

Big Sky Surgery Center, LLC
NOTICE OF PRIVACY PRACTICES

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.

This Privacy Notice is being provided to you as a requirement of a federal law, the Health Insurance Portability and Accountability Act (HIPAA). This Privacy Notice describes how we may use and disclose your protected health information for treatment, payment or health care operations and for other purposes permitted or required by law. It also describes your rights to access and control your protected health information in some cases. Your **protected health information** means any written and oral health information about you, including demographic data that can be used to identify you. This is health information that is created or received by your health care provider, and relates to your past, present or future physical or mental health or condition.

A. PERMITTED DISCLOSURES OF PROTECTED HEALTH INFORMATION

We will not use or disclose your health information without your written authorization, except in the following situations:

TREATMENT: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party for treatment purposes. For example, we may disclose your health information to a pharmacy to fill a prescription or to a laboratory to order a blood test. We may also disclose protected health information to physicians who may be treating you or consulting with the facility with respect to your care.

PAYMENT: We will use and disclose your protected health information to obtain payment for the services that we provide. We will send a bill to you or your health plan. The information on or accompanying the bill will include information that identifies you, as well as your diagnosis and procedures performed. We may disclose information about you to your health plan so that the health plan may determine your eligibility for payment of benefits.

HEALTH CARE OPERATIONS: We may use or disclose your health information, as necessary, for our own health care operations to facilitate more efficient business and provide quality care to all patients. Health care operations include: quality management and improvement, employee review, training programs in health care under supervision, accreditation, certification, licensing or credentialing, compliance, medical or legal services reviews, audits and business management, and general administrative activities.

EMERGENCY TREATMENT: We may use and disclose your protected health information if you require emergency treatment or are unable to communicate with us.

BUSINESS ASSOCIATES: There are some services provided in our organization through contracts with business associates. We may disclose your health information to our business associate so they can perform the job we've asked them to do. However, we require the business associate to take precautions to protect your health information.

COMMUNICATION WITH FAMILY: We 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, unless you object.

FOOD AND DRUG ADMINISTRATION (FDA): We may disclose to the FDA health information relative to adverse events, product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.

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, including child abuse and neglect.

HEALTH OVERSIGHT ACTIVITIES: In order to oversee the health care system, government benefits programs, entities subject to governmental regulation, and civil right laws for which health information is necessary to determine compliance, we may disclose your health information for oversight activities authorized by law, including audits; civil, administrative, or criminal investigations or proceedings; inspections; licensure or disciplinary actions.

RESEARCH: We may disclose your protected health information for certain research purposes, but only if we have protections and protocols in place to ensure the privacy of your protected health information.

REQUIRED BY LAW: Under certain circumstances, we may disclose your health information for law enforcement purposes and as required by state or federal law. These circumstances include reporting required by law, pursuant to subpoenas or court orders in juridical and administrative proceedings; reporting limited information concerning identification and location at the request of law enforcement; reports regarding suspected victims of crimes, abuse, neglect, or domestic violence; reporting death; crimes on our premises; and crimes in emergencies. We may be required to provide protected health information in response to a subpoena discovery request or other lawful process, but only if efforts have been made, by us or the requesting party, to contact you about the request or to obtain an order to protect the requested protected health information.

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 correctional institution or law enforcement official 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.

THREATS TO PUBLIC HEALTH OR SAFETY: We may disclose or use health information when it is our good faith belief, consistent with ethical and legal standards, that it is necessary to prevent or lessen a serious and imminent threat or is necessary to identify or apprehend an individual.

SPECIALIZED GOVERNMENT FUNCTIONS: Subject to certain requirements, we may disclose or use health information for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of State, for correctional institutions and other law enforcement custodial situations, and government programs providing public benefits.

WORKERS' COMPENSATION: We may disclose your health information when authorized and necessary to comply with laws relating to Workers' Compensation or other similar programs.

ORGAN DONATION: If you are an organ donor, or have not indicated that you do not wish to be a donor, we may disclose your PHI to organ procurement organizations to facilitate organ, eye or tissue donation and transplantation.

CORONERS, MEDICAL EXAMINERS, FUNERAL DIRECTORS: We may disclose your protected health information to coroners or medical examiners for the purposes of identifying a deceased person or determining the cause of death, and to funeral directors as necessary to carry out their duties.

OTHER USES AND DISCLOSURES: We may use and disclose your protected health information for the following purposes: 1) to contact you to remind you of your appointment, notify you of a missed appointment or remind you to make an appointment; 2) to describe or recommend treatment alternatives to you; or 3) to furnish information about health-related benefits to you. We may also use your protected health information to provide legally-required notices of unauthorized acquisition, access or disclosure of your health information.

B. DISCLOSURES REQUIRING WRITTEN AUTHORIZATION

NOT OTHERWISE PERMITTED: In any situation not described in Part A above, we may not make any other use or disclosure of your protected health information without your written authorization. Once given, you may revoke the authorization in writing to our Privacy Officer. We are unable to take back any disclosure we have already made with your permission.

PSYCHOTHERAPY NOTES: We must receive your written authorization to disclose psychotherapy notes, except for certain treatment, payment or health care operation activities.

MARKETING AND SALE OF PROTECTED HEALTH INFORMATION: We must receive your written authorization for any disclosure of protected health information for marketing purposes or for any disclosure which is a sale of protected health information.

C. YOUR RIGHTS

RIGHT TO RECEIVE PAPER COPY OF THIS NOTICE: You have the right to receive a paper copy of this Notice upon request.

RIGHT TO ACCESS PROTECTED HEALTH INFORMATION: You have the right to inspect and copy your protected health information for as long as we maintain your medical record. You must make a written request for access to the Privacy Officer at the address listed at the end of this Notice. We may charge you a reasonable fee for the processing of your request and the copying of your medical records. In certain circumstances we may deny your request to access or copy your protected health information, including but not limited to, situations in which we determine that the access requested is likely to endanger your life or safety or that of another person, or that is likely to cause substantial harm to another person referenced within the information.

RIGHT TO ELECTRONIC COPY: If your personal health information is maintained in an electronic format, you have the right to request that an electronic copy of your records be given to you or transmitted to another individual or entity.

RIGHT TO REQUEST RESTRICTION: You have the right to request a restriction on the use or disclosure of your protected health information for the purpose of treatment, payment or health care operations, except for in the case of an emergency. You also have the right to request a restriction on the information we disclose to a family member or friend who is involved with your care or the payment of your care. However, we are not legally required to agree to such a restriction. You must state the specific restriction and to whom you want the restriction to apply. You may request a restriction in writing to our Privacy Officer listed below.

RIGHT TO RESTRICT DISCLOSURE FOR SERVICES PAID BY YOU IN FULL: You have the right to restrict the disclosure of your protected health information to a health plan if the protected health information pertains to health care services for which you paid in full directly to us.

RIGHT TO REQUEST AMENDMENT: You have the right to request that we amend your protected health information if you believe it is incorrect or incomplete, for as long as we maintain your medical record. If you feel that the health information we have about you is incorrect or incomplete, you may request an amendment in writing to our Privacy Office listed below. You must provide a specific reason to support the requested amendment. In certain cases, we may deny your request for an amendment. You can file a statement of disagreement and we have the right to file a rebuttal.

RIGHT TO AN ACCOUNTING OF DISCLOSURES: You have the right to request an accounting of disclosure of protected health information made by us (other than those made for treatment, payment or health care operations purposes). To receive an accounting of the disclosures of your health information, you must submit a request in writing to the address below. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice. Your request must state a time period, no longer than 6 years and may not include the dates before April 14, 2003. The first accounting you request within a 12-

month period is free. For additional accountings, we may charge you the cost of providing the accounting. We will notify you of this cost and you may choose to withdraw or modify your request before the charges are incurred.

RIGHT TO CONFIDENTIAL COMMUNICATIONS: You have the right to request that we communicate with you about your protected health information by certain means or at certain locations. For example, you may specify that we call you only at your home phone number, and not at your work number. You must make a written request, specifying how and where we may contact you, to the Privacy Officer at the address listed at the end of this Notice.

RIGHT TO NOTICE OF BREACH: You have the right to be notified if we or one of our business associates become aware of a breach of your unsecured protected health information.

RIGHT TO OPT OUT OF RECEIVING FUNDRAISING COMMUNICATIONS: From time to time, we may contact you to raise fund for our organization. We will inform you how to opt out within each fundraising communication that we send to you. You have many rights concerning the confidentiality of your health information.

D. OUR DUTIES

The facility is required by law to maintain the privacy of your health information and to provide you with this Privacy Notice of our duties and privacy practices. We are required to abide by the terms of this Notice as may be amended from time to time. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all future protected health information that we maintain. Any revision to our privacy practices will be described in a revised Notice that will be posted in our facility.

E. COMPLAINTS

If you believe your privacy rights have been violated, a complaint may be made to our Privacy Officer in writing, using the contact information below. You may also submit a complaint to the Secretary of the Department of Health and Human Services. We will not retaliate against you for filing a complaint.

F. CONTACT PERSON

Our contact person for all questions, requests, or for further information related to the privacy of your health information is:

Big Sky Surgery Center, LLC
2833 fort Missoula Road
Missoula, MT 59804
Attn: Privacy Officer