



ALLERGY & ASTHMA  
CONSULTANTS OF MONTANA

## NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION.  
PLEASE REVIEW THIS NOTICE CAREFULLY.**

This Privacy Notice is being provided to you as a requirement of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Allergy & Asthma Consultants of Montana (the Practice) is required by applicable federal and state laws to maintain the privacy of your health information. Protected health information (PHI) is the information we create and maintain in the course of providing our services to you. Such information may include documentation of your symptoms, examination and test results, diagnoses and treatment protocols. It also may include billing documents for those services.

### **WE ARE PERMITTED TO USE AND DISCLOSE YOUR PHI FOR PURPOSES OF TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS WITHOUT YOUR WRITTEN CONSENT:**

**TREATMENT:** We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. For example, we may disclose your PHI to a pharmacy to fill a prescription or to a laboratory to order a blood test. We may also disclose PHI to physicians who may be treating you or consulting with the facility with respect to your care. Our staff may contact you by phone if we need to describe or recommend treatment alternatives to you or to remind you of medical appointments.

**PAYMENT:** We submit requests for payment directly to your health insurance company. We may disclose information about you to your health plan so that the health plan may determine your eligibility for payment of benefits. We will respond to health insurance company requests for information about the medical care we provided to you.

**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. We may share information about you with our Business Associates, third parties who may perform these functions on our behalf but who have signed agreements to maintain PHI under all applicable laws.

### **YOUR RIGHTS**

You have many rights concerning the confidentiality of your health information. You have the right:

- To obtain a paper copy of this notice. Upon request, we will always provide a paper copy of this notice.
- To receive notification of a breach of your unsecured PHI; the practice may choose to notify you electronically or by mail.
- To request restrictions on certain uses and disclosures of your health information. We are not required to agree to all your requests. We may agree to a request to refrain from sending your PHI to your health plan for payment or operations purposes if account is paid in full at time of services rendered.
- To inspect and obtain a copy of your PHI that is contained in a designated record set for as long as we maintain the record. There may be a small fee associated with physical copies of the medical record. We may deny your request to inspect or copy your PHI if, in our professional judgment, we determine that the access requested is likely to endanger your life or safety or that of another person, or that it is likely to cause substantial harm to another person referenced within the information.
- To amend your health information. We may deny your request if you ask us to amend information that (a) was not created by us (unless the person or entity that created the information is no longer available to make the amendment), (b) is not part of the health information kept by the Practice, (c) is not part of the information that you would be permitted to inspect or copy, or (d) is accurate and complete. If your request is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be placed in your record.
- To receive confidential communications of health information about you in a certain manner or at a certain location. For instance, by delivering a written request to the Practice, you may request that we only contact you at work or by mail.
- To obtain a list of instances in which we have shared your health information with outside parties, as required by HIPAA.
- To revoke any of your prior authorizations to use or disclose information by delivering a written revocation to our Practice (except to the extent action has already been taken based on a prior authorization).

### **OUR RESPONSIBILITIES**

Allergy & Asthma Consultants of Montana is required by law to maintain the privacy of your health information, and to provide you with this Notice of Privacy Practices of our duties and privacy practices. We will notify you electronically or by mail following a breach of your PHI. We are required to abide by the terms of this Notice, however, 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 and on our website.

**This document was last updated and became effective on 8/28/2018.**

## **OTHER USES AND DISCLOSURES OF YOUR PHI:**

**COMMUNICATION WITH FAMILY:** Using our best judgment, 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 or payment for care, if you do not object or in an emergency.

**NOTIFICATION:** Unless you object, we may use or disclose your PHI to notify, or assist in notifying, a family member, personal representative, or other person responsible for your care about your location, general condition, or your death.

**DISASTER RELIEF:** We may use and disclose your PHI to assist in disaster relief efforts.

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

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

**PUBLIC HEALTH:** As required by law, we may disclose PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability; to report reactions to medications or problems with products; to notify people of recalls; or to notify a person who may have been exposed to a disease or who is at risk for contracting or spreading a disease or condition.

**VICTIMS OF ABUSE, NEGLECT, OR DOMESTIC VIOLENCE:** We may disclose your health information to appropriate governmental agencies, such as adult protective or social services agencies, if we reasonably believe you are a victim of abuse, neglect, or domestic violence as provided by Montana State Law.

**EMPLOYERS:** We may release health information about you to your employer if we provide health care services to you at the request of your employer, and the health care services are provided either to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether you have a work-related illness or injury. In such circumstances, we will give you written notice of the release of information to your employer. Any other disclosures to your employer will be made only if you execute a specific authorization for the release of information to your employer.

**LAW ENFORCEMENT:** We may disclose your PHI to law enforcement officials (a) in response to a court order, court subpoena, warrant or similar judicial process; (b) to identify or locate a suspect, fugitive, material witness, or missing person; (c) if you are a victim of a crime and we are unable to obtain your agreement; (d) about criminal conduct on our premises; and (e) in other limited emergency circumstances where we need to report a crime.

**HEALTH INFORMATION:** 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 PHI for oversight activities authorized by law, such as audits and civil, administrative, or criminal investigations.

**JUDICIAL PROCEEDINGS:** We may disclose your PHI in the course of any judicial or administrative proceeding as allowed or required by law, with your authorization, or as directed by a proper court order.

**SPECIALIZED GOVERNMENT FUNCTIONS OR SERIOUS THREAT:** We may disclose your PHI for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, to public assistance program personnel, or to avert a serious threat to health or safety. We may disclose your PHI consistent with applicable law to prevent or diminish a serious, imminent threat to the health or safety of a person or the public.

**CORRECTIONAL INSTITUTIONS:** If you are an inmate or a correctional institution, we may disclose to the institution or its agents the PHI necessary for your health and the health and safety of other individuals.

Additional uses and disclosures of your PHI not described in this Notice will only be made with your authorization, unless otherwise permitted or required by law. Uses and disclosures of your PHI for marketing purposes, and disclosures of your PHI that constitute a sale of PHI, will require your authorization. You may revoke any authorization at any time by submitting a written revocation request to the Practice (as previously provided in the notice under "YOUR RIGHTS").

## **TO REQUEST INFORMATION, EXERCISE A PATIENT RIGHT, OR FILE A COMPLAINT**

If you have questions, would like additional information, want to exercise a Patient Right described above, or believe your (or someone else's) privacy rights have been violated, you may contact the Practice's Privacy Officer.

**Attn: Privacy Officer**

Kara Krantz  
1188 N 15<sup>th</sup> Ave Suite 3  
Bozeman, MT 59715

Ph: 406-582-1111 x103  
Fax: 406-582-1112  
Email: [kkrantz@aacmt.com](mailto:kkrantz@aacmt.com)

Please note that all complaints must be submitted **in writing** to the Privacy Officer at the above address. You may also file a complaint with the Secretary of Health and Human Services (HHS), Office for Civil Rights (OCR). Your complaint must be filed in writing, either on paper or electronically, by mail, fax, or e-mail. More information regarding the steps to file a complaint can be found at: [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints).

- We cannot, and will not, require you to waive the right to file a complaint with the Secretary of HHS as a condition of receiving treatment from the Practice.
- We cannot, and will not, retaliate against you for filing a complaint with the Secretary of HHS.