



PIONEER MEDICAL CENTER

P.O. Box 1228, Big Timber, MT
406-932-4603 Fax: 406-932-5468

POLICY and PROCEDURE		
Title	Notice of Privacy Practices	
Manuals	ADULT DAY CARE-INFORMATION MANAGEMENT	HOSPICE-INFORMATION MANAGEMENT
	ASSISTANT LIVING FACILITY-INFORMATION MANAGEMENT	PHARMACY-INFORMATION MANAGEMENT
	CRITICAL ACCESS HOSPITAL-INFORMATION MANAGEMENT	RURAL HEALTH CLINIC-INFORMATION MANAGEMENT
Approved By	Date: <u>01/02/2019</u> By: <u>John Osse</u> Title: <u>Interim CEO</u>	

Highlights

Policy Statement

Pioneer Medical Center’s (PMC) policy is to notify all individuals of the ways in which PMC uses and/or discloses protected health information by the first date of service at PMC and to notify individuals of their rights and PMC’s legal duties with respect to protected health information.

Definitions

Definitions

Health Information: Any information, whether verbal or recorded in any form or medium that:

- a. Is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and
- b. Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.

Protected Health Information (PHI): Individually identifiable health information that is transmitted by electronic medium; maintained in electronic medium; or transmitted or maintained in any other form or medium. It does not include individually identifiable health information in employment records held by a covered entity in its role as employer (refer to CFR 160.103 for other exclusions).

Individually Identifiable Health Information: Information that is a subset of health information, including demographic information collected from an individual, and:

- a. Is created or received by a health care provider, health plan, employer, or health care clearinghouse; and
- b. Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.

Disclosure: is the release, transfer, provision of access to, or divulging in any other manner PHI outside the entity holding the information

Notice of Privacy Practices: Provides notification to individuals of the ways PMC uses and/or discloses protected health information and the individual’s rights and PMC’s legal duties in regard to protected health information.

Personal Representative: A person authorized (under State or other applicable law) to act on behalf of the individual in making health care related decisions.

Procedure

Notice of Privacy Practices

- A. PMC will maintain a “notice of privacy practices” which shall comply with the Health Insurance Portability and Accountability Act of 1996, and which shall adequately notify individuals of PMC’s current practice in regard to the use and/or disclosure of protected health information.
- B. The notice will also notify individuals of their rights and PMC’s legal duties in regard to protected health information.
- C. The notice will be located in clear and prominent locations throughout PMC where it is



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- reasonable to expect that individuals seeking service from PMC are able to read the notice.
- D. The notice will be provided to individuals no later than the date of the first service delivery, including service delivered electronically. A summary of the notice will also be provided.
 - 1. In an emergency situation, the notice will be delivered as soon as reasonably practicable after the emergency treatment situation
 - 2. Individuals will be provided with a copy of the notice to take with them
 - 3. The notice will be prominently posted on the PMC website and the notice will be available electronically through the website
 - 4. The notice may be provided by email if the individual agrees to electronic notice and such agreement has not been withdrawn. If PMC is aware that the email transmission has failed, a paper copy of the notice will be provided to the individual.
 - 5. Individuals who receive the notice electronically also retain the right to obtain a paper copy of the notice upon request
 - E. Required elements included in the notice of privacy practices are:
 - 1. Header
 - 2. Uses and disclosures of protected health information
 - 3. Separate statements for certain uses or disclosures
 - 4. Individual rights
 - 5. Covered entities duties
 - 6. Complaints
 - 7. Contact
 - 8. Effective date
 - F. PMC will promptly revise and distribute its notice whenever there is a material change to the uses or disclosures, the individual’s rights, the covered entity’s legal duties, or other privacy practices stated in the notice. Except when required by law, a material change to any term of the notice may not be implemented prior to the effective date of the notice in which such material change is reflected.
 - G. The Privacy Officer will maintain copies of all versions of PMC’s Notice of Privacy Practices
 - H. PMC will maintain copies of written acknowledgements of receipt of the notice or documentation of good faith efforts to obtain such written acknowledgement in the individual’s medical record at the site where the acknowledgement was obtained.
 - I. PMC will document which version of the Notice of Privacy Practices the patient received in the registration systems.

Reference

45 CFR 160.103
 45 CFR 164.520
 PMC’s Notice of Privacy Practice (NoPP), see attached below

Regulatory Reference Sources	
OBRA Regulatory Reference Numbers	
Survey Tag Numbers (optional)	



Joint Privacy Notice Summary

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 without your written authorization:

- For treatment
- For payment
- For health care operations
- For research
- Appointment reminders
- Treatment alternatives
- Health-related benefits and services
- Fundraising activities
- For quality improvement 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 request an amendment
- Right to an accounting of disclosures
- Right to request restrictions
- Right to request confidential communications
- Right to a paper copy of this notice

You may obtain a copy of this notice at our website: www.pmcmt.org. If you need to receive this notice in another format, please contact the Pioneer Medical Center Privacy Officer at (406) 932-4603. To obtain a paper copy of this notice, you may receive one at any Pioneer Medical Center registration desk or by submitting your request in writing to: Pioneer Medical Center Privacy Officer, P.O. Box 1228, Big Timber, Montana 59011.

JOINT 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

**Privacy Officer
P.O. Box 1228
Big Timber, Montana 59011
406-932-4603**

This notice applies to the following entities:

- **Pioneer Medical Center (“PMC”) and**
- **Members of the Pioneer Medical Center Medical Staff, Affiliated Healthcare Providers who participate in our electronic medical record system, and other Providers authorized under the Bylaws to provide care at the PMC.**

Pioneer Medical Center is a charitable health care corporation. The entities and individuals referenced above participate in an organized system of health care in which individuals may receive health care services from more than one of the health care entities. Health care entities and individuals that participate in this organized system will share your protected health information with each other as necessary to carry out treatment, payment or health care operational activities. All participating entities and individuals agree to abide by the terms of this Notice. All employees and volunteers with whom health information is shared to provide you healthcare services also agree to abide by this Notice.

Our Pledge Regarding Medical Information

We understand that medical information about you and your health is personal and private. At Pioneer Medical Center, 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 Pioneer Medical Center 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 Pioneer Medical Center 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 Pioneer Medical Center’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 without your specific authorization. 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 Pioneer Medical Center. At Pioneer Medical Center, we maintain an integrated medical record for our patients. Portions of this record are maintained electronically, and are accessible from computer workstations to assist health care professionals 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 internal medicine 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 Pioneer Medical Center, 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 payer information about surgery you received at the hospital so that health plan or payer will pay us or reimburse you for the surgery. 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 a hospital by an ambulance, we may share information with the ambulance company 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, customer service activities, 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.

Our Electronic Medical Record System: Pioneer Medical Center's vision is to be a national leader in providing the best clinical quality, patient safety, service and value. Shared electronic medical records are one way we have worked toward that goal; therefore Pioneer Medical Center and certain affiliated hospitals and providers participate in and Organized Health Care Arrangement where we share protected health information with each other as necessary to carry out related treatment, payment and health care operations. The electronic medical record helps primary care physicians, specialists and hospitals know a patient's entire health history, drugs that have been prescribed, and test results. To improve the overall quality, safety and cost of care, we

may share the same electronic medical record with hospitals, clinics and physicians. Pioneer Medical Center shares an integrated medical record and participated in this Organized Health Care Arrangement with Billings Clinic in Billings. If you want more details about how we share electronic medical records, please visit our website at www.pmcmt.org.

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. 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 Pioneer Medical Center.

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 certain information about you, or disclose information to the Sweet Grass Health Care Foundation or a business associate, in an effort to raise funds for Pioneer Medical Center. We may release information, such as your name, address, phone number, age, gender, insurance status, dates of services, department of service, treating physician, and outcome of treatment information. Information regarding illnesses and treatments will not be released. If you do not want Pioneer Medical Center or the Sweet Grass Health Care Foundation to contact you for fundraising efforts, you may “opt out” of future fundraising efforts.

Directory Information: Unless you request that such information not be released, we may disclose limited “directory information” about you while you are a patient at Pioneer Medical Center. Specifically, we may disclose your presence and general health condition to people who ask for you by name. If you authorize it while a patient in the hospital or nursing home, Pioneer Medical Center 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 agree or 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 Pioneer Medical Center. 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 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 permitted or 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 and other medical conditions.

Military Personnel: 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 by law 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 with the individual's agreement, or if the disclosure is required or authorized by law and we believe the disclosure is necessary to prevent harm to an individual or other potential victim. 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 or individual 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 Pioneer Medical Center; and
- in emergency circumstances to report a crime, the location of the crime or victims, or the identity, 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 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 authorize 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 to provide you with health care; to protect you or other inmates' 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 overhear a discussion about your care occurring at the nurses' 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

There are specific uses and disclosures that require your authorization including those related to marketing, the sale of protected health information, and psychotherapy notes (other than for treatment, payment or health care operations). Aside from the uses and disclosures outlined in this document, all other uses and disclosures of your health information will be made only with your written permission or authorization. If you provide Pioneer Medical Center with an authorization, you may revoke it at any time. However, the revocation must be made in writing and presented to the Pioneer Medical Center Health Information Management Department and you cannot revoke authorization for information that has already been released in response to your original authorization.

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 the 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 will not be able to give you a review.

Right to Request an Amendment: 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's Privacy Officer or Health Information Management Department. 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 to make decisions about your health care;
- is not part of the information that 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 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 accounting, you must submit your request in writing to Pioneer Medical Center's Privacy Officer or to the Health Information Management Department. 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 or electronically). The first list you request within a 12 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 a right to request a restriction or limitation on our use or disclosure of your protected health care information. You have the right to request a restriction to your health plan if you have paid for the services out-of-pocket and in full. Such requests must be in writing. Because of the integrated nature of Pioneer Medical Center's delivery of health care, and the technical limitations of our electronic medical record, Pioneer Medical Center 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 the reason for your request. We will accommodate reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Breach Notification: You have the right to be notified in the event of a breach in the privacy or security of your protected health information.

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. You may obtain a copy of this notice at our website, www.pmcmt.org; 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

Pioneer Medical Center reserves the right to change the terms of this notice and to make the new notice provisions effective for all protected health information Pioneer Medical Center maintains, including information we already have about you. We will post a copy of the current notice in each facility within our organization as well as on our website. The notice will contain the effective date.

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
P.O. Box 1228
Big Timber, MT 59011
(406) 932-4603

To file a complaint with the Department of Health and Human Services:

Office of the Regional Manager
Office of Civil Rights
999 18th Street, Suite 417
Denver, CO 80202

All complaints must be submitted in writing. Pioneer Medical Center will not threaten, intimidate, coerce, harass, discriminate against, or take any other retaliatory action against any individual or other person for filing of a complaint, testifying, assisting, or participating in an investigation, compliance review, proceeding, or hearing; or for opposing any unlawful act or practice, provided the individual or person has a good faith belief that the practice opposed is unlawful, and the manner of opposition is reasonable and does not involve a disclosure of protected health information in violation of HIPAA.

Effective September 2013