

- We may release your PHI if, in limited instances, we suspect a serious threat to health or safety.
- We may release your PHI if you are a member of the military as required by armed forces services; we may also release your PHI if necessary for national security or intelligence activities.
- We may release your PHI to workers' compensation agencies if necessary for your workers' compensation benefit determination.

Your Health Information Rights

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

- To copy and/or inspect much of the PHI 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 Ruby Valley Medical Center, Attn: Medical Records Request, P.O. Box 336, Sheridan, MT 59749.
- To request in writing that PHI 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 reasons 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 Ruby Valley Medical Center, Attn: Medical Records Request, P.O. Box 336, Sheridan, MT 59749.
- To receive an accounting of certain disclosures made by us of your PHI 6 years prior to the date of request. Requests must be made in writing and signed by you or your representative. Accounting request forms are available from Ruby Valley Medical Center, Attn: Medical Records Request, P.O. Box 336, Sheridan, MT 59749. 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 a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522. RVMC will honor your request for restrictions to the extent possible. A restriction

request form can be obtained from Ruby Valley Medical Center, Attn: Medical Records Request, P.O. Box 336, Sheridan, MT 59749. 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. We 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 a 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.

- 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 Practices.

For More Information or to Report a Problem

If you believe your privacy rights have been violated, you can file a complaint with the RVMC Compliance 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 the RVMC Compliance Officer at (406) 842-5453 x1008.

Effective - January 1, 2008
Revised - November 30, 2018

The Ruby Valley Medical Center is an equal opportunity provider and employer



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(406) 842-5453
Fax: (406) 842-5455
www.RVMC.org



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

The terms of this Notice of Privacy Practices apply to Ruby Valley Medical Center (RVMC) which is operating as a clinically integrated organized healthcare arrangement that includes rural clinics in Sheridan and Twin Bridges and the physicians and other licensed professionals seeing and treating patients at these facilities. All of the entities and persons listed will share protected health information as necessary to carry out treatment, payment, and healthcare operations as permitted by law.

We are required by law to maintain the privacy of our patients' protected health information (PHI) and to provide patients with notice of our legal duties and privacy practices with respect to your protected 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 of Privacy Practices as necessary and to make the new Notice effective for all protected health information maintained by us. You may receive a copy of any revised notices at RVMC Patient Registration or a copy may be obtained by mailing a request to RVMC Compliance Officer, P.O. Box 336, Sheridan, MT 59749.

Examples of Disclosure for Treatment, Payment and Health Operation

RVMC will use your protected health information for your treatment: For instance, doctors and nurses and other professionals involved in your care will use information in your medical record and information that you provide about your symptoms and reactions to plan a course of treatment for you that may include procedures, medications, tests, etc. We may also release your protected health information to another healthcare facility or professional who is not affiliated with our organization but who is or will be providing treatment to you. We may contact you to provide appointment reminders, test results or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

We will use your health information for payment: For instance, we may forward information regarding 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.

We will use and disclose your protected health information for our healthcare operations: For instance, clinical improvement, professional peer review, business management, licensing, etc. We may, from time to time, use your protected 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.

Uses & Disclosures That Require an Authorization

- Psychotherapy notes unless it is to carry out treatment, payment, or healthcare options, and
- Marketing for Ruby Valley Medical Center.

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

Facility Directory: We maintain a listing of in-patient names and room numbers. Unless you choose to have your information excluded from this directory, the information will be disclosed to anyone who requests it by asking for you by name. You have the right during registration or admission to have your information excluded from this list.

Permitted Uses and Disclosures

Family and Friends Involved In Your Care: With your approval, we may from time to time, disclose your protected 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 an emergency medical situation, and we determine that a limited disclosure may be in your best interest, we may share limited PHI with such individuals without your approval. We may also disclose limited PHI 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, legal services, etc. At times it may be necessary for us to provide certain aspects of your PHI to one or more of these outside persons or organizations who assist us with our healthcare operations. In all cases, we require these business associates to appropriately safeguard the privacy of your information.

Required Uses and Disclosures

We are permitted or required by law to make certain other uses and disclosures of your PHI without your consent or authorization, including but not limited to the following:

- We may release your PHI for any purpose required by law.
- We may release your PHI for public health activities, such as required reporting of disease, injury, birth and death, and for required public health investigations.
- We may release your PHI as required by law if we suspect child abuse or neglect; we may also release your PHI as required by law if we believe you to be a victim of abuse, neglect or domestic violence.
- We may release your PHI to the Food and Drug Administration if necessary to report adverse events, product defects or to participate in product recalls.
- We may release your limited PHI to your employer when we have provided healthcare to you at the request of your employer to determine workplace-related illness or injury; in most cases you will receive notice that information is disclosed to your employer.
- We may release your PHI if required by law to a government oversight agency conducting audits, investigations or civil or criminal proceedings.
- We may release your PHI if required to do so by subpoena or discovery request; in some cases you will have notice of such release.
- We may release your PHI to law enforcement officials as required by law to report wounds and injuries and crimes.
- We may release your PHI to coroners and/or funeral directors consistent with law.
- We may release your PHI if necessary to arrange an organ or tissue donation from you or a transplant for you.