

Ag Worker Health & Services

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.

The clinic is required by law to maintain your privacy. This notice describes how we may use or disclose your health information. We are required by law to give you this notice and to follow its terms.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION.

Treatment: We will use or disclose health information about you to provide you with treatment or other services. For example, information may be shared with the clinic doctors, nurses, dentists, registered dental hygienists and behavioral health counselors and other healthcare personnel. We may also share information with providers at another clinic or hospital that will be seeing you for treatment purposes.

Payment: We will use or disclose your health information to get payment for the services that you receive at the clinic. For example, we may provide information to your health plan in order to obtain payment for the care that we provided to you.

Healthcare Operations: We may use or disclose your health information for healthcare operations. Healthcare operations include quality improvement for the services you receive at our clinic and reporting information for public health activities, such as reporting on immunization and communicable disease.

Appointment Reminders: We may call or send you a letter reminding you of an appointment at the clinic, unless you tell us not to.

Treatment Alternatives: We may use your health information to tell you about services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care: We may disclose your health information to your family or other people involved in your health care, for example, if you verbally request us, or in case of emergency. You must let us know in writing if you object to your information being given out in such an instance.

Public Health Activities: We may use or disclose health information about you for public health activities required or permitted by law.

Victims of Abuse, Neglect or Domestic Violence: If we suspect abuse, neglect or domestic violence, we may disclose health information about you as required or permitted by law.

Health Oversight Activities: We may give health information to a health oversight agency that monitors health care delivery in the State.

Judicial and Administrative Proceedings: We may disclose health information about you in response to a court order.

Law Enforcement: We may disclose health information about you when required or permitted by Federal or State law.

Required by Law: We may disclose health information about you when required to do so by Federal or State law.

Coroners: We may disclose your health information to a coroner, medical examiner or funeral director as authorized by law.

Research: We may disclose your health information for research purposes if you have signed an authorization to disclose your information, or if an Institutional Review Board has waived that requirement.

Health or Safety: We may disclose your health information to law enforcement in order to avoid a serious threat to the health and safety of a person or the public.

Worker's Compensation: We may disclose your health information to government agencies with special functions as required or permitted by law.

DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

Marketing: We may communicate with you about products or services related to your treatment, case management or care coordination. However, we must obtain your authorization prior to using your health information to send you any marketing material that results in payment to us that is above and beyond the cost of providing the service for our clinic.

Sale of Protected Health Information: We are required to obtain your authorization for the sale of your protected health information in exchange for payment.

Other Laws Protecting Health Information: Other laws may require your written authorization to disclose certain mental health, alcohol and drug treatment, HIV/AIDS testing or treatment and genetic testing information. Other uses and disclosures not described in this notice will be made only with your written authorization.

YOUR PROTECTED HEALTH INFORMATION PRIVACY RIGHTS

Right to Inspect and Copy: You have the right to look at or get copies of your records. You must make that request in writing. You may be charged a fee for copying your records; however, if you are unable to pay, we won't restrict your right to obtain copies. You also have a right to request your records in an electronic format.

Right to Request an Amendment: You have the right to request an amendment of your health information that we maintain in your medical record or billing records. You must request the change in writing. We may deny your request under certain circumstances.

Right to a List of Disclosures: It is the intention of our clinic to notify affected individuals immediately following the discovery of a breach of protected health information. You have the right to ask for a list of certain disclosures of your health information that occurred after February 2006. The list will not include disclosures made with your authorization or are not required by law.

Right to Opt Out of Fundraising Campaigns: Some clinics participate in fundraising activities, for example, to raise funds to help a patient pay for cancer treatment or to pay for a service we cannot otherwise provide. Our clinic will send you a notice of this opportunity and at that time you may let us know in writing whether you wish to decline. You may also opt out of all future fundraising communications, by letting us know in writing.

Right to Request Restrictions: You have the right to request restrictions on how your information is used or disclosed. You must make your request in writing. This includes your right to limit disclosure of information for treatment or services you (or a family member or friend) paid for in-full out of pocket. This does not include services that have been paid for in-whole or in-part by your health plan.

Right to Request Confidential Communications: You have the right to request communications from us in a certain way or to a certain place in order to protect your confidentiality. We will accommodate reasonable requests.

Right to Revoke Your Authorization: You have the right to revoke an authorization that you previously made for release of your health information. In situations where we may have already released your health information, we cannot take the information back. However, we will stop releasing any more of your information.

Right to Receive a Paper Copy of this Notice: You have the right to receive a paper copy of this notice at any time. You may pick up a notice at the front desk when you are at the clinic or you may request one over the telephone.

Complaints:

You have the right to file a complaint with our Corporate Compliance Officer if you believe your protected health information has been misused. You are asked to complete a Corporate Compliance complaint form to file a complaint. Complaint forms are available at the reception desk. You may give your completed form to the front desk staff to give to the Corporate Compliance Officer or if you are at our clinic in Billings, you may request to personally hand the complaint directly to the Corporate Compliance Officer. You may also mail your completed form to:

Ag Worker Health & Services
Corporate Compliance Officer
3318 3rd Avenue, North
Billings MT 59101

You may also call the Corporate Compliance Officer at (406) 248-3149 or 1-800-813-4492.

You may also file a written complaint with the Office of Civil Rights. We cannot retaliate against you if you file a complaint:

Office of Civil Rights Contact Information:

HHS Office for Civil Rights,
Central Intake Unit,
200 Independence Avenue, S.W.
Washington, D.C. 20201
1-800-368-1019
ocrmail@hhs.gov

Effective Date of this Notice: This notice is effective on January 17, 2018. We reserve the right to change this notice at any time. If we change this notice, we will post a current copy and make a copy available to you.

For More Information: For more information about this notice, please contact the Corporate Compliance Officer using the contact information noted above.