



intermountain
restoring hope for children

NOTICE OF PRIVACY PRACTICES

Intermountain is required by both State and Federal laws to maintain the privacy of our client's Protected Health Information (PHI) and to provide children's representatives with a notice of Intermountain's legal duties and privacy practices. Intermountain is required to abide by the terms of the notice currently in effect; however, Intermountain reserves the right to change the terms of its notice at which time Intermountain will properly notify representatives. Please review the following terms and conditions carefully.

Definition of PHI

For the purpose of Intermountain, Protected Health Information (PHI) is defined as any individually identifiable health information that is created or obtained by Intermountain whether oral or recorded in any form or medium that is transmitted or maintained for the purpose of treatment, payment, regular health operations, and continuity of care.

Your Health Information Rights

Although your health record is the physical property of Intermountain, the information belongs to you. You have the right to:

- ◆ **Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522**
 - Through the filing of an Authorization for the Use and Disclosure of Information form you may limit or restrict the release of your PHI. Your request must state the specific restriction requested and to whom you want the restriction to apply.
 - Intermountain is not required to agree to a restriction that you may request. If the Clinical Director, psychiatrist, and/or therapist believe it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If your caregivers do agree to 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. With this in mind, please discuss any restriction you wish to request with your caregivers.

- ◆ **Obtain a paper copy of the notice of information practices upon request**

- ◆ **Inspect and obtain a copy of your health record/designated record set as provided for in 45 CFR 164.524**
 - A “designated record set” contains the medical and billing records and any other records that your caregivers and Intermountain use for making decisions about you.
 - In order to maintain a proper record of the uses and disclosures of our clients PHI, Intermountain requires the submission of an Authorization for the Use and Disclosure of Information form.
 - Under federal law you may not inspect or obtain a copy the following records without specific Intermountain authorization: psychotherapy notes; daily chart notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed.
 - If a request is made for a hard copy of PHI outside of those required for continuity of care, Intermountain reserves the right to charge for any hard copies an administrative fee of \$15.00 for the searching and handling of recorded health care information + .25¢ per page. In addition, mailing fees will be covered by the requesting agency or individual

- ◆ **Revoke your authorization to use or disclose health information except to the extent that action has already been taken**
 - In the event you wish to revoke your authorization to use or disclose health information written notice must be given to Intermountain for retention.

- ◆ **Amend your health record as provided in 45 CFR 164.528**
 - 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

- ◆ **Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528 and**
 - This right applies to disclosures for purposes other than treatment, payment or healthcare operations. It excludes disclosures we may have made to you, 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. The right to receive this information is subject to certain exceptions, restrictions and limitations.

- ◆ **Request communications of your health information by alternative means or at alternative locations**
 - 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 Privacy Contact.

Disclosures Which May be Made Outside of Treatment, Payment, Regular Health Operations, and Continuity of Care

- ◆ **Business associates:** There are some services provided in our organization through contacts with business associates. Examples include physician services, occupational therapy, speech therapy, radiology, certain laboratory tests, and outpatient therapists. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.
- ◆ **Notification:** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.
- ◆ **Communication with family:** Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.
- ◆ **Research:** We may disclose 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 health information.
- ◆ **Marketing:** We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- ◆ **Fund raising:** We may contact you as part of a fund-raising effort.

- ◆ **Public health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- ◆ **Correctional institution:** Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.
- ◆ **Law enforcement:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.
- ◆ Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

Change of Notice

We reserve the right change our policies practices at any time and to make the new provisions effective for all protected health information we maintain. Before we make a significant change in our policies, we will change our notice and post the new notice in the waiting area and in each program area and Intermountain will mail a revised notice to the address you've supplied us.

For More Information or to Report a Problem

If have questions and would like additional information, you may contact the Health Information and Policy Manager by phone at 406-442-7920 or by mail at 500 S. Lamborn Helena, MT 59601.

If you believe your privacy rights have been violated, you can file a complaint with Intermountain, with the secretary of Health and Human Services, or the Office of Civil Rights. **There will be no retaliation for filing a complaint.**

Download the HIPAA complaint form here.