

# JOINT NOTICE OF PRIVACY PRACTICES

Effective Date: March 22, 2021



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.

## Your Rights

The following is a summary of your rights. A more detailed description of each right is included in this document.

- Get a copy of your paper or electronic medical record
- Request correction of your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this Notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

## Your Choices

You have some choices in the way that Logan Health uses and shares your Medical Information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include your information in a hospital directory
- Provide mental health care
- Market our services
- Raise funds

## Our Uses and Disclosures

Logan Health may use and share your Medical Information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

**If you have any questions or would like to ask for one of the services outlined in this Notice**, please contact the Logan Health Health Information Management Office by phone at (406) 752-1740 or in writing to Logan Health, Health Information Management, 310 Sunnyview Lane, Kalispell, MT 59901.

## Your Rights and Choices

When it comes to your medical information, you have certain rights. This section explains your rights and Logan Health's responsibilities to help you.

Get a paper or electronic copy – You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. If you would like, we also can send this information in either paper or electronic form to another person you identify in your request. We will provide a copy or a summary of your medical information, usually within 15 days of your request. We may charge a reasonable, cost-based fee.

Ask Logan Health to correct your medical record – If you feel that medical information we have about you is incorrect or incomplete, you may ask us to correct the information. We may say no to your request but we will tell you why in writing within 60 days.

Request Confidential Communications – You have the right to ask that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will not ask you the reason for your request. We will say yes to all reasonable requests.

Ask Logan Health to limit what we share or use – You can ask us not to use or share certain medical information for treatment, payment, or Logan Health’s operations. We are not required to agree to your request, and we may say “no” if it would be harmful or compromise your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information. A restriction is not in effect until you receive written notice that we are able to approve your request.

Get a list of those with whom we’ve shared your information – You can ask for a list (accounting) of the times we’ve shared your medical information for six years prior to the date you ask, who we shared it with, and why. Please let us know what form you want the list (e.g., on paper, electronically). We will include all we have shared your information with except for those about treatment, payment, to run our organization, and certain other ways we share (such as any you asked us to make). We will provide one list a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a Paper Copy of This Notice – You can ask for a copy of this Notice at any time, even if you have agreed to receive this Notice electronically. You may also get a copy of this Notice on our web site at [www.kalispellregional.org](http://www.kalispellregional.org), or by contacting the Logan Health Corporate Compliance Office listed above on this Notice.

Photographs – Medical photographs or other video images may be taken before, during, or after a procedure or treatment to be used as part of the medical record to document treatment. Sometimes where the patient cannot be identified, images could be used for other purposes, including but not limited to, medical education, patient education, or publications.

File a complaint if you feel your privacy rights have been violated –

- You can call the Logan Health Corporate Compliance Office at (833) 594-0321 with questions. All complaints need to be submitted in writing to Logan Health, Corporate Compliance Office, 310 Sunnyview Lane, Kalispell, MT 59901 or in writing by email at [complianceoffice@logan.org](mailto:complianceoffice@logan.org).
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling (877) 696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

***You will not be retaliated against for filing a complaint.***

Facility Directories and Religious Preferences – Unless you tell us not to, we will include the following information in any facility directory: your name, location in the facility, and your condition stated in general terms that does not communicate any specific medical information about you. We may also list any religious preference you tell us in directories provided to clergy. If you choose to not be in the facility directory, you will not be able to have visitors, flower deliveries or other services like this.

## **Our Uses and Disclosures**

We typically use or share your medical information in the following ways:

To treat you – We can use your Medical Information and share it with other professionals who are treating you. Example: A doctor treating you for an injury asks another doctor about your overall health condition.

To bill for your services – We can use and share your medical information to bill and get payment from health plans or other entities.

*Example: We give information about you to your health insurance plan so it will pay for your services.*

To run our organization – We can use and share your Medical Information to run our practice, improve your care, and contact you when necessary. All of our locations work closely together to improve health care operations across the Logan Health system, and we may use Medical Information for those activities. We may share your Medical Information to our business associates that help us with our administrative and other functions, another health care provider who has treated you, or to your insurance company. This may be done when the information is needed for health care operations of the health care provider or the insurance company, such as quality improvement activities, evaluations of health care professionals, and state and federal regulatory reviews.

Example: We use medical information about you to manage your treatment and services.

## **How else can Logan Health use or share your Medical Information?**

Family and Friends – Unless you ask us not to, we may share your Medical Information that can help a family member, relative, close personal friend, or any other person identified by you who is a part of your health care or payment related to

your health care make decisions and stay informed. We may also tell your family or friends your general condition and that you are in the hospital. If you are not able to tell us your preference, for example if you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

Fundraising Activities – We may share some of your information with the Logan Health Foundation to respectfully contact you for gift support using information such as your name and address. For example, we use charitable gifts to fund heart and cancer care programs and needed charity care. If you would like to opt out of receiving fundraising communications from the Logan Health Foundation, you may do so by contacting the the Foundation via:

- telephone (406) 751-6930
- email – foundation@logan.org; or
- written request to Logan Health Foundation, 310 Sunnyview Lane, Kalispell, MT 59901

Help with Public Health and Safety Issues – We may share your Medical Information for public health activities. These activities generally include the following:

- Prevent or control disease, injury or disability;
- Reporting births and deaths;
- Reporting child abuse or neglect;
- Reporting reactions to medications or problems with products;
- Notifying people of recalls of products they may be using;
- Notifying the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

For Research – We can use or share your information for health research. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another medication for the same condition. We will ask for your written permission to participate in a research study or you may refuse to participate.

For Workers' Compensation – We may share your Medical Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Avoid a Serious Threat to Health or Safety – We may use and share your Medical Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. Disclosures regarding infectious diseases must comply with applicable state laws limiting the disclosure of patient identity and related information.

Deceased Individual – Deceased Individual – As allowed by law, we may share the Medical Information of a deceased individual to family members, relatives or any other persons who are authorized by law to act for the deceased individual.

Health Information Exchange – We may share information that we obtain or create about you with other health care providers or other health care entities, such as your health plan or health insurer, as permitted by law, through Health Information Exchanges (“HIEs”) in which we participate. For example, information about your past medical care and current medical conditions and medications can be available to us or to your non-KRH primary care physician or hospital, if they participate in the HIE. Exchange of medical information can provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. If you do not want your/your child's data sent to an HIE, please check the box on the acknowledgement of the Notice of Privacy Practices (“Notice”).

Immunization Data with the Montana DPHHS Immunization Information System (“IIS”) – The Montana Department of Public Health and Human Services (DPHHS) maintain a confidential, computerized system that collects makes the information usable. DPHHS has requested that we seek your consent to share your/your child's immunization data with them. If you do not want your/your child's immunization data, please check the box on the acknowledgement of the Notice.

Inmates – If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may share your Medical Information with the correctional institution or law enforcement official. Sharing would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Marketing – Logan Health does not sell or rent our patients' names or addresses to any organization outside of Logan Health.

Medical Examiner or Funeral Director – We can share medical information with a coroner, medical examiner, or funeral director when an individual dies.

Military and Veterans – If you are a member of the armed forces, we may share your Medical Information as required by military command authorities. We may also share medical information about foreign military personnel to the appropriate foreign military personnel.

National Security & Intelligence – By law, we may share your Medical Information to authorized federal officials for intelligence, counterintelligence, or other national security activities.

Protective Services for the President and Others – We may share your Medical Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Organ and Tissue Donation Requests – Logan Health may share medical information about you with organ procurement organizations.

Schools – We may share Medical Information to a school about an individual who is a student or prospective student of the school if the Medical Information is limited to proof of immunization, the school is required by state or other law to have that proof of immunization prior to admitting the individual, and we obtain and document the agreement to the disclosure from either the individual’s parent/guardian or from the individual if the individual is an adult or emancipated minor.

Telehealth Services – We may use telehealth technology to connect you with a provider, and such consultations may be conducted by videoconferencing, video images, high quality still images and/or by telephone conference. Your Medical Information may be shared with 3rd party companies to gain access to audio, video, and/or photography consultation services as necessary for providing quality health care services via telehealth technology, which, in some cases, may be facilitated with the assistance of a facilitator who is not affiliated with or employed by Logan Health. You will have the chance to choose not to be seen by a doctor by video or phone at the time you register for your visit.

To Comply with the Law – We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it requests to see that we’re complying with federal privacy law.

To Respond to Lawsuits and Legal Actions – We may share medical information about you in response to a court or administrative order, or in response to a subpoena.

## **Your Choices**

Confidentiality - We won’t share your information unless you give us written permission for (1) marketing purposes, or (2) sharing of psychotherapy notes.

For Mental Health Treatment – We may only share your mental medical information with professionals for treatment, to get payment for services provided, or as otherwise required by state law.

Drug or Alcohol Abuse Treatment – Certain Logan Health facilities, units, and staff specialize in providing substance use disorder treatment (Programs). The confidentiality of substance use disorder patient records maintained by these Programs is protected by special federal law and regulations, in addition to HIPAA. Generally, such a Program may not say to a person outside the Program that a patient attends the Program, or share any information identifying a patient as having or having had a substance use disorder unless:

- The patient consents in writing;
- The disclosure is allowed by a court order; or
- The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

## **Who is Covered by this Notice**

To help serve your health care needs, the following organizations are a part of our Organized Health Care Arrangement, which allows them to: (1) share your Medical Information with each other for the purposes of treatment, payment, or health care operations, and (2) requires them to follow the terms of this Notice:

- Kalispell Regional Healthcare System
- Kalispell Regional Medical Center (“**KRMC**”), including its physician clinics, listed below
- KRMC doing business as Home Options
- KRMC doing business as Pathways Treatment Center
- KRMC doing business as Polson Health Outpatient Center
- KRMC doing business as Outpatient Surgery Center
- The HealthCenter, including its physician clinics, listed below
- Applied Health Services doing business as Kalispell Medical Equipment
- Northwest Horizons doing business as Brendan House
- Northwest Orthopedics & Sports Medicine
- The Summit Medical Fitness Center

Kalispell Regional Medical Center currently includes, but is not limited to: Bass Breast Center; Big Sky Family Medicine; Bigfork Medical Clinic; Diabetes Care and Prevention Center; Digestive Health Institute of Montana; Employee Health & Wellness; Eureka Specialty Services; FamilyBorn Maternity and Women's Health; Family Health Care; Flathead Valley Orthopedics Clinic; Geriatric and Supportive Care; Glacier View Plastic Surgery; Greater Flathead Renal; Kalispell Medical Office and Bone Health; Kalispell Regional Rheumatology Specialists; Kalispell Regional Urology Specialists; Kalispell Regional Healthcare Sleep Center; Kalispell Regional Healthcare Surgical Specialists; The Montana Center for Wellness and Pain Management; Montana Children's; Montana Children's Specialists, Montana Children's Maternal-Fetal Medicine; Neuroscience & Spine Institute; Department of Neurological Surgery & Department of Neurology; Department of Physical Medicine and Rehab; The Newman Center; Northwest Center for Specialty Oncology Care: Division of Surgical Oncology & Division of Therapeutic Gastrointestinal Endoscopy; Kalispell Regional Behavioral Health; Northwest Family Medicine; Northwest Hospitalists; Northwest Montana Radiation Oncology; Northwest Montana Surgical Associates; Northwest Oncology and Hematology; Northwest Orthopedics and Sports Medicine; Northwest Specialists; Northwest Specialty Clinic-Whitefish; Northwest Women's Health Care; Outpatient Surgery Center; Pathways Treatment Center; Pediatric Endocrinology and Diabetes Center; Peri & Neonatal Services at KRMC; Polson Health; Rocky Mountain Heart and Lung: Cardiology, Pulmonology, Electrophysiology; Sunny View Pediatrics; Westshore Medical Clinic; Woodland Clinic; Wound and Ostomy Center.

*As we are transitioning to our new brand "Logan Health," the above entities will become known as the following (likewise covered by this Notice):*

- Logan Health
- Logan Health Medical Center ("LHMC"), including its provider clinics, listed below
- LHMC doing business as Logan Health Home Care & Hospice
- LHMC doing business as Logan Health Behavioral Health
- LHMC doing business as Logan Health Surgery Center - Polson
- LHMC doing business as Logan Health Surgery Center - Kalispell
- Applied Health Services doing business as Logan Health Medical Equipment
- Northwest Horizons doing business as Logan Health Brendan House
- Logan Health Medical Fitness Center

Logan Health Medical Center currently includes, but is not limited to: Logan Health Breast Center; Logan Health Primary Care; Logan Health Diabetes Education & Prevention; Logan Health Digestive Center; Logan Health Employee Health & Wellness; Logan Health Women's Care; Logan Health Orthopedics & Sports Medicine; Logan Health Palliative Medicine; Logan Health Plastic & Reconstructive Surgery; Logan Health Nephrology, Logan Health Surgical Clinic; Logan Health Wellness & Pain Management; Logan Health Maternal Fetal Medicine; Logan Health Neuroscience & Spine; Logan Health Newman Center; Logan Health Community Behavioral Health; Logan Health Hospitalists; Logan Health Radiation Oncology; Logan Health Hematology & Oncology; Logan Health Endocrinology & Infectious Disease; Logan Health Specialty Care-Whitefish; Logan Health Specialty Care-Columbia Falls; Logan Health Children's Specialists; Logan Health Peri & Neonatal Services; Logan Health Heart & Lung; Logan Health Children's Primary Care; Logan Health Wound Care; Logan Health Urology; Logan Health Rheumatology; Logan Health Children's; Logan Health Specialty Care-Eureka, Polson, Great Falls, Helena, Bozeman, Libby, Missoula; Logan Health Sleep Lab.

The above organizations are referred to "we," "our," or "us" and include:

- Any health care professional authorized to access or enter information into your medical record;
- All departments of the organizations covered by this Notice;
- Any member of a volunteer group we allow to help you; and
- All of our employees, staff, and other personnel.

### **Our Legal Duty Regarding Your Medical Information**

We are committed to protecting your medical information ("Medical Information"). Medical Information covered by this Notice is information: (1) that identifies you or could be used to identify you; (2) that we collect from you or that we create or receive; and (3) that relates to your past, present or future physical or mental health condition, including health care services provided to you and past, present, or future payment for such health care services.

When you are treated at any of our facilities, we create a record of the care and services you receive. We need this record to provide you with quality care and to comply with applicable legal requirements. This Notice applies to your Medical Information that is created or received by us. It is possible that your doctor may also create medical information at other



hospitals or medical facilities. Those facilities may have different policies or notices regarding their use and disclosure of your medical information created by your doctor while at that facility.

This Notice informs you of: (1) our legal obligations regarding your Medical Information, (2) how we may use and share your Medical Information, and (3) what your rights are regarding your Medical Information.

The law requires us to:

- Make sure that your Medical Information is kept private as explained in this Notice;
- Give you this Notice of our legal duties and privacy practices regarding your Medical Information;
- Follow the terms of the Notice in effect; and
- Notify you of any unauthorized disclosure of your Medical Information.

### **Contact Information**

**If you have any questions about this Notice**, please contact the Logan Health Corporate Compliance Office at (833) 594-0321 or in writing at Logan Health, Compliance Office, 310 Sunnyview Lane, Kalispell, MT 59901.

### **Changes to the Terms of This Notice**

Logan Health can change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request, in our offices and clinics, and on our web site at [www.logan.org](http://www.logan.org).

### **Other Uses of Medical Information**

Other uses and disclosures of your Medical Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us permission to use or share your Medical Information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or share your Medical Information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.