

# 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.**

## 1. 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.

### You have the Right to:

---

<b>Get a copy of your paper or electronic medical record</b>	<ul style="list-style-type: none"><li>• You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.</li><li>• 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.</li></ul>
<b>Correct your paper or electronic medical record</b>	<ul style="list-style-type: none"><li>• You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.</li><li>• We may say “no” to your request, but we’ll tell you why in writing within 60 days.</li></ul>
<b>Request confidential communication</b>	<ul style="list-style-type: none"><li>• 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.</li><li>• We will say “yes” to all reasonable requests.</li></ul>
<b>Ask us to limit the information we share</b>	<ul style="list-style-type: none"><li>• You can ask us not to use or share certain health information for treatment, payment, or our operations.<ul style="list-style-type: none"><li>○ We are not required to agree to your request, and we may say “no” if it would affect your care.</li></ul></li><li>• If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.<ul style="list-style-type: none"><li>○ We will say “yes” unless a law requires us to share that information.</li></ul></li></ul>
<b>Get a list of those with whom we’ve shared your information</b>	<ul style="list-style-type: none"><li>• 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.</li><li>• 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).</li></ul>

---

<b>Get a copy of this privacy notice</b>	<ul style="list-style-type: none"> <li>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.</li> </ul>
<b>Choose someone to act for you</b>	<ul style="list-style-type: none"> <li>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.</li> <li>We will make sure the person has this authority and can act for you before we take any action.</li> </ul>
<b>File a complaint if you believe your privacy rights have been violated</b>	<ul style="list-style-type: none"> <li>You can complain if you feel we have violated your rights by contacting us using the information on page -6.</li> <li>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 <a href="http://www.hhs.gov/ocr/privacy/hipaa/complaints/">www.hhs.gov/ocr/privacy/hipaa/complaints/</a>.</li> <li>We will not retaliate against you for filing a complaint.</li> </ul>

## 2. 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 to do, and we will follow your instructions.

<b>In these cases, you have both the right and the choice to tell us to:</b>	<ul style="list-style-type: none"> <li>Share information with your family, close friends, or others involved in your care</li> <li>Share information in a disaster relief situation</li> <li>Contact you for fundraising efforts</li> </ul> <p><i>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.</i></p>
<b>In these cases, we <i>never</i> share your information unless you give us written permission:</b>	<ul style="list-style-type: none"> <li>Marketing purposes</li> <li>Sale of your information</li> <li>Most sharing of psychotherapy notes</li> </ul>
<b>In the case of fundraising:</b>	<ul style="list-style-type: none"> <li>We may contact you for fundraising efforts, but you can tell us not to contact you again.</li> </ul>

### 3. Our Uses and Disclosures

How do we typically use or share your information? We typically use or share your health information in the following ways:

---

<b>Treat you</b>	<ul style="list-style-type: none"><li>• We can use your health information and share it with other professionals who are treating you.</li></ul> <p><i>Example: A doctor treating you for an injury asks another doctor about your overall health condition.</i></p> <p><i>Example: A doctor treating you looks up your health information in the Big Sky Care Connect health information exchange (HIE) or another health information exchange system to obtain information about health services you received from other providers, including labs, radiology, and other tests.</i></p>
<b>Run our organization</b>	<ul style="list-style-type: none"><li>• We can use and share your health information to run our practice, improve your care, and contact you when necessary.</li></ul> <p><i>Example: We use health information about you to manage your treatment and services</i></p>
<b>Bill for your services</b>	<ul style="list-style-type: none"><li>• We can use and share your health information to bill and get payment from health plans or other entities.</li></ul> <p><i>Example: We give information about you to your health insurance plan so it will pay for your services.</i></p>

---

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, go to

<https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>

---

<b>Help with public health and safety issues</b>	<ul style="list-style-type: none"><li>• We can share health information about you for certain situations such as:<ul style="list-style-type: none"><li>○ Preventing disease</li><li>○ Helping with product recalls</li><li>○ Reporting adverse reactions to medications</li><li>○ Reporting suspected abuse, neglect, or domestic violence</li><li>○ Preventing or reducing a serious threat to anyone’s health or safety</li></ul></li></ul>
<b>Do research</b>	<ul style="list-style-type: none"><li>• We can share or use your information for health research</li></ul>

---

<b>Comply with the law</b>	<ul style="list-style-type: none"> <li>We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.</li> </ul>
<b>Respond to organ and tissue donation requests</b>	<ul style="list-style-type: none"> <li>We can share health information about with you with organ procurement organizations</li> </ul>
<b>Work with a medical examiner or funeral director</b>	<ul style="list-style-type: none"> <li>We can share health information with a coroner, medical examiner, or funeral director when an individual dies</li> </ul>
<b>Address workers' compensation, law enforcement, and other government requests</b>	<ul style="list-style-type: none"> <li>We can use or share health information about you: <ul style="list-style-type: none"> <li>For workers' compensation claims</li> <li>For law enforcement purposes or with a law enforcement official</li> <li>With health oversight agencies for activities authorized by law</li> <li>For special government functions such as military, national security, and presidential protective services</li> </ul> </li> </ul>
<b>Respond to lawsuits and legal actions</b>	<ul style="list-style-type: none"> <li>We can share health information about you in response to a court or administrative order, or in a response to a subpoena</li> </ul>

#### 4. Special Rule for Substance Abuse Records

<b>Confidentiality Requirements</b>	<ul style="list-style-type: none"> <li>Federal law and regulations protect the confidentiality of patient records related to drug and alcohol abuse diagnosis and treatment. If you receive care or treatment from our drug and alcohol abuse program providers, , we will use and disclose information and records related to your drug and alcohol abuse treatment only as permitted by federal law and regulations. These laws and regulations are found at 42 U.S.C. 290dd-2; 42 U.S.C. 290ee-3 and 42 CFR Part 2.</li> <li>RiverStone Health is a mixed-use integrated care setting. 42 Part 2 applies only to records created, received, or acquired by providers who are part of RiverStone's Part 2 program.</li> <li>Records created, received, or acquired by RiverStone's primary care medical providers are not subject to the protections for drug and alcohol abuse/treatment, even if you receive treatment for substance abuse disorders or substance abuse related conditions from our primary care medical providers.</li> </ul>
-------------------------------------	--

<b>General Rule</b>	<ul style="list-style-type: none"> <li>• Generally, we may not say to a person outside our drug and alcohol abuse program that you participate in or are treated by the program or disclose any information identifying you as a participant in the program unless: <ul style="list-style-type: none"> <li>○ You consent in writing;</li> <li>○ The disclosure is allowed by a court order; or</li> <li>○ The disclosure is made to medical personnel in a medical emergency or to qualified personnel providing services to the program or to qualified personnel providing research, audit, or program evaluation.</li> </ul> </li> </ul>
<b>Reporting Violation</b>	<ul style="list-style-type: none"> <li>• Violation of the law protecting drug and alcohol abuse records is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations.</li> </ul>
<b>Information related to a Crime</b>	<ul style="list-style-type: none"> <li>• Information about drug and alcohol abuse records related to a crime or threat of a crime, either on the premises of our program or against personnel of our program, is not protected and may be communicated to appropriate authorities.</li> </ul>
<b>Information Related to Child Abuse or Neglect</b>	<ul style="list-style-type: none"> <li>• Information about suspected child abuse or neglect is not protected and will be communicated to appropriate authorities as required by state law.</li> </ul>

## 5. Health Information Exchange

<b>Big Sky Care Connect (BSCC)</b>	<ul style="list-style-type: none"> <li>• We participate in the Big Sky Care Connect health information exchange (HIE).</li> <li>• BSCC gives qualified medical professionals access to accurate, current patient information, and helps them provide better quality care. Providers who are caring for you can access your data on a secure, controlled, and private network.</li> <li>• If you have any concerns about your information being shared in the BSCC you should discuss those with us.</li> <li>• You can find more information about the policies and your ability to decide how your health information is shared through the BSCC HIE on the BSCC website:</li> </ul>
------------------------------------	---

<https://www.mtbscc.org/patients>

---

**Other HIE Networks**

- We may participate in other health information exchange systems or networks from time to time. Health information about you may be disclosed from these HIE systems for your treatment or for payment purposes. If you have questions about any HIE systems or disclosures, you should discuss those with us.
- 

## 6. Artificial Intelligence (AI)

During treatment, RiverStone Health may process your health information using AI tools intending to improve efficiency and quality. As an example:

- RiverStone Health may use scribe software to improve clinical notetaking by converting conversations with the provider into a clinical note that can be reviewed and stored in your electronic medical record.
- RiverStone Health may use AI tools to automate processes associated with your visit, such as drafting treatment plans or initiating order sets.
- RiverStone Health may use AI to assist in generating correspondence and other materials in communication with you about your treatment.

If your health care provider uses AI tools, they may seek your consent prior to treating you and enter your response in the medical record. RiverStone Health intake documents provided to you at your appointments may also seek your approval for AI utilization.

If you have any concerns about the use of AI in your treatment, please inform us using the contact information provided below.

## 7. Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

## 8. Additional Information

- RiverStone Health provides healthcare services as part of its larger organizational obligations, which include serving as the public health entity for Yellowstone County. This Notice of Privacy Practices applies only to the activities and services of the RiverStone Health that are covered by the HIPAA regulations and may not apply to certain clinical services provided by RiverStone Health's public health staff.
- The effective date of this Notice is August 1, 2024.
- If you have questions about this notice, you can contact our privacy official by mail, telephone, or email:

Privacy Officer

123 South 27<sup>th</sup> Street, Billings, MT 59101  
406-247-3384  
[compliance@riverstonehealth.org](mailto:compliance@riverstonehealth.org)

---

## Acknowledgement of Receipt of Notice of Privacy Practices

---

I acknowledge that I have been offered a copy of RiverStone Health’s Notice of Privacy Practices that is in effect as of August 1, 2024, in electronic or paper form. I understand I can access a copy of our Notice of Privacy Practices at [www.riverstonehealth.org](http://www.riverstonehealth.org)

---

Patient Signature

---

Date

---

Signature of Patient’s Representative

---

Date