

**Montrose Health Center**  
**Notice of Privacy Practices**

**THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED OR DISCLOSED AND HOW YOU CAN ACCESS IT. PLEASE REVIEW THIS CAREFULLY.**

Montrose Health Center has a legal duty to safeguard your **Protected Health Information (PHI)**. All employees, volunteers, physicians, other health professionals, affiliated or contracted organizations, are legally required to abide by the policies set forth in this notice to protect your PHI.

This PHI includes information used to identify you. We collect or receive this information about your past, present or future health condition to provide health care to you, or to receive payment for this health care. We must provide you with this notice about our privacy practices to explain how, when and why we use and disclose (release) your PHI. We must also notify affected individuals following a breach of unsecured PHI. With some exceptions, we may not release more of your PHI than is necessary to accomplish the need for PHI.

We reserve the right to change the terms of this notice and our privacy policies at any time. Any changes will apply to the PHI already in existence. Before we make any change to our policies, we will promptly change this notice and post a new notice. You can also request a copy of this notice from the contact person listed at the end of this notice at anytime and can view a copy of the notice on our web site at <http://www.montrosehealthcenter.com>.

**A. WE MAY USE AND RELEASE YOUR PHI** for many different reasons, some of which may require your specific authorization. Below, we describe the different categories of when we use and release your PHI. For more information on how we may use and disclose your PHI, contact our Privacy Official.

**1. For Treatment.** We may give your PHI to a team of healthcare workers, agencies and other business associates, such as laboratories, consultants, pharmacists, suppliers and others who coordinate your health care. Example, for a knee injury, we may release your PHI to the physical therapist in order to coordinate your care.

**2. To obtain payment for treatment.** We may use and release your PHI to bill and collect payment for services provided. It is important that you provide us with correct and up-to-date information. Example, we may release portions of your PHI to our billing department and your health plan to get paid for health care services we provided. We may also release your PHI to our business associates, such as claims processing companies and others who process our health care claims.

**3. Health Care Operations.** We may release your PHI in order to operate our facility in compliance with healthcare regulations. Example, we may use your PHI to review the quality of our services and evaluate performance of our staff in caring for you.

**4. For public health activities.** We may report PHI about deaths, various diseases, etc. to government officials, as well as coroners, medical examiners, funeral directors, etc., as necessary.

**5. When federal, state, or local law enforcement agencies request your information; or for judicial or administrative proceedings.** We may release your PHI when a law requires us to report it to government agencies and law enforcement about victims of abuse, neglect, or domestic violence; reportable events; or when ordered in a judicial or administrative proceeding.

**6. To avoid harm.** To avoid a serious threat to the health or safety of a person or the public, we may provide your demographic PHI to law enforcement or persons able to prevent or lessen such harm.

**7. For worker's compensation purposes.** We may release your PHI in order to comply with worker's compensation laws. If you do not want worker's compensation notified, alternate insurance or payment information must be supplied.

**8. For appointment reminders and health-related benefits and services.** We may use your demographic PHI to contact you to remind you of an upcoming appointment. Or we may speak to you to recommend possible treatment options or alternatives which may be of interest to you.

**9. Military Activity and National Security:** When appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military command authorities; or for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits.

**10. For Health Oversight:** We may disclose your health information to health oversight agencies for activities such as audits and investigations.

**B. YOUR PRIOR WRITTEN AUTHORIZATION IS REQUIRED FOR ANY DISCLOSURES AND USES OF YOUR PHI NOT INCLUDED ABOVE.**

In any other situation not described above, we will ask for your written authorization before using or releasing any of your PHI. If you choose to sign an authorization to release your PHI, you may later cancel that authorization in writing. This will stop future release of your PHI for those uses.

**C. YOU HAVE THE OPPORTUNITY TO GIVE VERBAL PERMISSION OR OBJECTION TO THE FOLLOWING:**

**1. Information shared with family, friends or others.** You may object to the release of your PHI to a family member, friend or other person you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. Your objection may be made at any time.

**YOUR RIGHTS REGARDING YOUR PHI.**

**A. You Have the Right to Request Limits on How We Use and Release your PHI.** We are not required to agree to a requested restriction, but if we accept your request, we will abide by it except in emergency situations. You may not limit PHI we are legally required or allowed to release. To request a limitation, contact our Privacy Official.

**B. You Have the Right to Choose How We Communicate PHI to You.** All of our communications to you are considered confidential. You have the right to ask us to send information to you at an alternative address (Example, sending information to your work address rather your home address) or by alternative means (Example, by mail instead of telephone). We will agree to your request so long as we can easily provide it in the format you requested. Any additional expenses will be passed onto you for payment. Requests must be submitted in writing to our Privacy Official.

**C. You Have the Right to See and Get Copies of Your PHI.** You must make the request in writing to our Privacy Official. We will respond to you within 10 days after receiving your written request. You can request a copy of your medical records as long as you pay for the cost in advance. If your request to see the medical information is approved, we will arrange this in accordance with established policy. In certain situations, we may deny your request. You may have the right to have the denial reviewed. The person conducting the review will not be the person who denied your first request.

**D. You Have the Right to Get a List of Instances of When and to Whom We Disclosed Your PHI.**

The list will include dates when your PHI was released and why, to whom your PHI was released (including their address if known), and a description of the PHI released. The first list you request within a 12 month period will be free. You will be charged a reasonable fee for additional lists within that time frame. Please contact our Privacy Official.

**E. You Have the Right to Correct or Update Your PHI.** You must provide the request and your reason for the request in writing to our Privacy Official. You must also provide us with the names of anyone who has received this information. We will respond within 60 days of receiving your request. If we deny your request, our written denial will state our reasons and explain your right to file a written statement of disagreement. If we approve your request, we will make the change to your PHI, tell you we have done it, and tell others that need to know about the change or amendment to your PHI.

**F. You Have the Right to Get This Privacy Notice at any Time.** Even if you have agreed to receive the notice via email, you still have the right to request another paper copy of this notice. Please contact our Privacy Official.

**PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO VOICE YOUR CONCERNS ABOUT OUR PRIVACY PRACTICES: Our Privacy Official:**

**Administrator**  
**Montrose Health Center**  
**Phone Number: 319-463-5438**

Confidential Hotline: 855-402-6116  
Effective date of this Notice: January 1, 2015.  
You will not be penalized for filing a complaint.

Or  
U.S. Dept. of Health and Human Services  
Office for Civil Rights  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
1-877-696-6775

[www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)

Email: [OCRMail@hhs.gov](mailto:OCRMail@hhs.gov)