

BIG SKY MANAGED CARE HIPAA STATEMENT
GREAT FALLS, MT 59404
Phone: (406) 315-1989 Fax: (406) 315-1988

NOTICE OF HIPAA PRIVACY POLICY FOR OUR PHARMACY

Effective April 1, 2018

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. If you have questions, please contact our Privacy Office at the address or phone number at the bottom of this notice.

Who will follow this notice?

Our pharmacy provides health care to our patients, residents, and clients in partnership with paramedics, physicians, nursing homes, care homes, and other professionals and organization. The information privacy practices in this notice will be followed by: any employee of our pharmacy and/or contracted by our pharmacy.

Our pledge to you:

We understand that medical information about you is personal and we are committed to protect sensitive medical information about you. We create a record of the care and services you receive to provide quality care and to comply with legal requirements. This notice applies to all the records of your care that we maintain, whether created by pharmacy, doctors, nurses, paramedics or facility staff. Other healthcare partners may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office. We are required by law to:

- Keep medical information about you private.
- Give you this notice of our legal duties and privacy practices with respect to medical information about you.
- Follow the terms of the notice that is currently in effect.
- Changes to this notice

We may change our policies at any time. Changes will apply to medical information we already hold, as well as new information after the change occurs. We will notify you if we make a significant change in our policies, before we treat you. The effective date of the notice is listed just below the title. You will be offered a copy of the current notice each time you are treated by our organization. You will also be asked to acknowledge in writing your receipt of this notice.

How we may use and disclose medical information about you:

We may use and disclose medical information about you for treatment (such as sending or sharing your medical records to your physician, care taker, board and care facility, other pharmacies, and anyone else who may be involved in your care in any fashion); to obtain payment for treatment (such as sending billing information to your insurance company or Medicare); and to support our health care operations (i.e., comparing patient data to improve treatment methods.)

We may use or disclose medical information about you without your prior authorization for several other reasons. Subject to certain requirements, we may give out medical information about you without prior authorization for public health purposes, abuse or neglect reporting, health oversight audits or inspections, research studies, funeral arrangements and organ donation, workers' compensation purposes, and emergencies. We also disclose medical information when required by law, such as in response to a request from law enforcement in specific circumstances, or in response to valid judicial or administrative orders.

We may disclose medical information about you to a friend or family member who is involved in your medical or personal care, or to disaster relief authorities so that your family can be notified of your location and condition.

We will not sell your information to anyone.

Other uses of medical information:

In any other situation not covered by this notice, we will ask for your written authorization before using or disclosing medical information. If you chose to authorize use or disclosure, you can later revoke that authorization by notifying us in writing of your decision.

Your medical information will be available over the internet for you to view or for your caregivers to view or for your physicians to review and order your medication. To do this in the best interest of your health, your physicians will be able to view your medical records completely. It is the patient's responsibility to inform us in writing if they do not wish to do this.

WE WILL SHARE YOUR MEDICAL INFORMATION WITH YOUR MEDICAL DOCTORS AND THEIR AUTHORIZED REPRESENTATIVES. THEY ARE ALSO BOUND BY LAW TO FOLLOW ALL HIPAA REGULATION. YOUR INFORMATION MAY BE SHARED VIA THE FAX, INTERNET, OR TELEPHONE.

Your rights regarding medical information about you:

In most cases, you have the right to look at or get a copy of medical information that we use to make decisions about your care, when you submit a written request. If you request copies, we may charge a fee for the cost of copying, mailing, or other related supplies. If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision.

If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we correct the records, by submitting a request in writing that provides your reason for requesting the amendment. We could deny your request to amend a record if the information was not created by us; if it is not part of the medical information maintained by us; or if we determine that the record is accurate. You may appeal, in writing, a decision by us not to amend a record.

You have the right to a list of those instances where we have disclosed medical information about you, other than for treatment, payment, health care operations, or where you specifically authorized a disclosure, when you submit a written request. The request must state the time period desired for the accounting, which must be less than a 6-year period and starting after April 14, 2011. You may receive the list in paper or electronic form. The first disclosure list request in a 12-month period is free; other requests will be charged according to our cost of producing the list. We will inform you of the cost before you incur any costs.

WE WILL NOT DISCLOSE YOUR INFORMATION TO ANYONE OTHER THAN THE OTHER PERSONS OR ENTITIES INVOLVED IN YOUR HEALTHCARE.

If this notice was sent to you electronically, you have the right to a paper copy of this notice.

You have the right to request that medical information about you be communicated to you in a confidential manner, such as sending mail to an address other than your home, by notifying us in writing of the specific way or location for us to use to communicate with you.

You may request in writing, that we not use or disclose medical information about you for treatment, payment, or healthcare operation, or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency. We will consider your request but we are not legally required to accept it. We will inform you of our decision on your request.

All written requests or appeals should be submitted to our Privacy Office listed at the bottom of this notice.

Complaints:

If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about access to your records, you may contact our Privacy Officer at the pharmacy.

Finally, you may send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights.

Under no circumstances will you be penalized or retaliated against for filing a complaint.

Privacy Office:

Big Sky Managed Care
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Great Falls, MT 59401
406-315-1989