

PIONEER MEDICAL CENTER
PRIVACY NOTICE SUMMARY
Effective Date: April 14, 2003

At Pioneer Medical Center, we value our patients and are very careful in the way we safeguard personal health information. This Privacy Notice describes our policies concerning health information and our commitment to protect the privacy of our patients.

How We May Use and Disclose Protected Health Information About You

Please read the attached Pioneer Medical Center Notice for detailed information about the following ways that we use and disclose your protected health information:

- For treatment
- For payment
- For health care operations
- For research
- Appointment reminders
- Treatment alternatives
- Health-related benefits and services
- Fundraising activities
- Individuals involved in your care or payment for your care
- Limited uses when you are not present or are incapacitated
- As required by law
- To avert a serious threat to health or safety
- Tumor registry (cancer)
- Directory information

Special Situations:

- Military and veterans
- Workers' Compensation
- Public health risks
- Victims of abuse, neglect or domestic violence
- Health oversight activities
- Judicial and administrative proceedings
- Law enforcement
- National security and intelligence activities
- Protective services for the President and others
- Inmates
- Coroners, medical examiners and funeral directors
- Organ and tissue donations

You have the following rights regarding medical information we maintain about you:

- Right to inspect and copy
- Right to amend
- Right to an accounting of disclosures
- Right to request restrictions
- Right to request confidential communications
- Right to a paper copy of this notice

You will receive a paper copy of this notice at your first visit to PMC on or after 04/14/03 or by submitting a request in writing to:

Pioneer Medical Center
Box 1228
Big Timber, MT 59011

PIONEER MEDICAL CENTER
NOTICE OF PRIVACY PRACTICES

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

If you have any questions about this notice, please contact the

PMC Privacy Officer
Box 1228
Big Timber, Montana 59011

This notice applies to the following entities:
Pioneer Medical Center ("PMC") and
the Members of the Medical Staff of PMC and
others providers authorized under the Medical Center's Bylaws to Provide Care

Pioneer Medical Center is a county owned and operated not-for-profit hospital, nursing home, clinic, assisted living facility and ambulance service. This notice applies to all members of PMC's workforce and all protected health care information maintained by PMC at any location.

This notice also applies to health care providers with privileges to provide services at PMC, including physicians, dentists, podiatrists and other independent health care providers. They have agreed to abide by the terms of the current PMC Notice of Privacy Practices for services provided at Pioneer Medical Center, and to share information as necessary to carry out treatment, payment or health care operations related to the Hospital.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. At PMC, we are committed to protecting the confidentiality of that information, wherever generated or used. For that reason, in most cases, your health care information may not be disclosed without your written authorization or permission. There are, however, reasons PMC may use or disclose information about you, without your authorization, but in ways that protect your privacy and are required by state or federal law. We want you to understand these practices. This notice tells you about the ways in which we may use and disclose "protected health information" about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

"Protected health information" is patient-identifiable information, whether oral, electronic, or paper, which is created or received by PMC and relates to a patient's health care or payment for the provision of health care. In this notice, we will also refer to "protected health information" as "medical information" or simply "information."

We are required by law to:

- Maintain the privacy of your protected health information;
- Give you notice of our legal duties and privacy practices with respect to protected health information; and
- Abide by the terms of PMC's privacy notice currently in effect.

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose protected health information, with an explanation and examples, in some cases. 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 within one of the categories.

For Treatment: We may use medical information about you to provide, coordinate, or manage your health care and related services, including coordination or management with a third party, consultation between health care providers, and the referral of patients both within and outside of PMC. At PMC, we maintain an integrated medical record for many of our patients. Portions of this record are maintained electronically, and are accessible from computer workstations to assist health care professionals throughout PMC in caring for you. We may disclose information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you. For example, your family practice physician may share information regarding your diabetes with the orthopedic surgeon treating you for a broken leg because diabetes may slow the healing process. You may also be referred for rehabilitation either within or outside of PMC, and information will be shared to facilitate that referral.

For Payment: We may use and disclose medical information about you related to obtaining payment for the provision of health care. For example, we may need to give your health plan or other third party payor information about the treatment you received at the hospital so that health plan or payor will pay us or reimburse you for that treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We may also disclose information to another health care provider or entity eligible to receive such information for its own payment activities. For instance, if you are brought to the hospital by an outside ambulance service, we may share information with that ambulance service to allow it to bill you or your insurer. We may also disclose certain limited information to consumer reporting agencies relating to collection of reimbursement.

For Health Care Operations: We may use and disclose medical information about you for our organizational operations. As an organization committed to providing high quality and efficient care, we use information to conduct quality assessment and improvement activities, to review the competence or qualifications of health care professionals and to conduct training and education programs so health care providers improve their skills and all personnel comply with applicable professional, licensure, safety, and accreditation standards. We may also use and disclose information to conduct or arrange for legal services or for auditing and monitoring, including fraud and abuse detection and compliance programs. Business planning and development, management and general administrative activities, grievance resolution, customer service activities, and grievance and complaint resolution are all routine operational activities that may require use and disclosure of certain protected information. We may also use and disclose medical information as part of any reorganization of operations, including one that results in a new or reorganized entity that is subject to privacy protections. Often we track information over time on patient care issues or combine medical information about many patients in order to engage in these operational activities.

For Research: In most cases, we will seek your written authorization prior to engaging in research that involves use or disclosure of your medical information. For instance, in all research conducted under the auspices of the PMC Research Division that involves recruiting people to participate in research on new pharmaceutical products, prior written authorization is sought. Such research is also subject to review by an Institutional Review Board ("IRB"), which is required by law to evaluate research to protect human subjects. Under limited circumstances, subject to IRB review, we may use and disclose medical information about you for research purposes without your authorization. In such situations, the IRB is required by law to evaluate proposed research projects to assure that the use or disclosure of protected health information involves no more than a minimal risk to the privacy of individuals and could not practically be conducted without a waiver of authorization and access to protected health information. In addition, use or access to information necessary for research purposes may be allowed without your authorization, before a request for IRB approval, to allow a researcher to prepare a research protocol or for similar purposes, so long as the medical information they review does not leave the organization.

Appointment Reminders: We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at Pioneer Medical Center.

Treatment Alternatives: We may use and disclose medical information to contact you about possible treatment options or alternatives.

Health-Related Benefits and Services: We may use and disclose medical information to contact you about health-related products or services we provide, including through newsletters and communications about health care provider networks, plans, and benefits.

Fundraising Activities: We may use medical information about you, or disclose information to PMC Foundation or a business associate, in an effort to raise funds for Pioneer Medical Center. We will release only contact information, such as your name, address and phone number and the dates you received treatment or services at Pioneer Medical Center. If you do not want PMC or PMC Foundation to contact you for fundraising efforts, you may "opt out" of future fundraising efforts by notifying PMC Foundation or PMC's Privacy Officer in writing. We then will make good faith efforts not to contact you after we have received and processed your opt-out request.

Directory Information: Unless you request that such information not be released, we may disclose limited "directory information" about you while you are a patient in the hospital or nursing home. Specifically, we may disclose your presence and general health condition to people who ask for you by name. If you authorize it, PMC may also disclose your religious affiliation to a member of the clergy, such as a minister, priest or rabbi, even if they do not ask for you by name. This is so your family, friends and clergy can visit you in the hospital or nursing home and generally know how you are doing.

Individuals Involved in Your Care or Payment for Your Care: Unless you object, we may disclose to a family member, other relative, or a close personal friend, or any other person you identify, protected health information directly relevant to that person's involvement with your care or payment related to your care. We will also disclose protected health information to an individual if we reasonably infer from the circumstances, based on the exercise of professional judgment, that you do not object to the disclosure.

Limited Uses When You Are Not Present or Are Incapacitated: If you are not present or cannot object to disclosure of information because of incapacity or an emergency circumstance, we will, in the exercise of professional judgment, disclose protected information in your best interests. We may use professional judgment and experience to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of protected health information on your behalf. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort.

In the Event of a Disaster: We may disclose medical information about you to other health care providers and to an entity assisting in a disaster relief effort to coordinate care and so your family can be notified about your condition and location.

Business Associates: We may disclose medical information to business associates with whom we contract so they may provide services on behalf of PMC. We require all business associates to implement safeguards to protect medical information.

As Required By Law: We will disclose medical information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety: We may use and disclose medical information about you when necessary to prevent or lessen a serious threat to your health and safety or the health and safety of the public or another person, unless that information is learned during counseling, therapy or treatment to affect the propensity to engage in such criminal conduct. Any disclosure, however, would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS

Cancer Registry and other Registries: If you have been diagnosed with cancer we may release medical information about you to authorized cancer registries. We may also be required by law to release information to other registries. This information is aggregated with other information and is used to monitor current treatment practices and develop new protocols to treat cancer.

Military and Veterans: If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation: We may release protected health information about you for workers' compensation or similar programs, in accordance with state law.

Public Health Risks: We may disclose protected health information about you for public health activities and purposes described below:

- To a public health authority authorized to collect information for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events such as births and deaths, conducting public health surveillance, investigations and interventions, or, at the direction of a public health authority, disclosing information to an official of a foreign government agency that is collaborating with a public health authority;
- To a public health authority or other appropriate government agency authorized to receive reports of actual or suspected child abuse or neglect;
- To a person responsible for federal Food and Drug Administration activities for purposes related to the quality, safety or effectiveness of FDA-regulated products or activities;
- To a person who may have been exposed to a communicable disease or may be at risk for contracting or spreading a disease or condition, as authorized by law
- To an employer, when required by federal or state law, to conduct medical surveillance of the workplace or to evaluate whether an individual has a work-related illness or injury.

Victims of Abuse, Neglect or Domestic Violence: We may disclose protected health information about an individual we reasonably believe to be the victim of abuse, neglect or domestic violence to a person authorized by law to receive such reports. We will make this disclosure if you agree, or if the disclosure is required or authorized by law and we believe the disclosure is necessary to prevent harm to the victim or other potential victims. Also if the patient is incapacitated, we may disclose information to a person authorized to receive such reports, if that person represents that the protected health information is not intended to be used against the patient and that an immediate enforcement activity depends upon the disclosure.

Health Oversight Activities: We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure or disciplinary activities; legal proceedings or actions; or other activities necessary for appropriate oversight of the health care system, government benefit programs, and compliance with government regulatory programs or civil rights laws for which health information is necessary for determining compliance.

Judicial and Administrative Proceedings: If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or obtain an order protecting the information requested, in the manner required by state or federal law, whichever is more stringent under the circumstances.

Law Enforcement: We may release medical information if asked to do so by a law enforcement official:

- as required by law that mandates reporting of certain types of wounds or injuries;
- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if we obtain the individual's agreement or we receive certain representations from a law enforcement official and the disclosure is in the individual's best interest, in the exercise of professional judgment;
- about criminal conduct at our organization; and
- in emergency circumstances to report a crime; the location of the crime or victims; or the identify, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors: We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital or nursing home to funeral directors as necessary to carry out their duties.

Organ and Tissue Donation: If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

National Security and Intelligence Activities: We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others: We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations authorized by law.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to authorities for those facilities, if the correctional institution or law enforcement official represents that such information is necessary in order to provide you with health care; to protect your or other inmate's health and safety or the health and safety of others; for law enforcement on the premises of the correctional institution; or for the safety, security, and good order of the correctional institution.

Specially Protected Health Information: Unless otherwise required or permitted under law, use and disclosure of the following information is subject to additional privacy protections: AIDS/HIV/ARC information, mental health and mental illness records, drug addiction, alcoholism, and other substance abuse treatment records, developmental disability records, and genetic information.

Incidental Disclosures: Certain incidental disclosures of your medical information may occur as a by-product of permitted uses and disclosures. For example, a visitor may inadvertently over hear a discussion about your care occurring at the nurse's station.

Incidental Disclosures: Certain incidental disclosures of your medical information occur as a by-product of permitted uses and disclosures. For example, a visitor may inadvertently overhear a discussion about your care occurring at the nurse's station.

Limited Data Sets: We may disclose limited medical information to third parties for research, public health, and health care operations. Before disclosing such information, we will enter into an agreement that limits the recipient's use and disclosure of the information and prohibits the recipient from attempting to re-identify the data or contact you.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of your health information will be made only with your written permission. If you provide PMC with an authorization, you may revoke it in writing, at any time (unless you are informed otherwise at the time you sign the authorization). If you revoke authorization, we will no longer use or disclose your health information for the reasons covered by the authorization. We are unable to take back any disclosures already made with your permission and are required to retain records of the care we provide to you.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy: You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy medical information, you must submit your request in writing to Pioneer Medical Center Medical Record Department. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by Pioneer Medical Center will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review. In certain limited situations, we will have to deny your request for access but ill not be able to give you a review.

Right to Amend: If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Pioneer Medical Center in any of its locations.

To request an amendment, your request must be made in writing and submitted to Pioneer Medical Center Medical Record Director. In addition, you must provide a reason that supports 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 medical information kept by or for Pioneer Medical Center;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete.

If you disagree with our denial, you may submit a statement of disagreement or ask that your request become a part of your record. In response, we may prepare a rebuttal as part of your record.

Right to an Accounting of Disclosures: You have the right to request an "accounting of disclosures" about your medical information. This accounting will not include disclosures for treatment, payment, or health care operations; for facility directory purposes, to persons involved in your care, or for notification purposes; incidental to an otherwise permitted use or disclosure; to correctional institutions or other custodial law enforcement officials; as part of a limited data set; for national security or intelligence purposes; for other reasons allowed by law; or for disclosures that you authorized or requested.

To request this list or accounting of disclosures, you must submit your request in writing to Pioneer Medical Center's Privacy Officer. For an accounting of disclosures required to be maintained by federal law, your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12 month period will be free. For additional list, 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 a right to request a restriction or limitation on our use or disclosure of your protected health care information. Such requests must be in writing. Because of the integrated nature of PMC's delivery of health care, and the technical limitations of our electronic medical record, PMC may not be able to agree to your request. If we do agree to a restriction, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to Pioneer Medical Center 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 Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to Pioneer Medical Center's Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To obtain a paper copy of this notice, you may receive one at any registration desk or by submitting your request in writing to:

Pioneer Medical Center Privacy Officer
P.O. Box 1228
Big Timber, MT 59011

CHANGES TO THIS NOTICE

PMC reserves the right to change the terms of this notice and to make the new notice provisions effective for all protected health information PMC maintains, including information we already have about you. We will post a copy of the current notice in each facility within our organization. The notice will contain, on the first page, the effective date. In addition, each time you register at or admitted to the hospital or nursing home for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Pioneer Medical Center or with the Secretary of the Department of Health and Human Services. To file a complaint with Pioneer Medical Center, contact:

Pioneer Medical Center Privacy Officer
Box 1228
Big Timber, Montana 59011

All complaints must be submitted in writing. You will not be penalized for filing a complaint.

