

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.

At St. Peter's, we understand your health information is personal. We are committed to protecting the confidentiality of this information. Each time you visit one of our facilities, we make a record of your visit. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care and billing-related information. This Notice of Privacy Practices ("Notice") applies to the records of your care generated by our facilities and describes how we may use and disclose your health information. This Notice also explains your rights concerning your health information.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

We may use and disclose your health information without your authorization as follows:

MOST COMMON USES AND DISCLOSURES

Treatment: We will use and disclose your health information to provide, coordinate and/or manage your care. This includes communication and consultation between health care providers, including doctors, nurses, technicians and other members of your medical team – both within and outside of St. Peter's Health. For example, following surgery, your doctor may need to refer you for rehabilitation. Information will be shared between providers to ensure continuity of your care.

Payment: We will use and disclose your health information to create bills and collect payment from insurance companies, Medicare and other payers. For example, we may need to give your health plan information about a surgery you received. We may also tell your health plan about a treatment you are going to receive in order to obtain prior approval or to determine coverage.

Operations: We will use and disclose your health information for our health care operations -- to run our health care facilities and to provide quality care for our patients. For example, we may use your information to review our treatment and services, to evaluate the performance of our staff and to support training and education to our staff. We may compare medical information with other facilities to support quality improvement, and we may combine medical information about our patients to decide what additional services the hospital should offer. We may also use or disclose your health information for our audit, business planning, management and general administrative activities.

Family Members and Others Involved in Your Care: We may disclose your health information to a family member or friend who is involved in your medical care or to someone who helps pay for your care. We may also use or disclose your health information to notify (or assist in notifying) a family member, legally authorized representative or other person responsible for your care of your location, general condition or death. If family members or friends are present while care is being provided to you, we will assume your companions may hear the discussion, unless you state otherwise. If you do not want us to disclose your health information to a family member or someone else involved in your care or payment for your care, please inform the person assisting you during registration and/or admission.

Appointment Reminders / Information on Treatment Alternatives: We may use your health information to remind you about an upcoming appointment or to provide you with information about treatment alternatives or other treatment information that may be of interest to you.

Facility Directory: We may list your name, location in our facilities, general medical condition and religious affiliation (should you chose to provide one) in a facility directory. This information may be provided to other people who ask for you by name. If you do not want us to list this information in our directory or provide it to others, you must tell us that you object.

OTHER POTENTIAL USES AND DISCLOSURES

Required By Law: We may use and disclose your health information when required by federal, state or local law.

Public Health: We may disclose your health information for public health purposes, such as preventing or controlling disease, injury or disability; reporting to the Food and Drug Administration problems with products or reactions to medications; and reporting disease or infection exposure.

Victims of Abuse, Neglect or Domestic Violence: We may disclose your health information to a government authority, such as a social service or protective services agency, if we reasonably believe you are a victim of abuse, neglect or domestic violence.

Health Oversight Activities: We may disclose your health information to health oversight agencies that oversee our health care operations or personnel. For example, we may need to disclose your health information in the course of audits, investigations, inspections, licensure activities any other types of proceedings.

Judicial and Administrative Proceedings: We may disclose your health information in the course of an administrative or judicial proceeding, such as pursuant to a valid court order or in response to certain types of subpoenas, discovery requests or other lawful processes.

Law Enforcement: We may disclose your health information to a law enforcement official for certain law enforcement purposes such as identifying or locating a suspect, fugitive, material witness or missing person or complying with a valid court order, grand jury subpoena or search warrant.

Coroners, Medical Examiners and Funeral Directors: We may disclose your health information to coroners, medical examiners and funeral directors, as authorized by law.

Organ Donation: We may disclose your health information to organizations that handle organ procurement, or organ, eye tissue donation banks, or other health care organizations as needed to make organ or tissue donation and transplantation possible.

Research: We may disclose your health information to researchers under certain circumstances, such as when research has been approved by an Institutional Review Board.

To Avert a Serious Threat of Harm: We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a patient, another person or the public.

Specialized Government Functions: We may disclose your health information for military and veteran activities or national security and intelligence activities. If you are or become an inmate of a correctional institution or are in the custody of a law enforcement official, we may disclose to the institution or law enforcement official information necessary for the provision of health services to you, your health and safety, the health and safety of other individuals and law enforcement on the premises of the institution and the administration and maintenance of the safety, security and good order of the institution.

Worker's Compensation: We may disclose your health information as necessary to comply with worker's compensation laws. These laws govern programs that provide benefits for work-related injuries or illness.

Fundraising and Marketing Activities: We may use certain information to contact you as part of our fundraising efforts. If you receive such a communication from us, you will be provided an opportunity to opt-out of receiving such communications in the future. We may also use your health information for marketing purposes in two limited circumstances -- during face-to-face encounters or when we provide you with a promotional gift of nominal value.

OTHER USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION

If we wish to use or disclose your health information for a purpose not set forth in this Notice, we will seek your authorization. Specific examples of uses and disclosures of health information requiring your authorization include: (i) most uses and disclosures of your health information for marketing purposes; (ii) disclosures of your health information that constitute the sale of your health information; and (iii) most uses and disclosures of psychotherapy notes (private notes of a mental health professional kept separately from a medical record). You may revoke an authorization in writing at any time, except to the extent that we have already taken action in reliance on your authorization.

STATE LAW

We will not use or share your information if state law prohibits it. Some states have laws that are stricter than the federal privacy regulations, such as laws mental health information. If a state law applies to us and is stricter or places limits on the ways we can use or share your health information, we will follow the state law. If you would like to know more about any applicable state laws, please ask our Privacy Officer.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

YOU HAVE THE RIGHT TO:

Inspect and Receive Copies – You have the right to inspect and/or obtain a copy of your health information maintained in a designated record set. If we maintain your health information electronically, you may obtain an electronic copy of the information or ask us to send it to a person or organization that you identify. To request to inspect and/or obtain a copy of your health information, you must submit a written request to the Medical Records Department. If you request a copy (paper or electronic) of your health information, we may charge you a reasonable, cost-based fee.

Amend your Record – If you believe that any information in your medical record is incorrect or if you believe important information is missing, you may request that we amend the existing information. To request such an amendment, you must submit a written request to the Medical Records Department. St. Peter's Health may deny your request to amend your medical information, but it will provide you with information about the reason for the denial.

Request an Accounting of Disclosures – You have the right to receive an accounting of certain disclosures we have made of your health information. To request an accounting, you must submit a written request to the Medical Records Department. Your request must state a time period, which may not be longer than six (6) years. The first accounting you request within a 12-month period will be provided free of charge. We may charge you for any additional requests in that same 12-month period.

Request Restrictions – You have the right to ask us not to use or disclose any part of your health information for purposes of treatment, payment or healthcare operations. While we will consider your request, we are only required to agree to restrict a disclosure to your health plan for purposes of payment or healthcare operations (but not for treatment) if the information applies solely to a healthcare item or service for which we have been paid out of pocket in full. If we agree to a restriction, we will not use or disclose your health information in violation of that restriction unless it is needed to provide emergency treatment. We will not agree to restrictions on health information uses or disclosures that are legally required or necessary to administer our business. To request a restriction, you must submit a written request to the Medical Records Department.

Request Confidential Communications – You have the right to request that we communicate with you about your health information in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request a confidential communication of your health information, you must submit a written request to the Medical Records Department. We will accommodate all reasonable requests.

Receive a Paper Copy of this Notice – You may ask us to give you a paper copy of this Notice at any time. You may obtain a copy of this notice at our website, www.sphealth.org. To obtain a paper copy of this notice, contact the Medical Records Department.

OUR RESPONSIBILITIES

WE ARE REQUIRED TO:

- Maintain the privacy of your health information, as required by law
- Provide you with notice of our legal duties and privacy practices with respect to your health information
- Abide by the terms of such notice currently in effect
- Notify you following a breach of your unsecured health information

AMENDING THIS NOTICE

We reserve the right to amend this Notice at any time and to make the new Notice effective for all health information we maintain, including information that was created or received prior to the date of such amendment. If we change the terms of this Notice, the revised Notice will be made available upon request, posted to our website and posted at our delivery sites. Copies of the current Notice may be obtained by contacting the Medical Records Department or by visiting our website at: www.stpetes.org.

QUESTIONS, CONCERNS OR COMPLAINTS

If you have any questions or want more information about this Notice or how to exercise your health information rights, you may contact our Privacy Officer by mail at 2475 Broadway, Helena, MT, 59601 or by telephone at: 406-447-2566 or via e-mail at privacy@sphealth.org.

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer or with the U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Ave. SW, Room 509F HHH Bldg., Washington DC 20201 (OCRComplaint@hhs.gov).

WE WILL NOT RETALIATE AGAINST YOU FOR FILING A COMPLAINT.

St. Peter's complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. St. Peter's does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.