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NOTICE OF PRIVACY PRACTICES

The notice of privacy Practices is required by the Privacy Regulations of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This notice describes how health information about you or your legal dependent (as a patient of this Practice) may be used and disclosed, and how you can access your protected health information.

Our Commitment To Your Privacy:

Billings OB-GYN Associates is dedicated to maintaining the privacy of your protected health information (PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this notice of our legal duties and the privacy Practices that we maintain in our Practice concerning your PHI. According to Federal and State law, we must follow the terms of the notice of privacy that we have in effect at the time.

By law, we are required to provide you with information regarding how we may use and disclose your PHI, your privacy rights specific to your PHI, and our obligations concerning the use and disclosure of your PHI.

The terms of this notice apply to all records containing your PHI that are created or retained by our Practice. We reserve the right to revise or amend this "Notice of Privacy Practices". Any revision or amendment to this notice will be effective for all of your records that our Practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our Practice will provide a copy of our "Notice of Privacy Practices" to all new patients and to all patients registering for appointments following revision(s) of our Notice. You may request a copy of our most current "Notice of Privacy Practices" at any time. You may also review the most current "Notice of Privacy Practices" on our Practice website at billings-obgyn.com.

Your PHI may be used and disclosed in the following ways:

Treatment: Our Practice may use your PHI to treat you. For example, you may have laboratory tests and we may then use those results to help us reach a diagnosis. We may use your PHI to write a prescription and may disclose your PHI to a pharmacy when we order a prescription for you. Many of the people who work for our Practice, including our doctors and nursing staff, may use or disclose your PHI in order to treat you or to assist others in your treatment. We may also disclose your PHI to others who may assist in your care such as your spouse, children or parents. Finally, we may also disclose your PHI to other health care providers for purposes related to your treatment.

Treatment Options: Our Practice may use and disclose your PHI to inform you of potential treatment options or alternatives and health-related benefits or services that may be of interest to you.

Appointment Reminders: Our Practice may use and disclose your PHI to contact you and remind you of an appointment.

Release of Information to Family/Friends: Our Practice may release your PHI to a friend or family member that is involved in your care, assists in taking care of you, or helps to pay for your care. For example, a spouse, parent or child who accompanies a patient for an appointment may have access to that patient's medical information.



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Payment: Our Practice may use and disclose your PHI in order to bill and collect payment for services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits and for what range of benefits. We may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for your treatment. We may also use and disclose your PHI to obtain payment from third parties that may be responsible for service costs, such as family members.

Health Care Operations: Our Practice may use and disclose your PHI to operate our business. For example, we may use your PHI to evaluate the quality of care you receive from us, or to conduct cost-management and business planning activities for our Practice. We may also disclose your PHI to other health care providers and entities to assist in their health care operations.

Health Oversight Activities: Our Practice may disclose your PHI to a government agency that oversees Billings OB-GYN Associates or its personnel, such as the Department of Health and Human Services, Federal agencies that oversee Medicare, the Board of Medical Examiners or the Board of Nursing. These agencies need medical information to monitor Billings OB-GYN Associates compliance with state and federal laws.

Disclosures Required by Law: Our Practice will use and disclose your PHI when we are required to do so by Federal or State law. For example, we are required to report child abuse or neglect and vulnerable adults and must provide certain information to law enforcement officials in domestic violence cases. We are also required to give information to Worker's Compensation Programs for work-related injuries.

Lawsuits and Similar Proceedings: Our Practice may use and disclose your PHI in response to a court or administrative order if you are involved in a lawsuit or similar proceeding. We may disclose your PHI in response to a discovery request, subpoena, search warrant, or other lawful process by another party involved in the dispute. You will receive advance notice about this disclosure in most situations so that you will have a chance to object to sharing your medical information.

Public Health: Our Practice may disclose your PHI to public health authorities authorized by law to collect medical information for public health purposes. For example, we are required to report births, deaths, and communicable diseases. We also may need to report patient problems related to medications or medical products to the FDA (Food and Drug Administration) as well as report recalls of products to patients using them.

Public Safety: Our Practice may disclose medical information when necessary to reduce or prevent a serious threat to your safety or the safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat. For example, we are required to cooperate with law enforcement officials and comply with search warrants, subpoenas, court orders or similar legal processes. We may disclose PHI to assist law enforcement officials in identifying or locating a person to prosecute a crime of violence or to report criminal conduct within Billings OB-GYN Associates.

Disaster Relief: Our Practice may disclose your PHI to assist in disaster relief efforts and to assist patients in receiving the care they need.

Coroners, Medical Examiners, and Funeral Directors: Our Practice may disclose information concerning deceased patients to a medical examiner, coroner, or funeral director to assist them in carrying out their duties.



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Organ and Tissue Donation: Our Practice may release your PHI to organizations that handle organ, eye or tissue procurement or transplantation.

Research: Our Practice may use or disclose your PHI for research projects, such as studying the effectiveness of a treatment you received. These research projects must go through a special process that protects the confidentiality of your medical information.

Military, Veterans, National Security and Other Government Purposes: If you are a member of the armed forces our Practice may disclose your PHI as required by military command authorities or to the Department of Veterans Affairs. We may also release PHI to federal officials for intelligence and national security purposes authorized by law, or for presidential Protective Services, or to conduct investigations.

Inmates: Our Practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official in order for the institution to provide health care services to you, for the safety and security of the institution, or to protect your health and safety or the health and safety of others.

Information With Additional Protection: HIV/AIDS, drug and alcohol abuse treatment, genetic testing, and evaluation and treatment for a serious mental illness require specific authorization prior to disclosure.

Your Rights Regarding Your Protected Health Information (PHI):

Confidential Communications: You have the right to request that our Practice communicates with you about your PHI in a particular manner or at a certain location. For example, you may request we contact you at home rather than work. As a new patient, you will be given a form regarding "Use and Restriction of Protected Health Information" and will be asked to complete and sign the form when registering for your first visit which gives you the opportunity to restrict or request confidential communications. It is then your responsibility to provide the Practice with updates or changes to the information.

Requesting Restrictions: You have the right to request a restriction in the use or disclosure of your PHI for treatment, payment or health care operations. For example, you can request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care. We are not required to agree to your request however if we do agree, we will comply with that agreement except when required by law, in emergencies, or when the information is necessary to treat you. As a new patient, you will be given a form regarding "Use and Restriction of Protected Health Information" and will be asked to complete and sign the form when registering for your first visit which gives you the opportunity to restrict or request confidential communications. It is then your responsibility to provide the Practice with updates or changes to the information. In order to request additional or more extensive restrictions, please contact the Billings OB-GYN Associates Privacy Officer to facilitate your request.

Inspection and Copies: You have the right to inspect and obtain a copy of your PHI to include medical records and billing records. In order to inspect and obtain a copy of your records, you may obtain a "Request to Inspect and Copy Protected Health Information" form from the Practice. Please submit your written request to the Billings OB-GYN Associates Privacy Officer. Our Practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our Practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial at which time another licensed health care professional chosen by us will conduct a review.

Chad Abbey, DO • Kyla Carlson, DO • Chimene Dahl, MD • Hal Forseth, MD • Douglas Neuhoff, MD



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Request Amendment of Medical Information: You may ask us to amend your PHI if you believe it is incorrect or incomplete. To request an amendment, you may obtain a "Request for Correction/Amendment of Protected Health Information" form from the Practice. Please submit your request in writing to the Billings OB-GYN Associates Privacy Officer. Your request will be reviewed and approved or denied in writing within 60 days. Our Practice may deny your request if you ask us to amend information that is in our opinion accurate and correct, not part of the PHI kept by our Practice, not part of the PHI you are permitted to inspect and copy or not created by our Practice (unless the individual or entity that created the information is not available to amend the information).

Accounting of Disclosures: You have the right to request a list of certain non-routine disclosures our Practice has made of your PHI for non-treatment, non-payment or non-operations purposes. This does not include use of your PHI for routine patient care or filing of insurance claims in our Practice. In order to request an "Accounting of Disclosures", you may obtain a "Request for an Accounting of Certain Disclosures of Protected Health Information" form from the Practice. All requests must state a time period no longer than 6 years from the date of disclosure and may not include dates before April 14, 2003. We will provide the first list to you at no charge but may charge you for additional lists within the same year. Please submit your written request to the Billings OB-GYN Associates Privacy Officer.

Right to Provide an Authorization for Other Uses and Disclosures: Our Practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding use and disclosure of your PHI may be revoked in writing at any time.

Right to a Paper Copy of This Notice: You are entitled to receive a paper copy of our Notice of Privacy Practices at any time. Please contact Billings OB-GYN Associates to obtain a copy of the Notice. You may also access and download our Notice on our website at billings-obgyn.com.

Right to File a Complaint: If you believe your privacy rights have been violated, you may file a complaint with the Billings OB-GYN Associates Privacy Officer or with the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

If you have any questions regarding this Notice of Privacy Practices or your Privacy Rights please contact the Billings OB-GYN Associates Privacy Officer at (406) 248-3607.

If you have any concerns or complaints regarding your Privacy Rights or how Billings OB-GYN Associates uses or discloses your medical information, please contact the Billings OB-GYN Associates Privacy Officer at (406) 248-3607.

If Billings OB-GYN Associates cannot resolve your concern, you may also file a complaint with the Federal Government by contacting:

***Department of Health and Human Services
50 United Nations Plaza, Room 322
San Francisco, CA 94102***

***Effective date of original notice is April 23, 2003
Effective date of updated notice is October 1, 2010***