



Privacy & Confidentiality Notice

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO YOUR HEALTH INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our Commitment to Your Privacy

Our practice is committed to maintaining the privacy and confidentiality of your individually identifiable health information, also known as protected health information (PHI). You have the right to privacy concerning your health care. All care and counseling received from Five Valleys Urology will be kept strictly confidential, except as required by law. Our Privacy Notice and policy on the Disclosure of Information are provided to acquaint you with your rights as a patient.

The privacy of your medical record is safeguarded. Information is available to any clinician, attorney or medical practitioner with your written authorization. If you would like to disclose PHI to a third party, you must complete a written Medical Records/X-Ray Release Authorization form.

Privacy Notice

Certain information is obtained and kept whenever a person is treated at or referred from our medical practice. The information which you are requested to supply is necessary to assure your accurate identification, continuity of medical care and payment when appropriate. It is mandatory that you supply all requested information unless noted as optional. Failure to do so may affect our ability to provide optimal care of your health needs.

Your record is maintained at 2875 Tina Ave, Ste 101, Missoula, MT 59808 by Medical Records staff, under the supervision of the Business Manager, who may be contacted at (406) 728-3366. Within the limits of the law, you may review the information you provide and which we develop during your care. Information is also kept in an electronic database with high level security and restricted access.

The privacy of your record will be safeguarded. Information is available to any clinician, attorney, or medical facility with your written authorization. It will be available without your authorization to Five Valleys Urology and the assistants who may be involved in providing or reviewing your care. Information will be transmitted to State and Federal governmental agencies if required by law. You have a right to receive a copy of your personal health information in a readable electronic format.

Pursuant to the Federal Privacy Act of 1974 and Regulation 4, Section 404, 1256, Code of Federal Regulations, under section 218, Title II of the Social Security Act, as amended, you are also hereby notified that disclosure of your social security number is mandatory. It is used to verify your identity in the medical care and payment system.



Disclosure of PHI

Disclosure of PHI contained in the medical record may be made to a third party by authorized personnel once the legitimacy of the request has been established, and a valid written authorization is obtained from the patient.

Information is routinely disclosed from Medical Records by providing the third party with photocopies of the requested information. The third party may also request to review the medical record in person in the presence of the Business Manager during normal business hours. All disclosures will be documented in the disclosure log. All third parties must sign and abide by a *Business Associate Agreement*.

You may restrict disclosure of your personal health information to your health plan under certain circumstances. If you elect not to have an insurance claim filed and wish to pay for services out of pocket, you have the right to restrict disclosure of that care to your health plan. Exceptions may apply under specific state of Montana laws.

Authorization for disclosure of PHI is not required:

- a. When the health and safety of the individual is in jeopardy, i.e. in an emergency, to another facility or physician treating the individual via telephone.
- b. Upon direct transfer of the individual's care to another facility.
- c. On court order or subpoena (under certain circumstances).
- d. For examination by an accrediting or licensing agency.
- e. For information provided to the Health Department (City, County, or State), as required by law regarding communicable disease and vital statistics.
- f. For review by Industrial Accident Boards.
- g. By the Food and Drug Administration during and official investigation.
- h. For police during an official criminal investigation.
- i. For Blue Cross and Blue Shield when acting as intermediary for government-sponsored programs.
- j. For practice legal counsel in all cases involving litigation against the practice.
- k. For the Medical Examiner's Office.
- l. For military personnel (including veterans) if you are serving or if required by the appropriate authorities
- m. For correctional institutions or other law enforcement officials if you are an inmate or under the custody of a law enforcement official.

Authorization for disclosure of PHI is required:

- a. For licensed medical or psychiatric personnel not consulting or on Five Valleys Urology's staff, but providing care to the individual.



- b. For facilities providing care to the individual, other than by direct referral by Five Valleys Urology.
- c. For marketing of any health-related products or services
- d. For lawyers.
- e. For insurance companies.
- f. For government agencies, unless authorized by law.
- g. For schools.
- h. For employers.
- i. For Worker's Compensation proceedings.

Valid authorization must be:

- a. In writing.
- b. Addressed to Five Valleys Urology.
- c. Dated within thirty days of our receipt of consent or within the time limit stipulated by the patient and not dated prior to the beginning of treatment.
- d. Designate the person, company, or agency to whom the information is to be disclosed.
- e. Specify what information is to be disclosed, and list any limitations (such as dates of visits to be included).
- f. Signed by the patient, as verified by matching the signature against the signature on the health form. If the patient is incompetent, it must be signed by the conservator of the estate or the next of kin.
- g. An original, unless not available, and then a legible photocopy.

The authorization will be filed in the medical folder. If a photocopy service reproduces the medical record upon presentation of a valid authorization signed by the patient, the representative will be required to sign and date the bottom of the authorization.

Your Rights Regarding PHI

You have the following rights regarding the PHI we maintain:

- a. You can request we communicate with you in a particular manner. For example, you can request we contact you at work rather than at home. You must make your request in writing. We will accommodate reasonable requests.
- b. You can request we restrict how we use or disclose PHI and to whom we disclose PHI. We are not required to agree to your requests with certain exceptions.
- c. You may inspect and obtain a copy of your PHI, including an electronic copy of any electronic records we may have. You must submit any request in writing and our practice may charge you a fee for the costs of transmitting or delivering PHI. We may deny your request in certain limited circumstances however you may request a review of our denial.



- d. You can request we amend your health information if you believe it is incorrect or incomplete. Your request must be in writing and you must provide us with the reason(s) that support your request. We may deny your request.
- e. You may request an account of disclosure of your PHI. All requests must be in writing and must include a time period which may not be longer than six (6) years from the date of disclosure. The first request is free of charge; any subsequent request will require a fee.
- f. You have the right to be notified by us of any data breach that unintentionally discloses any or your entire electronically stored PHI.
- g. You have a right to forego filing of insurance claims and may restrict disclosure of PHI to a health plan for any specific service you pay for out of pocket. This request will be honored so long as full payment is received at time of service.