

NOTICE OF PRIVACY PRACTICES
RiverStone Health
and
MONTANA FAMILY MEDICINE RESIDENCY

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.

Legal Duties of RiverStone Health.

- a. By law, RiverStone Health is required to maintain the privacy of Protected Health Information and to provide individuals with notice of its legal duties and privacy practices with respect to Protected Health Information.
 - b. The term “Protected Health Information” includes information that can be used to identify you and that relates to your past, present or future health or condition, including your mental health, any health care services that have been provided to you, or payment for these health care services.
 - c. RiverStone Health is obligated by law to abide by the terms of this Notice of Privacy Practice.
 - d. All individuals associated with RiverStone Health, either through employment or independent contract, must adhere to this policy. This includes anyone who directly interacts with you and/or who enters information into your medical record. Volunteers must also adhere to this policy.
 - e. RiverStone Health, with exceptions spelled out in this Notice of Privacy Practices, must keep your Protected Health Information private and it may not be disclosed without your written authorization.
 - f. You may revoke at any time your written authorization permitting RiverStone Health to disclose your Protected Health Information. Your written revocation must be in writing and delivered to RiverStone Health. Your written revocation will not be effective for disclosures made by RiverStone Health before it received your written revocation, or if your authorization was obtained as a condition of obtaining insurance coverage.
 - g. There are times that the Protected Health Information we have accumulated about you must be disclosed without your written authorization.
2. How Your Protected Health Information May be Used or Disclosed Without Your Written Authorization.
- a. Treatment. Your Protected Health Information may be used or disclosed by RiverStone Health to staff members and employees or to other health care professionals, including physicians, dentists, physicians-assistants, nurses, technicians, medical students, residents, or other medical personnel (collectively “Health Care Providers”) who are involved in your care. These Health Care Providers will use or disclose your Protected Health Information to evaluate your health, diagnose your medical condition, and provide treatment to you.
 - b. Payment. Your medical information may be shared with your third-party payer, such as an insurance company to receive payment for services already rendered, or to receive approval for a planned treatment or to ensure coverage. A third-party payer may include an insurance company or health care clearing house, Medicare, Medicaid, or any agency appointed as an administrator of Medicare or Medicaid, Tricare, or Indian Health Services. A third-party payer may also be a parent or guardian, but information disclosed to a parent or guardian will only be disclosed in accordance with applicable state or federal law. Your Protected Health Information may be used to seek payment from other sources of coverage, such as credit card companies, that you may use to pay for services.
 - c. Health care operations.
 - i. Operations. Your health information may be used as necessary for such activities as:

- (1) To support the day-to-day activities, operations and management of RiverStone Health, such as budgeting and financial reporting, business planning and development, and for the day-to-day management of RiverStone Health;
 - (2) For quality assurance, such as evaluating and promoting quality health care, including outcomes evaluations and the development of clinical guidelines;
 - (3) For activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, contacting health care providers and patients with information about treatment alternatives;
 - (4) Reviewing the competence or qualifications of health care professionals and evaluating their performance;
 - (5) Conducting training programs in which students, trainees or health care providers and professionals learn under supervision to practice or improve their skills;
 - (6) For training of non-health care professionals;
 - (7) For accreditation, certification, licensing or credentialing activities;
 - (8) Conducting and arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs;
 - (9) For activities related to the creation, renewal or replacement of a contract of health insurance, health insurance benefits or reinsurance of risk relating to claims for health care;
 - (10) Business management of RiverStone Health, including compliance with privacy rules and regulations, customer service, resolving internal grievances at RiverStone Health, and editing portions of your Protected Health Information so the edited information cannot identify you;
 - (11) Negotiating and completing the sale, transfer, merger or consolidation of all or part of the assets or activities of RiverStone Health.
- ii. Training. Your Protected Health Information may be used in conjunction with training of RiverStone Health staff and employees.
- d. Other Disclosures. Your Protected Health Information may also be disclosed as follows:
- i. Appointment Reminders. Your Protected Health Information may be disclosed for purposes of making or confirming appointments.
 - ii. Treatment Alternatives. Your Protected Health Information may be disclosed for purposes of exploring treatment alternatives and options.
 - iii. Health-Related Benefits and Services. Your Protected Health Information may be disclosed to inform you about health-related benefits or services which may be relevant or of interest to you.
 - iv. Fundraisers. RiverStone Health may contact you to raise funds for RiverStone Health, any of its auxiliaries, including RiverStone Health Foundation.
 - v. Directory Information. RiverStone Health may disclose your Protected Health Information to certain third parties without your prior written authorization as long as you do not object. For example, RiverStone Health may disclose information like your name, location in the RiverStone Health facility, general condition and religious affiliation in a facility directory (“Directory Information”). Absent your objection, RiverStone Health

may disclose the information in a directory, other than religious affiliation, to anyone who asks for you by name.

RiverStone Health may disclose all of the Directory Information, including religious affiliation, to members of the clergy. RiverStone Health may verbally inform you of your right to refuse to have your Directory Information disclosed and you may verbally agree or object to the disclosure of this information.

- vi. Limited Disclosure for Notification Purposes. Absent your objection, RiverStone Health may share Directory Information (except your religious affiliation) with other persons as long as it is directly relevant to that person's involvement with your care or payment of your care. Similarly, RiverStone Health may share information concerning your location in the RiverStone Health facility, your general condition, or your death with a family member, personal representative of another person responsible for your care. If you are not present or cannot communicate effectively when the decision to disclose this information is made, then RiverStone Health will use its best professional judgment in deciding to whom the disclosure may be made and how much information to share. RiverStone Health will also use its best professional judgment in determining the extent to which it will share this information with relief agencies during times of disaster.
- vii. Other Disclosures. RiverStone Health may disclose your Protected Health Information without your authorization to the extent that the law permits such disclosure. For example, to the extent permitted by law, RiverStone Health may disclose your protected health care information without your consent:
 - (1) to a public health authority that is authorized by law to collect and receive your Protected Health Information to prevent or control disease, injury or disability;
 - (2) to report child abuse or neglect, abuse, including elder abuse or domestic violence, to appropriate agencies;
 - (3) to a person who may have been exposed to a communicable disease or is at risk of contracting or spreading a disease or condition, if RiverStone Health is authorized by law to notify such person;
 - (4) to a health oversight agency, such as United States Health and Human Services, to perform such investigations such as audits, civil, administrative or criminal investigations, licensure, or disciplinary actions;
 - (5) in response to a court order, subpoena, discovery request, or other lawful process, to the extent permitted by law;
 - (6) to law enforcement officials:
 - (a) to report certain types of wounds or physical injuries;
 - (b) pursuant to a court order, warrant or subpoena issued by a judge or other authorized person, grand jury subpoena, administrative request;
 - (c) to provide investigative information to locate and identify a suspect, witness, fugitive, or missing person;
 - (d) to provide information about an individual who is or is suspected to be a victim of a crime;
 - (e) to provide information about an individual who has died for the purpose of alerting law enforcement of the death of a person due to criminal conduct;
 - (f) to report evidence of criminal conduct that occurred at the RiverStone Health premises;
 - (g) to report, in an emergency setting, that a crime may have taken place, the location of a crime, the victims of a crime, the identity and description of the perpetrator of a crime;
 - (7) to coroners or medical examiners for the purpose of identifying a deceased person, determining cause of death, and the like;
 - (8) to funeral directors so they can carry out their duties and responsibilities;
 - (9) for organ donor procurement or donation;

- (10) for research projects, but this will be subject to strict oversight and approvals;
- (11) to prevent, lessen or avert a serious or imminent threat to a person's health or safety, including notifying the target of a threat;
- (12) to the government for specialized governmental functions, including disclosures to facilitate recovery of lawful intelligence and national security activities; to provide protective services for the President of the United States and others authorized by law and other similar functions;
- (13) to the government or a health plan administering a government program providing public benefits for the purpose of determining eligibility for or enrollment in the health plan;
- (14) to a correctional institution if you are an inmate.

3. Individual Rights. You have certain rights under the federal and state privacy standards. These include the following:

- a. The right to request RiverStone Health to restrict its use and disclosure of your Protected Health Information for treatment, payment, health care operations, directory information and for notification purposes. However, RiverStone Health is not obligated to agree to your request, except in the circumstance where the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment), and the Protected Health Information pertains solely to a health care item or service for which RiverStone Health was paid by you out of your own pocket in full.

- b. The right to request in writing to:

RiverStone Health
 ATTN: Administration
 123 South 27th Street
 Billings, MT 59101

that you receive your Protected Health Information in a specific way or at a specific location. For example, you may ask that we send information to a particular e-mail account or to your home address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications. We may also provide appointment information to you by contacting you at your last known address or by calling you at the most recent phone number you provide to us, unless, in writing, you limit the way you want us to contact you.

- c. The right to inspect and copy your Protected Health Information. However, your request may be denied under the following circumstances:

- i. You may not have access to your psychotherapy notes, if such notes exist in your file or chart;
- ii. You may not have access to Protected Health Information compiled in reasonable anticipation of, or use in a civil, criminal or administrative action;
- iii. Non-Reviewable Grounds for Denying Access. RiverStone Health may deny you access to certain Protected Health Information without providing you an opportunity for review in the following circumstances:
 - (1) You may not have access to your Protected Health Information if you are an inmate in a correctional facility, RiverStone Health is acting under the direction of the correctional facility, and your obtaining such information would:
 - (a) Jeopardize your health, safety, security, custody or rehabilitation;
 - (b) Jeopardize the health, safety, security, custody or rehabilitation of the other inmates; or

- (c) Jeopardize the safety of any officer, employee, or other person at the correctional facility or who may be responsible for your transportation.
 - (2) You may not have access to Protected Health Information which was obtained by RiverStone Health from another health care provider under the promise of confidentiality and revealing the information to you is reasonably likely to reveal the source of the information;
 - (3) You may not have access to Protected Health Information which is contained in records that are subject to the Privacy Act, 5 USC 552a, if denying your access under the Privacy Act meets the requirements of that Act.
- iv. Reviewable Grounds for Denying Access. RiverStone Health may deny your access to certain Protected Health Information but you have the right to have such denials reviewable by the President and Chief Executive Officer (CEO) of RiverStone Health, a licensed health care professional, or another licensed health care professional appointed by the CEO who did not participate in the original decision to deny your request. This Protected Health Information includes Protected Health Information that a licensed health care professional has determined, in the exercise of his or her professional judgment, that the access requested:
 - (1) is reasonably likely to endanger your life or physical safety or the life or physical safety of another;
 - (2) makes reference to another person (not a health care provider) and the disclosure of the information is reasonably likely to cause substantial harm to that person;
 - (3) is made by your personal representative and the disclosure of the information is reasonably likely to cause substantial harm to you or to another.
- d. Amendment or Correction of Your Protected Health Information.
 - i. You have the right to amend or submit corrections to your Protected Health Information, as long as that information is maintained by or for RiverStone Health. You must make your request for amendment in writing, and as part of your request provide RiverStone Health with your reasons which support your request that any amendment be made.
 - ii. RiverStone Health may deny your request to amend if RiverStone Health determines that the information you want to amend:
 - (1) Was not created by RiverStone Health unless you can provide a reasonable basis for RiverStone Health to believe the originator of the information you want amended is no longer available to act on your request;
 - (2) Is not part of your “designated record set”, which means your medical and billing records which are maintained by RiverStone Health, and includes any item collection or grouping of information that includes Protected Health Information and is maintained, collected, used, or disseminated by RiverStone Health;
 - (3) Is not available for your inspection because you are denied inspection of some or all of your Protected Health Information as provided in paragraph c above; or
 - (4) Is already complete and accurate.
 - iii. If RiverStone Health denies your request to amend your Protected Health Information, you may submit a written statement disagreeing with the denial of all or part of your request. You must state the basis of your disagreement in your written statement. RiverStone Health may, but is not obligated to, send you a written rebuttal to your statement.
- e. The right to receive an accounting of how and to whom Protected Health Information has been disclosed. There are certain disclosures RiverStone Health is not obligated to inform you about.

- f. The right to receive a printed copy of this Notice upon written request.
4. RiverStone Health's Right to Revise Privacy Practice. As permitted by law, RiverStone Health reserves the right to amend or modify the Notice and to make new notice provisions effective for all Protected Health Information it maintains. These changes in our policies and practices may be required by changes in the federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice, by:
- a. Making the revised notice available to you upon written request;
 - b. Making the revised notice available at RiverStone Health to take with you at your request;
 - c. Posting the revised notice in a clear and prominent location where it is reasonable to expect that you will be able to read it;
 - d. Prominently placing the revised notice on the RiverStone Health website;
 - e. Making the revised notice available electronically through the RiverStone Health website; and
 - f. By making the revised notice available via e-mail, if you have agreed to electronic notice and you have not revoked that agreement.
5. Other uses and disclosures require your authorization. Disclosures of your health information or its use for any purpose other than those listed above require your specific written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.
6. Complaints.
- a. If you would like to obtain further information about this Notice, submit a comment or complaint about these privacy practices, you can do so by sending a letter to:

RiverStone Health
ATTN: Administration
123 South 27th Street
Billings, MT 59101
Phone Number: 406-247-3200
 - b. 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 same address. You will not be penalized or otherwise retaliated against for filing a complaint. You may also send the complaint to the United States Secretary of Health and Human Services at:

Secretary of the United States
Department of Health and Human Services
200 Independence Avenue, S. W.
Washington, D.C. 20201
(202) 619-0257
Toll Free: 1-877-696-6775.
7. Effective Date. This Notice is effective as of March 15, 2011.