



Helena Orthopaedic Clinic, PLLP  
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.**

## Uses and Disclosures

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*Treatment.* Your health information may be used by staff members or disclosed to other health care providers such as doctors, nurses and other hospital personnel for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. We may also disclose medical information about you to people who are involved in your care at home such as family members or others who provide services as part of your care. For example, we would disclose our medical information, as necessary, to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Helena Orthopaedic Clinic will provide information to pharmacies in order to help prevent harmful drug interactions and as a precaution for drug overdoses.

*Payment.* Your health information may be used or disclosed to request payment from your health plan, from other sources of coverage such as an automobile insurer, or workers compensation. For example; We will send a bill to your health insurance plan, which will include information that identifies you, your diagnosis, treatment received, and supplies used.

*Health care operations.* Your health information may be used or disclosed as necessary to support the day-to-day activities and management of Helena Orthopaedic Clinic, PLLP. For example; Members of the medical staff and management may use information in your health record to assess the care and outcomes in our cases and the competence of the caregivers. We will use this information in an effort to continually improve the quality and effectiveness of the healthcare and services we provide.

*Required by law.* We may use and disclose your health information as required by federal, state, or local law. Any use or disclosure will comply with the law and will be limited to the requirements of the law.

*Law enforcement.* We may release medical information if asked to do so by a law enforcement official in response to a court order. These law enforcement purposes include: (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises or the practice, and (6) medical emergency (not on the practice's premises) and it is likely that a crime has occurred.

Public health reporting. Your health information may be disclosed to public health agencies as required by law for purposes related to preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.

Workers compensation. We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Correctional institution. Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Judicial and administrative proceedings. We may disclose your health information in the course of an administrative or judicial proceeding pursuant to a properly issued subpoena or discovery request.

Health oversight activities. We may disclose your health information to health agencies during the course of audits, investigations, licensing and other proceedings.

Public health risk. We may disclose medical information about you for public health activities. These activities may include: to prevent or control disease, injury or disability, report child abuse or neglect, to notify people of recalls or to report reactions to medications.

Deceased person information. We may disclose your health information to coroners, medical examiners and funeral directors.

Appointment reminders. Your health information will be used by our staff to send you appointment reminders or to make reminder calls.

Health-Related benefits & services. Your health information may be used to send you information on the treatment and management of your medical condition that you may find to be of interest.

**Other uses and disclosures require your authorization.** Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. We are required by law for written authorization in all cases of the sale of information or sharing of information for marketing purposes. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

## Your Rights Regarding Your Health Information

You have certain rights regarding your health information. These include:

- Right to Request Restrictions: You have the right to request restrictions on the use and disclosure of your protected health information for treatment, payment or other operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend. Your request must be made in writing. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

You may request a restriction on certain uses and disclosures of your information to health plans if you paid for services out of pocket.

- Right to Request Confidential Communications. You have the right to receive confidential communications concerning your medical condition and treatment. Your request must be made in writing.
- Right to Inspect and Copy: You have the right to inspect and copy your medical information that may be used to make decisions about your care. Your request must be made in writing. We reserve the right to charge a reasonable fee for copies.
- Right to Amend. If you feel that medical information that we have is incorrect or incomplete, you may ask us to amend the information. Your request must be submitted in writing and should include a reason that supports your request. We may deny your request if you ask us to amend information that:
  1. Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
  2. Is not part of the medical information kept by or for our practice.
  3. Is not part of the information which you would be permitted to inspect and copy.
  4. Is accurate and complete.
- Right to Accounting of Disclosures. You have the right to request an accounting of disclosures. To request this list, you must submit your request in writing. Your request must state a time period which may not be longer than six years. We will notify you of a cost, should there be one.
- Right to a Printed Copy. You have the right to receive a printed or electronic copy of this notice .

- Right to Revoke your Authorization. You have the right to revoke your consent or authorization to use or disclose health information except to the extent that we have already taken action in reliance on the consent or authorization.
- Sharing Health Information. You have the right to ask us not to use or share certain health information for treatment, payment, or other operations. Please note we will share your health information with the following agencies:
  1. Workers Compensation Insurance
  2. Motor Vehicle or other TPL insurances
  3. Law enforcement purposes or with a law enforcement official
  4. Health oversight agencies for activities authorized by law
  5. Special government functions such as military and national security purposes

We are not required to agree with your request and we may say “no” if it would affect your care.

### **Helena Orthopaedic Clinic’s Responsibilities under the Federal Privacy Standards**

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We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices.

We also are required to abide by the privacy policies and practices that are outlined in this notice.

We are required to train our personnel concerning privacy and confidentiality.

We are required to implement a sanction policy to discipline those who breach privacy/confidentiality or our policies with regard thereto.

We are required to mitigate (lessen the harm of) any breach of privacy/confidentiality.

We are required to let you know if a breach occurs that may have compromised the privacy or security of your information.

<b>RIGHT TO REVISE PRIVACY PRACTICES</b>
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**As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected health information that we maintain.**

## **Requests to Inspect Protected Health Information**

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As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting our Records Custodian or Privacy Officer.

## **Complaints**

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If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

**Privacy Officer  
Helena Orthopaedic Clinic, PLLP  
2442 Winne Avenue  
Helena, MT 59601**

**Or to:**

**Civil Rights Coordinator  
Human & Community Services  
DPHHS  
PO Box 202925  
Helena, MT 59620-2925**

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address.

You will not be penalized or otherwise retaliated against for filing a complaint.

We will respond to your written complaint within 60 days of its receipt.

## **Contact Person**

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The name and address of the person you can contact for further information concerning our privacy practices is:

**Privacy Officer  
Helena Orthopaedic Clinic, PLLP  
2442 Winne Avenue  
Helena, MT 59601  
(406) 457-4100**

## **Effective Date**

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This Notice is effective on or after 2-14-2003, revised 9-23-2013, and revised again 11-3-2016.