

## JOINT NOTICE OF PRIVACY PRACTICES

EFFECTIVE DATE: October, 07 2024

**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 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.

<b>Get an electronic or paper copy of your medical record</b>	You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
<b>Ask us to correct your medical record</b>	You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say "no" to your request, but we'll tell you why in writing within 60 days.
<b>Request confidential communication</b>	You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say "yes" to all reasonable requests.
<b>Ask us to limit what we use or share</b>	You can ask us not to use or share certain medical information for treatment, payment, or operations. We are not required to agree to your request, and we may say "no" if it would affect 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.
<b>Get a list of those with whom we've shared your information</b>	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 the disclosures 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 per year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
<b>Get a copy of this Notice</b>	You can ask for a paper copy of this Notice at any time, even if you have agreed to receive this Notice electronically. We will provide you with a paper copy promptly.
<b>Choose someone to act for you</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• We will make sure the person has this authority and can act for you before we take any action.</li> </ul>
<b>File a complaint if you feel your privacy rights are violated</b>	<ul style="list-style-type: none"> <li>• 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 <a href="mailto:complianceoffice@logan.org">complianceoffice@logan.org</a>.</li> <li>• 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 <a href="https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf">https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf</a>.</li> <li>• We will not retaliate against you for filing a complaint.</li> </ul>

<b>Facility Directories and Religious Preferences</b>	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.
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### **OUR USES AND DISCLOSURES**

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

<b>To treat you</b>	We can use your Medical Information and share it with other professionals who are treating you. <i>Example: A doctor treating you for an injury asks another doctor about your overall health condition.</i>
<b>To bill for your services</b>	We can use and share your medical information to bill and get payment from health plans or other entities. <i>Example: We give information about you to your health insurance plan so it will pay for your services.</i>
<b>To run our organization</b>	We can use and share your Medical Information to run our practice, improve your care, and contact you when necessary. <i>Example: We use medical information about you to manage your treatment and services.</i>
<b>Family and Friends</b>	<i>Unless you ask us not to</i> , 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.
<b>Fundraising Activities</b>	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 Foundation via: Telephone (406) 751-6930, Email – <a href="mailto:foundation@logan.org">foundation@logan.org</a> , or Written request to Logan Health Foundation, 310 Sunnyview Lane, Kalispell, MT 59901
<b>Help with Public Health and Safety Issues</b>	We may share your Medical Information for certain situations such as: <ul style="list-style-type: none"> <li>• Prevent or control disease, injury or disability;</li> <li>• Reporting births and deaths;</li> <li>• Reporting child abuse or neglect;</li> <li>• Reporting reactions to medications or problems with products;</li> <li>• Notifying people of recalls of products they may be using;</li> <li>• 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.</li> </ul>
<b>To Avoid a Serious Threat to Health or Safety</b>	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.
<b>For Research</b>	We can use or share your information for health research.
<b>For Workers' Compensation</b>	We may share your Medical Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
<b>Deceased Individual</b>	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.

<b>Health Information Exchanges</b>	We may share information, as permitted by law, with Health Information Exchanges (“HIEs”) in which we participate. If you want to opt out, please check the box on your Patient Consent and Financial Agreement.
<b>Montana DPHHS Immunization Information System (“IIS”) Data</b>	The Montana Department of Public Health and Human Services (DPHHS) maintains a confidential, computerized system that collects the information. DPHHS requests that we seek your consent to share your/your child’s immunization data with them. If you want to opt out, please check the opt out box on your Patient Consent and Financial Agreement.
<b>Inmates</b>	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 to provide you with health care; to protect your health and safety or the health and safety of others; or for the safety and security of the correctional institution.
<b>Medical Examiner or Funeral Director</b>	We can share medical information with a coroner, medical examiner, or funeral director when an individual dies.
<b>Military and Veterans</b>	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.
<b>National Security &amp; Intelligence</b>	By law, we may share your Medical Information to authorized federal officials for intelligence, counterintelligence, or other national security activities.
<b>Protective Services for the President and Others</b>	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.
<b>Organ and Tissue Donation Requests</b>	Logan Health may share medical information about you with organ procurement organizations.
<b>Schools</b>	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.
<b>Telehealth Services</b>	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.
<b>To Comply with the Law</b>	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.
<b>To Respond to Lawsuits and Legal Actions</b>	We may share medical information about you in response to a court or administrative order, or in response to a subpoena.

### **YOUR CHOICES**

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

<b>In these cases, we never share your information unless you give us written permission.</b>	<ul style="list-style-type: none"><li>• Marketing purposes</li><li>• Sale of your protected health information</li><li>• Most sharing of psychotherapy notes</li></ul>
<b>Drug or Alcohol Abuse Treatment</b>	<p>In the event that Logan Health facilities, units, and staff provide 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.</p>

### **OTHER INFORMATION**

<b>Who is Covered by this Notice</b>	<p>This notice applies to the following Logan Health entities and providers:</p> <ul style="list-style-type: none"><li>• Any health care professional authorized to enter information into your Logan Health facility medical record, such as doctors, nurses, physician assistants, and technologists.</li><li>• All departments and units of Logan Health facilities, including hospitals, outpatient facilities, physician practices, skilled nursing facilities, home health agencies, hospices, urgent care centers, and emergency departments.</li><li>• All Logan Health facility employees, staff, students, volunteers, contractors, and other personnel.</li><li>• All third party business partners that assist Logan Health with providing technology tools or other healthcare operations.</li></ul> <p>If you would like a list Logan Health entities, please send a written request to the Privacy Officer at the address listed at the top of this Notice.</p>
<b>Our Responsibilities</b>	<ul style="list-style-type: none"><li>• We are required by law to maintain the privacy and security of your protected health information.</li><li>• We will let you know promptly if a breach of your unsecured protected health information.</li><li>• We must follow the duties and privacy practices described in this Notice and give you a copy of it.</li><li>• We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.</li></ul>
<b>Changes to this Notice</b>	<p>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 <a href="http://www.logan.org">www.logan.org</a>.</p>