

**NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

This Notice of Privacy Practices (NPP) describes how Missoula Aging Services may use and disclose your protected health information (PHI) to carry out Treatment through our services, Payment, and for Health Care Operations including administrative purposes and evaluation of quality care that you receive. Under some circumstances, we may be required to use or disclose the information even without your permission. It also describes your rights to access and control of your protected health information.

**Protected Health Information**

Under Federal Law, your health information is protected and confidential. Protected Health Information (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present or future health condition and related health care services.

**How We May Use and Disclose Protected Health Information About You**

The following categories describe the ways that we use and disclose health information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall into one of the categories.

**Treatment**

We may use and disclose your 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 example, a home health agency, a durable medical equipment provider, nurses, physicians, physical or occupational therapists or other Health Care Providers who are participating in you care, and to family members who are helping with your care.

**Payment**

We will use and disclose your Health Information for Payment purposes to obtain payment for your health care services. For example, we may need authorization from your insurance company to obtain approval for In-Home services. This may require that your relevant Health Information be disclosed to the health plan.

**Healthcare Operations**

We may use or disclose, your Health Information to support the day-to-day business operations of Missoula Aging Services and its staff. These activities include, but are not limited to, quality assurance and improvement activities, employee review activities, training and education purposes, licensing, accreditation and/or certification and conducting or arranging for other business-related operational activities.

**Special Uses**

We may use your information to contact you with appointment reminders. We may also contact you to provide information about Treatment alternatives or other health-related benefits and services that may be of interest to you.

**Other Uses and Disclosures**

We may use or disclose identifiable Health Information about you for other reasons, even without your consent. Subject to certain requirements, we are permitted to disclose Health Information without your permission for the following purposes:

* ***Required by Law:*** We may be required by Law to report suspected abuse or neglect, or similar injuries and events.
* ***Public Health Activities:***  As Required by Law, we may disclose vital statistics, diseases, information related to recalls of dangerous products, and similar information to public health authorities.
* ***Health Oversight:***  We may be required to disclose information to assist in investigations and audits, eligibility for government programs, and similar activities.
* ***Judicial and Administrative Proceedings:*** We may disclose information in response to an appropriate subpoena or court order.
* ***Law Enforcement Purposes:*** Subject to certain restrictions, we may disclose information required by Law Enforcement Officials.
* ***Deaths:***  We may report information regarding deaths to coroners, medical examiners, funeral directors, and organ donation agencies.
* ***Serious threat to Health or Safety:*** We may use and disclose information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
* ***Military and Special Government Functions:***  If you are a member of the armed forces, we may release information as required by military command authorities.  We may also disclose information to Correctional Institutions or for national security purposes.
* ***Research:***  We may use or disclose information for approved medical Research.
* ***Workers Compensation:***  We may release information about you to workers compensation agencies and your employer to provide benefits for work-related injuries or illness.
* ***Fundraising:***  We may contact you or allow a foundation to contact you, for fundraising purposes. You have the right to opt out of receiving any fundraising communications.
* ***Individuals Involved in Your Care or Payment for Your Care:*** Unless you object, we may disclose health information about you to a friend or family member who is involved in your care. We may also give information to someone who helps pay for your care. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

Most uses and disclosures of medical information for marketing purposes, and disclosures that constitute a sale of medical information will only be made with your written authorization. In any other situation not described in this Notice, we will ask for your written authorization before using or disclosing any identifiable Health Information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and Disclosures.

**YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU**

Although your health record is the property of MAS, the information belongs to you. You have the following rights regarding your Health Information:

* **Right to Inspect and Copy**: With some exceptions, you have the right to review and copy your Health Information.

You must submit your request in writing to the ***MAS Privacy Officer****.* We may charge a fee for the costs of copying, mailing or other supplies associated with your request.

* **Right to Amend**: If you feel that Health Information in your record is incorrect or incomplete, you may ask us to amend the information. You have this right for as long as the information is kept by or for MAS.

You must submit your request in writing to the ***MAS Privacy Officer****.* In addition, you must provide a reason for your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

* Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
* Is not part of the health information kept by or for the MAS; or
* Is accurate and complete.
* **Right to an Accounting of Disclosures:** You have the right to request an "accounting of disclosures". This is a list of certain disclosures we made of your health information, other than those made for purposes such as Treatment, Payment, or Health Care Operations.

You must submit your request in writing to the ***MAS Privacy Officer***. Your request must state a time period which may not be longer than six years from the date the request is submitted and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a twelve-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

* **Right to Request Restrictions**: You have the right to request a restriction or limitation on the Health Information we use or disclose about you. For example, you may request that we limit the Health Information we disclose to someone who is involved in your care or the payment for your care. You could ask that we not use or disclose information about a service or treatment you had to a family member or friend.

**We are not required to agree to your request.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

You must submit your request in writing to the ***MAS Privacy Officer***. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

* **Right to Request Alternate Communications:** You have the right to request that we communicate with you about medical matters in a confidential manner or at a specific location. For example, you may ask that we only contact you via mail to a post office box.

You must submit your request in writing to the ***MAS Privacy Officer****.* We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests*.*

* **Right to a Paper Copy of This NPP**: You have the right to a paper copy of this NPP even if you have agreed to receive the NPP electronically. You may ask us to give you a copy of this NPP at any time.
* You may obtain a copy of this NPP at our website*,* [*https://missoulaagingservices.org*](https://missoulaagingservices.org)*.*
* To obtain a paper copy of this NPP, contact or call Missoula Aging Services.

**CHANGES TO THIS NOTICE OF PRIVACY PRACTICES**

We reserve the right to change this NPP. We reserve the right to make the revised or changed NPP effective for Health Information we already have about you as well as any information we receive in the future. We will post a copy of the current NPP in the MAS offices and on the website. If material changes are made to this NPP, the NPP will contain an effective date for the revisions and copies can be obtained by contacting the MAS Privacy Officer.

**COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the ***MAS Privacy Officer*** or with the Secretary of the Department of Health and Human Services. To file a complaint with MAS, contact the ***Privacy Officer at (406) 728-7682.*** All complaints must be submitted in writing. **You will not be penalized for filing a complaint**.

**Our Legal Duty**

We are required by Law to protect and maintain the privacy of your Health Information, to provide this Notice about our legal duties and privacy practices regarding Protected Health Information, to notify you of any breach of your Health Information that we are required by law to report, and to abide by the terms of the Notice currently in effect.