



NEW WEST HEALTH SERVICES

Notice of Privacy Practices

Effective Date: April 14, 2003

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

PLEASE REVIEW CAREFULLY

The privacy of your health information is very important to us. We are required by law to:

- Maintain the privacy of your health information;
- Give you this Notice of our legal duties and privacy practices; and
- Follow the terms of this Notice.

Questions: If you have questions about this Notice or need additional information, please contact our HIPAA Privacy Officer at 1-888-500-3355.

Protection of Health Information: We understand that your health information is personal and we are committed to protecting your health information. New West Health Services uses your health information for treatment, payment, and health care operations.

Your Authorization: You may give us written permission to use or disclose your health information to anyone for any purpose. If you give us an authorization, you may revoke it at any time in writing. Unless you give us an authorization, we will not use or disclose your health information for any purpose other than those described in this Notice.

Your Rights: You have important rights with regard to your health information. You have the right:

- To inspect and obtain a copy of your health information. Under certain circumstances we may deny your request;
- To request a restriction on certain uses and disclosures, however, we are not required to agree to a requested restriction;
- To request that we communicate with you using alternate means or at an alternate location;
- To request an amendment of your health information if you believe the information is inaccurate; however, we may deny your request

for amendment if we believe the information is accurate;

- To request an accounting of certain disclosures we have made, if any;
- To revoke any authorization you have provided to use or disclose your health information, except to the extent that action has already been taken in reliance on such authorization; and
- To obtain a paper copy of this Notice upon request.

How We May Use and Disclose Your Health

Information: The following are examples of the types of uses and disclosures of your health information that are permitted:

Treatment: We may use and disclose your health information to provide, coordinate, or manage your health care and any related services.

Payment: Your health information may be used and disclosed as needed to pay claims from health care providers, to determine your eligibility for benefits, to coordinate your benefits with other payers, to obtain premiums for health coverage, or to issue explanation of benefits.

Health Care Operations: We may use and disclose your health information to allow us to perform functions necessary for our business of health care. We may disclose your health information to another health care provider subject to federal privacy protection laws.

Health Care Operations include:

- Health care quality assessment and improvement activities;
- Reviewing and evaluating health care provider and health plan performance;
- Conducting and arranging for medical reviews, audits, and legal services, including fraud, waste, and abuse detection and prevention;
- Underwriting and premium rating;
- General business administration including customer service, claims payment, medical care management, appeals and grievance resolution, health coverage improvement activities, and creating limited data sets for health care operations, public health activities, and research.

Other Permitted Uses and Disclosures: We may use and disclose your health information in a number of circumstances in which it is not required that we obtain your authorization, or provide you with an opportunity to object. This includes disclosure:

- To a family member, relative, close personal friend, or any other person involved in your care or payment for your care, unless you object;
- When required by law;
- When requested by the Secretary of the Department of Health and Human Services;
- For public health, including to report disease and vital statistics, child and/or adult abuse, neglect or domestic violence;
- For health care oversight to government agencies so they can monitor, investigate, inspect, discipline or license those who work in the health care industry or for government benefit programs;
- To comply with worker's compensation laws;
- In response to a court order, and in response to a subpoena, discovery request, or other lawful process during the course of a judicial or administrative proceeding;
- To law enforcement officials to report or prevent a crime, locate or identify a suspect, fugitive or material witness, or assist a victim of a crime;
- As required by military command authorities or to evaluate your eligibility for veteran's benefits, if you are a member of the armed forces;
- To coroners, medical examiners, funeral directors, and organ procurement organizations;
- To avert a serious imminent threat to your health or safety or the health or safety of others;

- To law enforcement officials or correctional institutions, if you are an inmate;
- To third-party "business associates" who perform various health care operation services for us;
- To your employer for group health plan coverage decision making. Summary health information does not identify individuals in the group.

Montana Law: In the event Montana law requires us to give more protection to your health information than stated in this Notice or required by Federal law, we will provide that additional protection. We will also comply with additional state law confidentiality protections relating to treatment for behavioral health and substance abuse.

Changes to this Notice: This Notice will remain in effect until we revise it. We reserve the right to change our privacy practices and the terms of this Notice. Any changes we make will apply to all health information about you that we maintain.

We will make you aware of any changes by:

- Posting the revised Notice in our offices;
- Making copies of the revised Notice available upon your request; and
- Posting the revised Notice on our Web site.

Questions and Complaints: You may call us at 1-888-500-3355 with questions about this Notice. If you believe your privacy rights have been violated, you may file a written complaint to:

New West Health Services
Attn: Privacy Officer
130 Neill Avenue
Helena MT 59601

You may also send a written complaint directly to the Department of Health and Human Services at: Office of Civil Rights, Hubert H. Humphrey Bldg. Room 509F, 200 Independence Avenue SE, Washington DC 20201.

New West Health Services will not retaliate against you for filing a complaint.