

About Your Health Information

Each time you visit Missouri River Medical Center/ Benton Medical Center/ Geraldine Clinic, we create or add to a record of your care including symptoms, examinations, test results, diagnoses, treatments, plans for future care, and records of charges, claims filed, and payments made on your account. This information is used for the following purposes:

- ◆ Planning your care and treatment
- ◆ Providing a method of communication among the health professionals who contribute to your care
- ◆ Documenting the care you received
- ◆ Documenting the charges for your care and the claims made and payments received for that care
- ◆ Assisting in the education of health professionals
- ◆ Providing information to public health professionals charged with improving health care
- ◆ For licensing the facility and medical professionals
- ◆ For facility and health service planning
- ◆ Assessing and improving the quality of the care we provide and the outcomes of that care

Understanding what is in your record and how your health information is used will help you to:

- ◆ Ensure the accuracy of the information
- ◆ Understand who, what, when, where, and why others may access your health information.
- ◆ Make better-informed decisions when authorizing disclosure of your protected health information to other parties.

Changes to this Notice of Privacy Practices

We reserve the right to change our privacy practices and the contents of this notice and to apply those changes to all health information that we maintain.

Your Health Information Rights

Your record is the property of Missouri River Medical Center/ Benton Medical Center/ Geraldine Clinic, but you have the following rights regarding that information:

2

- ◆ The right to request a restriction on certain uses and disclosures of your health information. These requests must be reviewed by our Privacy Officer and you will be advised of those restrictions we accept.
- ◆ The right to receive a paper copy of this Notice of Privacy Practices.
- ◆ The right to request amendment of your health information. We will advise of the amendment requests that we can accept.
- ◆ The right to receive an accounting of disclosures that are made for reasons other than treatment, payment, or healthcare operations as described below.
- ◆ You have the right to request an alternate means of communication by an alternative means or alternative address
- ◆ You have the right to revoke an authorization to disclose your health information that you have signed. Information released prior to revocation will not be recovered.

Our Commitment

Missouri River Medical Center/ Benton Medical Center/ Geraldine Clinic is committed to:

- ◆ Maintain the privacy of your health information as described in this notice.
- ◆ Disclose your health information only as described in the following sections or with an authorization you have signed.

For More Information

If you have questions or would like more information, please contact the Privacy Officer at (406) 622-3331.

To Report a Problem

If you believe that your health information has been released inconsistent with this notice, contact the Privacy Officer at (406) 622-3331 or file a complaint with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

3

Uses or Disclosures That Can Be Made Without an Opportunity or an Authorization

For Treatment. Information obtained by a nurse, physician, or other health provider will be recorded and used to plan and document your course of treatment. Your physician will document findings and instructions to the members of the healthcare team. Members of the healthcare team will document the actions taken and their observations so that the effects of treatment can be assessed. If requested, we will provide copies of all or part of your health information to other providers or facilities that are or become involved in your care.

For Payment. A bill for services may be sent to you, your account guarantor, or an insurance company or other party responsible for paying for your care. The bill may include information that identifies you, your diagnoses, procedures, medications, treatment, and supplies that were used in providing your care. Payers may request additional health information in order to determine the correct amount of payment.

For Healthcare Operations. Members of the medical staff, and hospital staff may use your health information to assess the care and outcomes in your case and similar cases in order to improve the quality and effectiveness of care we provide. We may use your health information for our routine internal operations and management, as well as for planning future services. Missouri River Medical Center/ Benton Medical Center/ Geraldine Clinic have an organized health care arrangement “OHCA” with respect to “PHI “ private health information. This is an arrangement between all medical staff to comply with the health insurance portability and accountability act of 1996, that is required of all covered entities.

For Fundraising. We can use your name and address and dates of service as part of fundraising activities in support of Missouri River Medical Center/ Benton Medical Center/ Geraldine Clinic. You may request that your information not used for this purpose.

4

For Research. If specific conditions are met, we may use or disclose your health information for research activities. A special approval process must be followed for this purpose. These disclosures will be included in the accounting of disclosures.

As Required by Law. We will disclose medical information about you when required to do so by federal, state or local law or in response to a valid subpoena or court or administrative order.

To Avert a Threat to Public Health or Safety. We may use or disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person

Organ and Tissue Donation. We may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may, release medical information about you as required by military command authorities.

Workers Compensation. We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Health Oversight. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

5

Coroners, Medical Examiners, and Funeral Directors. We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary for them to carry out their duties.

Correctional Institutions. If you are an inmate, we may disclose to the institution or its agents health information necessary for you health and the health an safety of other individuals as required by law.

National Security, Intelligence, and Protective Services. We may disclose your health information to federal officials for these purposes.

Uses or Disclosures for which You Have an Opportunity to Object

Directory. Unless you object, we may include your name, location in the facility, general condition, and religious preference in the facility directory. This information may be provided to members of the clergy and, except for religious affiliation, to other persons who inquire about you by name.

Individuals Involved in Your Care. Unless you object medical professionals, or if you are unable to express objection, health professionals may disclose health information relevant to individuals who are involved in your care.

Notification. We may use or disclose your health information to notify or assist in notifying a family member, personal representative, or other person responsible for your care regarding your location, your care and your general condition.

6

NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

Missouri River Medical Center
P.O. Box 249
Fort Benton, MT, 59442
406-(622-5105)

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.

1