



## Notice of Privacy Practices

### Your Rights. Your Choices. Our Responsibilities

This notice describes how Missoula Valley Physical Medicine and Rehabilitation may use and disclose your Protected Health Information for purposes of carrying out treatment, obtaining payment, or fulfilling health care operations as permitted or required by law.

**Definition of Parties:** Where “we”, “us,” and “our” refer to any employee or acting physician contracted or employed at Missoula Valley Physical Medicine and Rehabilitation, PLLC. Where “you,” “your” refers to the patient.

### Your Rights and Your Choices

This section explains your rights and some of your responsibilities with respect to your protected private health information. Your 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.

- You may request an electronic copy of your medical record or a printed copy of your medical record. All requests for medical records must be done so in writing. Please allow 10 working days to complete the request. Please be advised there is an administrative fee of \$15, to be paid in cash or check, due on the date of your request.
- You can ask for a correction to your health information that you think is incorrect or incomplete. We may say no to your request, but we'll tell you why in writing within 60 days.
- You may ask us to contact you in specific ways (phone, email, snail mail to address) in order to keep your private health information confidential. 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 the request. Please make this request in writing to our front office staff.
- You may request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care. Your physician is not required to agree to a restriction that you request. If your physician does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless doing so is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician. Your request can be shared in writing or verbally and should include the specific type of information you would like to withhold from being shared and to whom you want the restriction to apply.
- You can ask us not to share payments made with your health insurer- if you pay for a service or health care item out-of-pocket, in full.
- You have the right to receive an accounting of certain disclosures our office has made, if any, of our protected health information. This right applies to disclosures for purposes other than treatment, payment, or health care operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you if you authorized us to make the disclosure, for a facility directory, to family members or friends involved in your care, for notification purposes, for national security or intelligence, to law enforcement, or correctional facilities, or as part of a limited data set disclosure. You have the right to receive specific information regarding these disclosures that occurred after April 3<sup>rd</sup>, 2023 when the clinic opened. The right to receive this information is subject to certain exceptions, restrictions, and limitation. Please allow 10 working days to complete the request. Please be advised there is an administrative fee of \$15, to be paid in cash or check, due on the date of your request.
- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly during your office visit.
- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

- You may complain to our practice staff or to the Secretary of Health and Human Services if you believe you have been violated by us. You may file a complaint with us by writing an email to our office staff at [office@missoulavalleypmr.com](mailto:office@missoulavalleypmr.com). We will not retaliate against you for filing a complaint.
- You may ask questions to our office staff if you have any other questions about privacy practices.
- You may not record any portion of your visit with the physician, whether by audio or video recordings with any type of device, to ensure confidentiality of the physician-patient relationship.
- You may choose not to disclose your current or previous medication history, however, it is very important that you and your provider discuss all your medications to ensure that your documented medication history is 100% accurate. Your medical history may include the use of pharmaceutical, over the counter, and recreational drugs, as well as supplements and herbal remedies. By signing this document, you give permission to allow us to inquire about your drug history as well as obtain your complete medication history from your pharmacy, health plan, or other healthcare providers.

## Our Responsibilities

We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must abide by our responsibilities outlined in this Notice of Privacy Practices as we operate our business. The following are examples of the types of uses and disclosures of your protected health information this medical practice is permitted to make. These examples are NOT meant to be exhaustive.

- **To treat you-** Your protected health information may be used and disclosed by your physician, our office staff, and others outside of our office who participate in your care and treatment for the purpose of providing health care services to you. Your protected health information includes medication history, or a list of prescriptions, that healthcare providers have prescribed for you. A variety of sources, including pharmacies and health insurers, contribute to the collection of this history. All of your collected protected health information is stored in the practice electronic medical record system and becomes part of your personal medical record.
- **To run the health care organization-** Your protected health information may be disclosed to support the operation of your physician's practice. These activities may include, but are not limited to quality assessment activities, employee review activities, licensing, fundraising activities, and conducting or arranging for other business activities. Unless you object, we will use and disclose in our facility directory (our electronic health record system) your name, the location at which you reside and receive care, your general condition, your marital status, and all other information entered by you during the intake process when you establish care with our practice.
- **To provide training to other health care professionals-** Your protected health information may be disclosed when students or medical professionals receive medical training and education in our office. Your verbal authorization will be requested prior to any trainees entering the clinic room during your appointment. You may decline the request.
- **To bill you for our services-** Your protected health information will be used and disclosed, as needed, to obtain payment for your health care services provided by us. This may include certain communications, as necessary, with your health insurance company to approve or pay for services recommended to you. This may include: making a determination of eligibility or coverage of insurance benefits, reviewing services provided to you for medical necessity. If receiving botulinum toxin injections, we will contact your health insurance for prior authorization of coverage for the medication and injection procedure. We will share your protected health information with third party associates that perform various activities for our practice. For example, billing or transcription services.
- **To assist with public health safety issues-** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. We may also disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
- **To do research-** We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has approved the research protocol. You will be given an opportunity to opt in or out of sharing your personal health information if our clinic is participating in a research study.
- **To address legal proceedings-** We may use or disclose your protected health information, as necessary, 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. You will be notified, if required by law, of any such uses or disclosures. Legal proceedings may include worker's compensation cases, law enforcement cases, health oversight agency activities authorized by law, and/or for government functions such as military activity and national security. Your personal health information may also be used or disclosed to respond to lawsuits and legal actions and/ or if you are an inmate of a correctional facility.

We will not share your information other than as described here. We never market or sell personal information for any reason. You have the right to request alterations to the privacy terms regarding your personal health information. Even if signed today, you may request modifications, in writing, for future correspondence with our office at any time. We may change the terms of our privacy practices at any time. The new notice will be effective for all of your protected health information that we maintain at that time. You may view the most up-to-date version of our Notice of Privacy Practices by accessing our website, or by requesting a current copy be sent to you by email or mail.

I have read and understand this Notice of Privacy Practices Policy.

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Patient Name

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Signature of Patient or Legal Representative

Date

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Photocopies and electronic signed versions of this form are valid as the original.