
Allergy & Asthma Consultants of Montana, PLLC
NOTICE REGARDING PRIVACY OF PERSONAL HEALTH INFORMATION

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
AND HOW YOU CAN GET ACCESS TO YOUR INFORMATION**

THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US

OUR LEGAL DUTY

We are required by federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect April 14, 2003, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of this Notice effective for all health information that we maintain, including health information we created or received before we made such changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

For more information about our privacy practices, or for additional copies of this Notice, please contact our Privacy Officer at the address listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

TREATMENT: We may disclose your health information to a physician, or other healthcare provider providing treatment to you.

PAYMENT: We may use and disclose your health information to obtain payment for services we provide to you.

HEALTHCARE OPERATIONS: We may use and disclose your health information in connection with our healthcare operations, including quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing, or credentialing activities.

YOUR AUTHORIZATION: We must disclose your health information to you, as described in the Patient Rights section of this notice. You may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those otherwise described in this Notice.

TO YOUR FAMILY & FRIENDS: We may disclose your health information to a family member, friend or other person to the extent necessary to help with your health care or with payment for your health care, but only if you agree that we may do so.

PERSONS INVOLVED IN CARE: We may use or disclose health information regarding your location, your general condition, or death to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative, or another person responsible for your care. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of an emergency or your incapacity, we will disclose health information based on a determination using your professional judgment, disclosing only health information that is directly relevant to the person's involvement in your health care. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up medical supplies, x-rays, or other similar forms of health information.

MARKETING HEALTH-RELATED SERVICES: We will not use your health information for marketing communications without your written authorization.

REQUIRED BY LAW: We may use or disclose your health information when we are required to do so by law.

ABUSE OR NEGLECT: We may disclose your health information to an appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence, or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

GOVERNMENT FUNCTIONS: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement officials having lawful custody of protected health information of inmate or patient under certain circumstances.

APPOINTMENT REMINDERS: We may use or disclose your health information to provide you with appointment reminders (such as voice mail messages, postcards, or letters).

PATIENT RIGHTS

ACCESS: You have the right to look at or obtain copies of your health information with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your health information. You may obtain a form to request access from our office. We may charge you a fee for the costs of copying, mailing, or other costs incurred by the practice in complying with your request. If you have questions about access to your medical record, please contact our Privacy Officer at the number given at the bottom of this Notice.

DISCLOSURE ACCOUNTING: You have the right to receive a list of instances in which we disclosed your health information for purposes other than treatment, payment, health care operations and certain other activities, for the past six years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a fee for responding to these additional requests.

RESTRICTION: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

ALTERNATIVE COMMUNICATIONS: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. You must make such a request in writing. Your request must specify the alternative means or location, and provide satisfactory explanation of how payments will be handled under the alternative means or location you request.

AMENDMENT: You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.

ELECTRONIC NOTICE: If you receive this Notice by email, you are also entitled to receive this Notice in written form. If you require additional copies of this Notice, contact our office.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact our office, or the Privacy Officer listed below.

If you are concerned that we may have violated your privacy rights, you disagree with a decision we made about access to your health information or amendment of your health information or restriction of disclosure of your health information, or you want to ask us to communicate with you by alternative means or at an alternative location, you may complain to us at the following address:

Privacy Officer
2055 N. 22nd Avenue, Suite 1
Bozeman MT 59718

You also may submit a written complaint to the US Department of Health and Human Services. We will provide you the address of the appropriate office in which to file a complaint. We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the US Department of Health and Human Services.