



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.

If you have any question about this Notice please contact: our office at 406-426-3200 or admin@mapmt.com.

This Notice of Privacy Practices describes how Montana Advanced Pain & Spine may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected Health Information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. This information may be in paper or electronic form.

We are required by law to maintain the privacy of your protected health information and to provide you with this Notice of Privacy Practices describing our legal duties and our privacy practices concerning your protected health information. In addition, we are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. We will provide you with any revised Notice of Privacy Practices by making it available on our website, www.mapsmt.com, or upon your request at the time of your next appointment.

Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of the physician's practice.

The following are examples of the types of permitted uses and disclosures of your protected health care information by this clinic. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

1. **Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with other health care providers and third parties. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. We will also disclose protected health information to other physicians who may be treating you. For example, your protected health information may be provided to other physicians to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may disclose your protected health information from time-to-time to another physician or health care



MONTANA ADVANCED PAIN & SPINE

provider (e.g.) a specialist or pharmacy providing assistance with your health care diagnosis or treatment to your physician.

2. **Payment:** Your protected health information will be used and disclosed, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the healthcare services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for an x-ray procedure may require that your relevant protected health information be disclosed to the health plan to obtain approval for the procedure.
3. **Healthcare Operations:** We may use or disclose, as-needed, your protected health information in order to support the administrative and business activities of your physician's practice. These activities include, but are limited to, quality assessment activities, employee review activities, training of medical students and staff, licensing, marketing activities, and conducting or arranging for other business activities.
4. For example, we may disclose your protected health information to medical students that see patients at our office. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.
5. **Treatment Alternatives and Health Related Products and Services:** We may use or disclose your protected health information, as necessary and only with your written authorization, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose you protected health information for other marketing activities. For example, your name and address may be used to send you a newsletter about our clinic and the services we offer. We may also send you information about products or services that we believe may be beneficial to you. You may contact our office to request these materials not be sent.
6. **Appointment notification:** We may use and disclose your protected health information when contacting you for appointment reminders.
7. **Others Involved in Your Healthcare:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. There may be circumstances when we can assume, based on our professional judgment that you would not object. For example, we may assume you agree to our disclosure of your information to your spouse if your spouse comes with you into the exam room. In addition, if you are unable to agree or object to a disclosure, or unable to communicate such agreement or objection, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. Furthermore, we may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. In the event of your death, your protected health information may be disclosed to family members and others that were involved in your care or payment for care, unless you express to us that this disclosure is against your preferences. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts.
8. **Business Associates:** We may share your protected health information with third party "business associates" that perform certain activities (e.g., billing, transcription services) for this clinic. We will have



MONTANA ADVANCED PAIN & SPINE

a written contract with such business associate that contains terms that will protect the privacy of your protected health information.

9. Uses and Disclosures of Protected Health Information Based upon Your Written Authorization
10. Uses and disclosures of protected health information for marketing purposes, sale of protected health information, and other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described in this notice. You may revoke an authorization, at any time, in writing, except to the extent that your physician or this clinic has taken an action in reliance on the use or disclosure indicated in the authorization.
11. Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object.
12. We may use or disclose your protected health information in the following situations without your consent or authorization:
 13. Required By Law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.
 14. Public Health: We may disclose your protected health information for public health activities and purposes, including for the purposes of controlling disease, injury or disability, which are permitted or required by law. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.
 15. Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulator programs and civil rights laws.
 16. Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of a child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.
 17. Food and Drug Administration: We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.
 18. Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), or in certain conditions in response to a subpoena, discovery request or other lawful process.
 19. Law Enforcement: We may disclose protected health information so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include 1) legal processes and as 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 results of a criminal conduct, 5) in the event that a crime occurs on the premises of the practice, and 6) medical emergency (not on the clinic's premises) and is likely that a crime has occurred.



MONTANA ADVANCED PAIN & SPINE

20. Coroners, Funeral Directors, and Organ Donation: We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes. Protected health information is no longer considered protected information under the Privacy Rule fifty (50) years after an individual has been deceased. After this period, we no longer are required to obtain consent for release of this information.
21. Research: We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information. We will obtain your written authorization for the use and disclosure of your protected health information for research purposes if required by law.
22. Criminal Activity: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.
23. Military Activity and National Security: When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel 1) for activities deemed necessary by appropriate military command authorities; 2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or 3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.
24. Workers' Compensation: We may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally-established programs.
25. Inmates: We may use or disclose your protected health information as authorized if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

Your Rights

The following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

- **You have the right to inspect and copy your protected health information.** This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that your physician and the practice use for making decisions about you. You may request access to or copies of your health information by submitting a written authorization to the Privacy Officer or Director of Health Information Services. We are required to provide you with access or a copy of your protected health information within 30-day timeframe. In the event that your records cannot be retrieved in 30 days, we are permitted to have a one-time 30-day extension accompanied by an explanation of the delay and estimated



MONTANA ADVANCED PAIN & SPINE

time of completion. There may be a charge for the costs of copying, mailing, or other supplies associated with your request. Under limited circumstances, we may deny your request to access or obtain copies of your health information. You may have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your medical record.

- **You have the right to request a restriction of your protected health information.** This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. Because treatment, payment and healthcare operations are core functions and agreement may adversely impact healthcare provided to you, this clinic will normally not accept a restriction request. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.
- This clinic is not required to agree to a restriction that you may request, unless you request to restrict the disclosure of your protected health information to a health plan for the purposes of carrying out payment or health care operations and the protected health information relates only to a health care item or service for which you have paid us out of your pocket (not through health insurance) in full, in which case we will accept such restriction request. If this clinic agrees with the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. You may request a restriction by contacting the Privacy Officer or Director of Health Information Services and completing the Request for Restriction on use/disclosure of medical information and or confidential communication form. The request will be reviewed by a board to determine if it is supportable or if agreeing to the restriction could impose restrictions on the ability of this clinic to provide healthcare or perform healthcare operations.
- **You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for request. We will normally contact you via the information you provide during your registration. You may request that this clinic send confidential communications via an alternate method or to an alternate phone number or address by contacting the Privacy Officer or Director of Health Information Services and completing the Request for Restriction on use/disclosure of medical information and or confidential communication form. Please make this request in writing to our Privacy Officer.
- **You may have the right to have your physician amend your protected health information.** This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer if you have questions about amending or wish to request an amendment to your medical record.
- **You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.** This means you may request an accounting (a list) of certain disclosures we made of your health information. This list does not include all disclosures. For example, this right does not apply to disclosures



MONTANA ADVANCED PAIN & SPINE

for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred in the six years prior to the date of your request. You may request a shorter timeframe. You have the right to and will be notified of any breaches of your unsecured protected health information.

- You may request an accounting of disclosures by submitting a written request to the Privacy Officer. The right to receive this information is subject to certain exceptions, restrictions and limitations.
- **You have the right to obtain a paper copy of this notice from us.** This means that you have the right to a paper copy of this notice, and upon request we will provide you a paper copy, even if you have agreed to accept this notice electronically.
- **You have the right to request your protected health information be transmitted to another person you designate.** This means that you have the right to transmit your protected health information to a person you designate. You must provide us with a written request, signed by you that clearly identifies the person receiving the protected health information and where to send the copy of the information. This written request is a separate from an authorization form that we must obtain from you to use and disclose your protected health information as required by law. There may be a charge for the costs of copying, mailing, or other supplies associated with your request.
 - **Complaints** You may file a complaint if you believe your privacy rights have been violated. To file a complaint, notify our Privacy Officer. We will not retaliate against you for filing a complaint. Please contact us at 406-426-3200 or www.mapsmt.com.

This notice was published and becomes effective on September 1, 2023.