

Four Corners Health Care, Inc.
7720 Shedhorn Drive, Suite D
Bozeman, MT 59718
406-556-8300

Notice of Privacy Practices
(effective 1/1/2006)

The notice describes how health information about you may be used and disclosed, and how you can obtain access to this information. **Please review carefully.**

We are required by law to maintain the privacy of our patient's personal health information and to provide patients with notice of our legal duties and privacy practices with respect to your personal 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 as necessary. You may receive a copy of any revised notices at our office or by mail.

Uses and disclosures of your personal health information.

Your Authorization. Except as outlined below, we will not use or disclose your personal 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.

Uses and Disclosure for Treatment, Payment, and Health Care Operations. We will make uses and disclosures of your personal health information as necessary for treatment to other individuals or entities involved in your care. We will make uses and disclosures of your personal health information as necessary for the payment purposes of those health professionals and facilities that have treated you or provided services to you. We will use and disclose personal health information as necessary, and as permitted by law, for our health care operations which include clinical improvement, professional peer review, business management, accreditation and licensing, etc.

Family and Friends Involved in Your Care. With your approval, we may from time-to-time disclose your personal 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 any emergency medical situation, and we determine that a limited disclosure may be in your best interest, we may share limited personal health information with such individuals without your approval. We may also disclose limited personal 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, billing, etc. At times, it may be necessary for us to provide certain aspects of your personal health information to one or more of these outside persons or organizations that assist us with our health care operations.

Appointments and Services. We may contact you to provide appointment reminders or test results. You have the right to request and we will accommodate reasonable requests by you to receive communications regarding your personal health information from us by alternative means. For instance, if you wish appointment reminders to not be left on voice mail, etc. All requests must be made in writing.

Health Products and Services. We may from time to time use your personal 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.

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Other Uses and Disclosures. We are permitted by law to make certain other uses and disclosures of your personal health information without your consent or authorization.

- Any purpose required by law;
- Public Health activities, such as required reporting of disease, injury, births, deaths, immunization information and for required public health investigations;
- If we suspect child abuse or neglect or if we believe you to be a victim of abuse, neglect or domestic violence;
- To the Food and Drug Administration if necessary to report adverse events, products, defects, or to participate in product recalls;
- To a provider or other insurance who needs to know if you have Medicaid;
- To your employer when we have provided care to you at the request of your employer;
- If required by law 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 and, in most cases, you will have notice of such release;
- To law enforcement officials as required by law to report wounds, injuries and crimes;
- If you are a member of the military as required by armed forces service; we may also release your personal health information if necessary for national security or intelligence activities;
- To workers' compensation agencies if necessary for your workers' compensation benefit determination.

Rights that you have

Access to Your Personal Health Information. You have the right to copy and/or inspect much of the personal health information that we retain on your behalf. All requests for access must be made in writing and signed by you or your representative. We may charge a fee if you request this information. You may obtain a record release form from our office.

Amendments to Your Personal Health Information. You have the right to request in writing that your personal health information be amended or corrected. We are not obligated to make all requested amendments, but will give each request careful consideration. All amendment requests must be in writing and must state the reasons for the request.

Accounting for Disclosure of your Personal Health Information. You have the right to receive an accounting of certain disclosures made by us of your personal health information after April 14, 2003. Requests must be made in writing. The first accounting in any 12-month period is free; you will be charged a fee of \$15.00 for each subsequent accounting you request within the same 12-month period.

Restrictions on Use and Disclosure of Your Personal Health Information. You have the right to request restrictions on certain uses and disclosures of your personal health information for treatment, payment, or health care operations. We are not required to agree to your restriction request, 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 is appropriate. In the event of termination by us, we will notify you of such termination.

Complaints. If you believe your privacy rights have been violated, you can file a complaint with this practice or with the Secretary of the Department of Health and Human Services in Washington, D.C. You must submit your complaint in writing to Four Corners Health Care, Inc., 7720 Shedhorn Dr., Suite D, Bozeman, MT 59718. You will not be penalized for filing a complaint.

If you have any questions regarding this notice or our health information privacy policies, please contact our office directly at (406) 556-8300.

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