



LINCOLN COUNTY PUBLIC HEALTH
418 Mineral Ave | Libby, MT 59923
(406) 283-2447
www.lincolnmthealth.com

PATIENT PRIVACY POLICY

Effective Date: January, 2025

THIS POLICY DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

OUR PLEDGE TO PROTECT YOUR PRIVACY

Lincoln County Public Health (LCPH) is committed to protecting the privacy of health information we create or receive about you. Health information that identifies you includes your medical record and other information relating to your care or payment for care.

We are required by law to:

- Make sure that your health information is kept private (*with certain exceptions as described in this policy*);
- Give you this Policy of our legal duties and privacy practices with respect to your health information; and
- Follow the terms of the Policy currently in effect.

WHO WILL FOLLOW THIS NOTICE

The following parties share LCPH's commitment to protect your privacy and will comply with this Notice:

- Any health care professional authorized to update or create health information about you.
- All departments and units of LCPH, including our outpatient clinics.
- All employees, volunteers, trainees, students, and medical staff members of LCPH.
- All affiliated entities, sites and locations.

SITUATIONS THAT DO NOT REQUIRE YOUR AUTHORIZATION

WORKERS' COMPENSATION

We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

PUBLIC HEALTH ACTIVITIES

We may disclose health information about you for public health activities. These activities include, but are not limited to the following:

- To prevent or control disease, injury or disability;
- To report births or deaths;
- To report the abuse or neglect of children, elders and dependent adults;
- To report reactions to medication, vaccines, or problem with products;
- To notify you of the recall of products you may have used or are using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe you have been the victim of abuse, neglect or domestic violence; we will only make this disclosure when required or authorized by law;

HEALTH OVERSIGHT ACTIVITIES

We may disclose your health information to a health oversight agency, such as the Montana Department of Public Health and Human Services, CDC, and Center for Medicare and Medicaid Services, and Child/Family Protective Services for activities authorized by law. These oversight activities include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

BUSINESS ASSOCIATES

LCPH may contract with outside entities that perform business services for us, such as billing companies, management consultants, quality assurance reviewers, accountants or attorneys. In certain circumstances, we may need to share your health information with a business associate so it can perform a service on our behalf. We will have a written contract in place with the business associate requiring protection of the privacy and security of your health information.

LAWSUITS AND DISPUTES

If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, legally enforceable discovery request, or other lawful process by someone else involved in the dispute. *(This clause does not apply to the LCPH FICMMR program)*

LAW ENFORCEMENT

We may release health information at the request of law enforcement officials in limited circumstances, for example:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, the victim is unable to consent;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at LCPH office or property; and
- In emergency circumstance to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

(This clause does not apply to the LCPH FICMMR program)

CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS

We may release health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release health information about patients of LCPH to funeral directors as necessary to carry out their duties with respect to the deceased.

ORGAN AND TISSUE DONATION

We may release health information to organizations that handle organ, eye, or tissue procurement or transplantation, as necessary to facilitate organ or tissue donation. The procurement or transplantation organization needs your authorization for any actual donations.

MILITARY AND VETERANS

If you are a member of the armed forces, we may release health information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

APPOINTMENT REMINDERS AND OTHER COMMUNICATION

We may use and disclose health information to contact you as a reminder that you have an appointment for care at LCPH. We will communicate with you using the information (such as telephone, email, or mailed letter) that you provide. Unless you notify us to the contrary, we may use the contact information you provide to communicate general information about your care such as appointment location, department, date and time.

FOR HEALTH CARE OPERATIONS

We may use and disclose health information for health care operations. This includes functions necessary to run LCPH or assure that all patients receive quality care and includes many support functions such as appointment or procedure scheduling. We may also share your information with affiliated health care providers so that they may jointly perform certain business operations along with LCPH. We may combine health information about many of our patients to decide, for example, what additional services LCPH should offer, what services are not needed, and whether certain new treatments are effective. We may share information with doctors, residents, nurses, technicians, medical students, clerks, and other personnel for quality assurance and education purposes. We may

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also compare the health information we have with information from other County Health Departments to see where we can improve the care and services we offer.

FUNDRAISING ACTIVITIES

Consistent with applicable state and federal laws, we may provide limited information such as your contact information, provider name and dates of care to other departments of LCPH to conduct fundraising activities for the advancement of care and research on behalf of Lincoln County.

FOR PAYMENT

We may use and disclose your health information to bill and receive payment for health care services that we provide to you. This includes uses and disclosures to submit health information and receive payment from your health insurer, HMO, or other party that pays for some or all of your health care (payor) or to verify that your payor will pay for your health care. We may also tell your payor about a treatment you are going to receive to determine whether your payor will cover the treatment.

NATION SECURITY AND INTELLIGENCE ACTIVITIES

Upon receipt of a request, we may release health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We will only provide this information after the Privacy Officer has validated the request and review and approved our response.

INMATES

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the relevant correctional institution or law enforcement official. This release may be necessary for the institution 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.

TO PREVENT A SERIOUS THREAT TO HEALTH OR SAFETY

We may use and disclose certain information about you when necessary to prevent a series threat to your health and safety or the health and safety of others. However, any such disclosure will only be to someone able to prevent or respond to the threat, such as law enforcement or a potential victim. For example, we may need to disclose information to law enforcement when a patient reveals participation in a violent crime.

OTHER USES OR DISCLOSURES REQUIRED BY LAW

We may also use or disclose health information about you when required to do so by federal, state or local laws not specifically mentioned in this Policy. For example, we may disclose health information as part of a lawful request in a government investigation.

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SITUATIONS THAT REQUIRE YOUR AUTHORIZATION

For uses and disclosures not generally described above, we must obtain your authorization. For example, the following uses and disclosures will be made only with your authorization:

- Uses and disclosures for marketing purposes;
- Uses and disclosures that constitute the sale of PHI;
- Most uses and disclosures of psychotherapy notes; and
- Other uses and disclosures not described in this Policy
- Personal requests for medical records

If you provide us authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the activities covered by the authorization, except if we have already acted in reliance on your permission. We are unable to take back any disclosures we have already made with your authorization, and we are required to retain records of health information.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information we maintain about you:

RIGHT TO INSPECT AND COPY

You have the right to inspect and obtain a paper or electronic copy of health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but may not include some mental health information. We reserve the right to charge a fee to cover the cost of providing your health information records to you.

RIGHT TO AMEND

If you believe that health information LCPH has on file about you is incorrect or incomplete, you may ask us to amend the health information. To request an amendment you must file an appropriate written request with LCPH. In addition, you must provide a reason that supports your request. LCPH can only amend information that we created or that was created on your behalf. If your health information is accurate and complete, or if the information was not created by LCPH, we may deny your request to amend. If we deny your request, we will reply to you in writing with our reasons for doing so.

Even if we deny your request to amend, you have the right to submit a written addendum to LCPH. Addendums may not exceed 250 words for each item or statement in your record you believe is incomplete or incorrect.

RIGHT TO AN ACCOUNTING OF DISCLOSURES

You have the right to request an “accounting of disclosures” which is a list describing how we have shared your health information with outside parties. This accounting is a list of the disclosures we made of your health information for purposes other than treatment, payment, health care operations, and certain other purposes consistent with law. You may request an accounting of disclosures for up to six

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years before the date of your request. If you request an account more than once during a twelve month periods, we will charge you a reasonable fee.

RIGHT TO REQUEST RESTRICTIONS

You have the right to request restrictions on certain uses or disclosures of your health information. For example, you may request that your immunizations not be recorded electronically on imMTrax but instead a paper copy. Requests for restrictions must be in writing. In most cases, we are not required to agree to your requested restriction. However, if we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or comply with the laws. If we do not agree to your request, we will reply to you in writing with the reason.

We are legally required to accept certain requests not to disclose health information to your health plan for payment or health care operation purposes as long as you have paid out-of-pocket and in full in advance of the particular service included in your request. If the service or item is part of a set of related services, and you wish to restrict disclosures for the set of services, then you must pay in full for the related services. It is important to make the request and pay before receiving the care so that we can work to fully accommodate your request. We will comply with your request unless otherwise required by law.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS

You have the right to request that we communicate with you about your health information or medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work, rather than at your home. We will not ask you the reason for your request. We will work to accommodate all reasonable requests. Your request must be in writing and specify how and where you wish to be contacted.

RIGHT TO BE NOTIFIED OF A BREACH

LCPH is committed to safeguarding your health information and proactively work to prevent health information breaches from occurring. If a breach of unsecured health information occurs, we will notify you in accordance with applicable state and federal laws.

RIGHT TO A COPY OF THIS POLICY

You have the right to a copy of this Policy. It is available on our website at www.lincolnmthealth.com

REQUEST FOR COPY OF HEALTH INFORMATION

To obtain more information about how to request a copy of your health information, including immunizations records please visit www.lincolnmthealth.com and complete the *patient request for records form*. To receive an accounting of disclosures, amend or add an addendum to your health information, please contact:

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COMPLAINTS

If you believe your privacy rights have been violated, you may file a written complaint with LCPH by telephone at 406-283-2442 or by mail at LCPH, 418 Mineral Ave, Libby, MT 59923.

CHANGES TO THIS POLICY

We reserve the right to change our privacy practices and update this Policy accordingly. We reserve the right to make the revised or changed Policy effective for health information we already have about you as well as any information we receive in the future. We post copies of the current Policy on our website and copies are available in our offices.

QUESTIONS ABOUT OUR PRIVACY PRACTICES

LCPH values the privacy of your health information as an important part of the care we provide to you. If you have questions about this Policy or LCPH's privacy practices, please contact LCPH.