



Notice of Privacy Practices

Effective Date: February 1, 2025

Your Information. Your Rights. Our Responsibilities.

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

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

More About Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask us, in writing, to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us for a Release of Information form.
- 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.

Ask us to correct your medical record

- You can ask us, in writing, to correct health information about you that you think is incorrect or incomplete. Ask us for a Medical Record Amendment Request form.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- 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. Tell us how you prefer to be contacted.

Ask us to limit what we use or share

- You can ask us, in writing, not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care. Ask us for a Request for Restrictions form.
- If you pay for a service or health care item out-of-pocket in full, you can ask us, in writing, not to share that information for the purpose of payment or our operations with your health insurer. We may say "no" if it would affect your care.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- 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.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- If you believe your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the below address. You may also contact the HIPAA Privacy and Security Officer, Nicole Willey, RN, by telephone or email. You will not be penalized or otherwise retaliated against for filing a complaint.

Northwest Community Health Center
ATTN: HIPAA Privacy and Security Officer
320 E. 2nd St.
Libby, MT 59923
jessica.brown@northwestchc.org
(406) 283-6916

- 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 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- Complaints must be filed within 180 days of when you knew that the act or omission occurred. OCR may extend the 180-day period if you can show "good cause"

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Provide mental health care
- Market our services and sell your information

More About 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.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Share information during an emergency

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and 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.

NWCHC will not conduct any marketing activities which include your protected health information without your written authorization.

Our Uses and Disclosures

We may use and share your information as we:

- Provide the best care possible for you as part of your health care team
- Use electronic interfaces, tools, and exchanges to provide care for you
- Remind you about needed care, appointments, and or available services
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with all state and federal laws
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

More about Our Uses and Disclosures

We typically use or share your health information in the following ways.

For Treatment, Payment, and Health Care Operations

- **Treatment:** PHI can be shared among healthcare providers to coordinate and manage your care. For example, a primary care doctor can share your medical records with a specialist.
- **Payment:** PHI can be used to bill and collect payment for healthcare services. This includes sharing information with your health insurance company.
- **Health Care Operations:** PHI can be used for activities necessary to run a healthcare organization, such as quality assessment, training programs, and business management.

Public Health and Safety

- **Public Health Activities:** PHI can be disclosed to public health authorities for preventing or controlling disease, injury, or disability. This includes reporting diseases, injuries, and vital events like births and deaths.
- **Health Oversight Activities:** PHI can be shared with health oversight agencies for audits, investigations, inspections, and licensure activities.

Legal and Administrative Requirements

- **Judicial and Administrative Proceedings:** PHI can be disclosed in response to a court order or subpoena.
- **Law Enforcement Purposes:** PHI can be shared with law enforcement officials for specific purposes, such as identifying or locating a suspect, fugitive, material witness, or missing person.

Other Situations

- **Research:** PHI can be used for research purposes, provided certain conditions are met to ensure the privacy of the information.
- **Organ and Tissue Donation:** PHI can be disclosed to organizations involved in the procurement, banking, or transplantation of organs and tissues.

Northwest Community Health Center is an Equal Opportunity Employer and Provider

- **Workers' Compensation:** PHI can be shared as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs.
- **Health Information Exchange:** This organization endorses, supports, and participates in electronic Health Information Exchange (HIE) through multiple secure platforms. Including but not limited to Montana Prescription Drug Registry, Montana State Immunization Registry (imMTrax), CommonWell, CareQuality, and Big Sky Care Connect (BSCC) as a means to improve the quality of your health and healthcare experience. HIE provides us with a way to securely and efficiently share patients' clinical information electronically with other physicians and healthcare providers that participate in the HIE network. Using HIE helps your healthcare providers to more effectively share information and provide you with better care. The HIE also enables emergency medical personnel and other providers who are treating you to have immediate access to your medical data that may be critical for your care. Making your health information available to your healthcare providers through the HIE can also help reduce your costs in a variety of ways, such as eliminating unnecessary duplication of tests and procedures. However, you may choose to opt-out of participation in the HIE by contacting our privacy and security officer through a request for restriction on disclosure. Opting out means your data will still be shared with BSCC and your demographic information will still be viewable. However, your health data will not be viewable in the BSCC system except in an emergency. Opting out of the HIE is an "all-or-nothing" choice, because BSCC cannot block access to some types of medical information while at the same time permit access to other medical information. Opting out of BSCC may limit your health care providers' ability to provide the most effective care for you. BSCC provides a limited, "global," HIE-level opt-out option. The records continue to be shared, but are placed "behind glass" and are inaccessible except in emergency circumstances. Clinicians with proper access can "break the glass" during emergent situations and access data of opted out patient. Patients can exercise global, HIE-level opt-out at any time. Patients can also opt back in at anytime using the same methods.

Opt-out methods:

- Patient to complete the [opt-out form](https://mtbscc.org/bbcc-patients/) available on BSCC's website at <https://mtbscc.org/bbcc-patients/> and mail it to BSCC Opt-out Team 2021 11th Avenue, Suite 11 Helena, MT 59601
- Complete Opt-out Form [online](https://www.mtbscc.org/opt-out) and submit it directly on BSCC's website: <https://www.mtbscc.org/opt-out>
- Patient to complete the opt-out form available through NWCHC.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We are required to provide your health information to you without any incidence of information blocking.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- 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.

- We are required to review this notice and make appropriate changes within a timely manner. Any changes made will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website, www.northwestchc.org

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.