

Big Sky I.V. Care

Notice of Privacy Practices

TO OUR PATIENT: 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 AND SIGN THE ACKNOWLEDGEMENT AT THE END.

Big Sky I.V. Care is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about the privacy practices of Big Sky I.V. Care, please contact the Branch Manager at the office providing your services or the Big Sky I.V. Care's Privacy Official:

David S. Grady, Privacy Official
20 Four Mile Drive, Ste. #3
Kalispell, Montana 59901
406/752-0440 (phone)
davegrady@bigskyivcare.com

Effective Date of This Notice: October 1, 2005

I. How Big Sky I.V. Care may Use or Disclose Your Health Information

Big Sky I.V. Care collects health information from you and stores it in a chart and on a computer. This is your medical record. The medical record is the property of **Big Sky I.V. Care**, but the information in the medical record belongs to you. **Big Sky I.V. Care** protects the privacy of your health information. The law permits **Big Sky I.V. Care** to use or disclose your health information for the following purposes:

1. Treatment. **Big Sky I.V. Care** provides pharmacy and nursing services for intravenous (IV), injectable, respiratory and enteral therapies in your home or at our office. We typically use your health information to communicate with your doctor and other healthcare professionals involved in your treatment. Big Sky I.V. Care will be contacting you and designated family members to make, or send deliveries; to find out how your treatment is going; and/or about supplies or services you may require for your care.
2. Payment. **Big Sky I.V. Care** bills insurance companies or other payer sources on your behalf and when authorized by you in the Assignment of Benefits. When we submit these bills, we must disclose health related information about your treatment. This information might include diagnosis, services and products provided to you, nursing notes, or other progress notes about your disease or illness. Use of this information is considered to be for purposes of payment.
3. Regular Health Care Operations. **Big Sky I.V. Care** compiles a medical record on each patient we serve. These medical records and the information they contain are used to monitor your treatment but also are used to conduct other tasks related to the operation of our business. For instance, we may have to show parts of your medical record to State or Federal regulators and surveyors or we may use data from your record to help us improve our care and services. This information will only be used internally to conduct our own operations.
4. Information, services and products provided to you. **Big Sky I.V. Care** will provide you with information about your treatment, your payment for services, and your medical records at regular intervals and upon your request. **Big Sky I.V. Care** will also deliver prescribed products to you at your residence,

or a place designated by you, either by a delivery person, by common carrier (FedEx, UPS, etc.) or by U.S. Mail. **Big Sky I.V. Care** may leave information or products with family members or others in your household, unless you request us not to do so.

5. Notification and communication with family. We may disclose your health information to notify, or assist in notifying, a family member, your personal representative or another person responsible for your care. These notifications or communications could be about your location, your general condition, your treatment and supplies, or the event of your death. If you are able and available to agree or object, we will give you the opportunity to object upon admission to **Big Sky I.V. Care's** services or at any time during or after your treatment. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communicating with your family and others.

6. Required by law. We may use and disclose your health information as required by Federal law and Montana State law.

7. Public health. As required by Federal and Montana State law, we may disclose your health information to public health authorities for purposes related to the following: preventing or controlling disease; injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.

8. Health oversight activities. We may disclose your health information to regulatory health agencies (e.g., Montana Board of Pharmacy, Montana Health Care Licensing Division) during the course of audits, investigations, inspections, licensure and other proceedings.

9. Judicial and administrative proceedings. We may disclose your health information in the course of any administrative or judicial proceeding.

10. Law enforcement. We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.

11. Deceased person information. We may disclose your health information to coroners, medical examiners and funeral directors.

12. Organ donation. We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.

13. Research. We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board or the **Big Sky I.V. Care's** privacy committee.

14. Public safety. We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

15. Specialized government functions. We may disclose your health information for military, national security and prisoner purposes.

16. Worker's compensation. We may disclose your health information as necessary to comply with worker's compensation laws.

17. Marketing. We may contact you to provide appointment reminders or to give you information about other treatments or health-related benefits and services that may be of interest to you.

18. Change of Ownership. In the event that **Big Sky I.V. Care** is sold or merged with another organization, your health information/record will become the property of the new owner.

II. When Big Sky I.V. Care May Not Use or Disclose Your Health Information

Except as described above, in Section I of this Notice of Privacy Practices, **Big Sky I.V. Care** will not use or disclose your health information without your written authorization. If you do authorize **Big Sky I.V. Care** to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

III. Your Health Information Rights

1. You have the right to request restrictions on certain uses and disclosures of your health information. **Big Sky I.V. Care** is not required to agree to the restriction that you requested, and if not in agreement, **Big Sky I.V. Care** will notify you.
2. You have the right to receive your health information through reasonable alternative means (email, cell phone, etc.) or at an alternative location (e.g., a temporary residence or vacation accommodations). Your request, and the specific method or location you desire, should be made in writing, if possible.
3. You have the right to inspect and receive a copy of your health information.
4. You have a right to request that **Big Sky I.V. Care** amend your health information that is incorrect or incomplete. **Big Sky I.V. Care** is not required to change your health information and will provide you with information about any denial and how you can disagree with the denial. All request and denials will become part of your medical record.
5. You have a right to receive an accounting of disclosures of your health information made by **Big Sky I.V. Care**, except that **Big Sky I.V. Care** does not have to account for the disclosures described in parts 1 (Treatment), 2 (Payment), 3 (Health care operations), 4 (Information, services and products provided to you) and the other reasons for lawful disclosure listed in Section 1 of this Notice of Privacy Practices.
6. You have a right to a paper copy of this Notice of Privacy Practices. You may keep this copy for your records.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact the Branch Manager at the **Big Sky I.V. Care's** office providing your services.

David S. Grady, Operations Manager
Big Sky I.V. Care
20 Four Mile Drive, Suite
Kalispell, Montana 59901
406/752-0440 (phone)

IV. Changes to this Notice of Privacy Practices

Big Sky I.V. Care reserves the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made, **Big Sky I.V. Care** is required by law to comply with this Notice.

If **Big Sky I.V. Care** amends this Notice of Privacy Practices, you will be notified by mail and given a copy of the changes made to this document.

V. Complaints

Complaints about this Notice of Privacy Practices or how **Big Sky I.V. Care** handles your health information should be directed to:

David S. Grady, Operations Manager
Big Sky I.V. Care
20 Four Mile Drive, Suite #3
Kalispell, Montana 59901
406/752-0440 (phone)

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

Department of Health and Human Services
Office of Civil Rights
Hubert H. Humphrey Bldg.
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

You may also address your complaint to one of the regional Offices for Civil Rights. A list of these offices can be found online at <http://www.hhs.gov/ocr/regmail.html>