drive
Hamilton, Montana 59840**

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 of Privacy Practices applies to Marcus Daly Memorial Hospital Organization operating as a clinically integrated health care arrangement. This arrangement is made up of Marcus Daly Memorial Hospital and all physicians and other licensed professionals who see or treat patients at either Marcus Daly Memorial Hospital or its medical clinics. This also includes services provided by Marcus Daly personnel in the home such as hospice, home health care or home oxygen therapy.

All of the health care providers described above will share personal health information of patients as needed to carry out treatment, payment, and health care operations as permitted by law.

We are required by law to keep private our patients' personal health information and to give you notice of our legal duties and privacy practices with regard to your personal health information. We must follow the terms of this Notice so long as it remains in effect. If we feel it necessary, we may change the terms or language of this Notice, and the revised Notice is effective for all personal health information we maintain. You may receive a copy of any revised notices at 1200 Westwood Drive in Hamilton, at any of the Marcus Daly clinic locations, or by mailing a request to Medical Records, Marcus Daly Memorial Hospital, 1200 Westwood Drive, Hamilton, Montana, 59840.

HOW WE MAY USE OR DISCLOSE YOUR PERSONAL HEALTH INFORMATION

Except for the reasons described in this document, we will not use or give out your personal health information for any reason unless you have signed a form giving us authorization to the use or disclosure. You have the right to withdraw your authorization, but this must be done in writing.

We may use or disclose your personal health information without your authorization for the following reasons:

1. **For Treatment.** We will use or give out your personal health information as necessary for your treatment. For instance, doctors, nurses and other health professionals involved in your care will use the information in your medical record and information that you provide about your symptoms to plan your treatment which may include procedures, medications, tests, etc. We may also release your information to another health care facility or professional who is not part of our organization but who is or will be providing treatment to you. For instance, if you are referred to a physician who does not practice at Marcus Daly Memorial Hospital, we will send them information from your medical record if necessary to assist in your treatment.
2. **For Payment.** We will use or give out your personal health information as needed for our own payment purposes or for the payment purposes of other health professionals or facilities that have treated you or provided services to you. For instance, we may give information about 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.
3. **For Health Care Operations.** We will use or give out your health information to assist us in our health care operations. For example, we may use it to evaluate the quality of health care

services that you received or to evaluate the performance of the health care professionals who provided services to you.

4. **For our Facility Directory.** When you are a patient in our hospital, we maintain a directory that lists your name and general condition. Unless you choose to have your information taken out of this directory, the information will be given to anyone who requests it by asking for you by name. You have the right during registration to have your information deleted from the directory, and also to limit what information is provided.
5. **To Family and Friends Involved in Your Care.** With your approval, we may give out your personal health information to specific family, friends, and others who are involved in your care or in the payment of your care to assist that person in caring for you or paying for your care. If you are unavailable, seriously injured, or facing an emergency medical situation and we believe that a limited disclosure of your health information may be in your best interest, we may share that information with specific family or friends without your approval. We may also give limited health information to a public or private business or agency that is authorized to assist in disaster relief efforts in order for that agency to locate a family member or other persons that may be involved in caring for you.
6. **To Business Associates.** Some of our services at the hospital or clinics are performed through contracts with outside persons or businesses such as auditing, accreditation, legal services, etc. At times it may be necessary for us to provide health information to one or more of these outside persons or businesses. In all cases, we require these business associates to protect the privacy of your information.
7. **For Appointments and Test Results.** We may contact you to provide appointment reminders or to provide you with test results. You have the right to request other ways to receive this information as long as your request is reasonable. For instance, if you wish appointment reminders not to be left on voice mail or sent to a particular address, we consider this a reasonable request. You can make this request by sending us a letter telling us how you wish us to handle these types of calls or reminders. Send your letter to Admissions, Marcus Daly Memorial Hospital, 1200 Westwood Drive, Hamilton, Montana, 59840.
8. **For Health Products and Services.** We may use your health information to tell 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.
9. **As Required by Law.** We are allowed or required by law to make certain other uses or disclosures of your personal health information without your authorization as described in the following:
 - for any purpose required by law;
 - for public health activities such as required for reporting of disease, injury, birth or death, and for required public health investigations;
 - under certain circumstances as defined in the Montana AIDS Prevention Act if we believe it will avoid or minimize an immediate danger to the health or safety of the contact or any other individual;
 - if we suspect child abuse or neglect; or if we believe you to be a victim of abuse, neglect, or domestic violence;
 - in limited circumstances, if we suspect a serious threat to health or safety;
 - to the Food and Drug Administration if necessary to report adverse events, product defects, or to participate in product recalls;
 - to a government oversight agency conducting audits, investigations, or civil or criminal proceedings;
 - if required to do so by a court or administrative ordered subpoena or discovery request, in most cases you will have notice of such a release;
 - to law enforcement officials as required by law to report wounds and injuries and crimes;
 - to coroners and/or funeral directors consistent with the law;
 - to arrange an organ or tissue donation from you or a transplant for you;
 - for certain research purposes when the research is approved by an institutional review board with established rules to ensure privacy;

- as required by armed forces services when you are a member of the military, or if necessary for national security or intelligence activities;
- to workers' compensation agencies if necessary for your workers' compensation benefit determination.

RIGHTS THAT YOU HAVE AS A PATIENT

1. **Access to your Personal Health Information.** You have the right to inspect or copy much of the personal health information that we keep for you. All requests to look at or copy your information must be made in writing and signed by you or your representative. We will charge for postage if you request a mailed copy and will charge for preparing a summary of the requested information if you request such a summary. You may obtain a request form to copy or access your health information from Medical Records, Marcus Daly Memorial Hospital, 1200 Westwood Drive, Hamilton, Montana, 59840.
2. **Amendments to your Personal Health Information.** You have the right to request in writing that personal health information that we keep about you be changed or corrected. We are not required to make all requested changes but will give each request careful consideration. All requests must be in writing, signed by you or your representative, and must give the reasons for the change/correction. You can obtain a request form for this from Medical Records, Marcus Daly Memorial Hospital, 1200 Westwood Drive, Hamilton, Montana, 59840.
3. **Accounting for Disclosures of Your Personal Health Information.** You have the right to receive an accounting or list of how we disclosed or used your personal health information after April 14, 2003. This request must be in writing and signed by you or your representative. The forms to request this listing are available from Medical Records, 1200 Westwood Drive, Hamilton, Montana, 59840.
4. **Restrictions on Use and Disclosure of Your Personal Health Information.** You have the right to request limits or restrictions on how we use or give out your personal health information for treatment, payment, or health care operations. A form to request a restriction can be obtained at Medical Records, Marcus Daly Memorial Hospital, 1200 Westwood Drive, Hamilton, Montana. We are not required to agree to your request, but we will try to accommodate reasonable requests when appropriate, and we have the right to end an agreed-to restriction if we believe it is appropriate.
5. **Complaints.** If you feel your privacy rights have been violated, you can file a complaint with our Privacy Officer. The complaint should be sent in writing to Privacy Officer, Marcus Daly Memorial Hospital, 1200 Westwood Drive, Hamilton, Montana, 59840. You may also file a complaint in writing with the Secretary of the U.S. Department of Health and Human Services, 200 Independence Avenue S.W., Washington, D.C., 20201, within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.
6. **You have the right to obtain a paper copy of this Notice.**

YOU WILL BE ASKED TO SIGN A FORM STATING THAT YOU HAVE RECEIVED A COPY OF THIS NOTICE OF PRIVACY PRACTICES.

FOR FURTHER INFORMATION

If you have questions or need further assistance about this Notice, you may contact our Privacy Officer at Marcus Daly Memorial Hospital, 1200 Westwood Drive, Hamilton, Montana, 59840.

EFFECTIVE DATE: This Notice of Privacy Practices is effective April 14, 2003.