

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 IT CAREFULLY.

This Notice of Privacy Practices (or "Notice") is being provided to you as a requirement of a federal law, the Health Insurance Portability and Accountability Act (HIPAA). We understand that your health information is personal to you, and we are committed to protecting the information about you. This Notice describes how we may use and disclose your protected health information for treatment, payment or health care operations and for other purposes permitted or required by law. It also describes your rights to access and control your protected health information in some cases. Rocky Mountain Eye Center, P.C., Rocky Mountain Eye Surgery, Inc., Rocky Mountain Ear, Nose & Throat Center, P.C., Rocky Mountain Optical & Contact Lens Center, Inc., and NorthStar Medical Management, Inc. have affiliated with each other to form an Organized Health Care Arrangement to permit the use of a combined Joint Notice of Privacy Practices. They will share the same Notice of Privacy Practices, all underlying policies and may share protected health information among each other for the purposes of treatment, payment and health care operations.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

We will not use or disclose your protected health information without your authorization, except in the following situations:

TREATMENT: We may use and disclose your protected health information while providing, coordinating or managing your health care. For example, information obtained by a physician, their assistant or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. We may also provide other healthcare providers (such as a physician, pharmacist, or hospital) with your information to assist them in treating you.

PAYMENT: We may use and disclose your protected health information to obtain payment for the services that we provide. We may send a bill to you or your health plan. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. We may disclose information about you to your health plan so that the health plan may determine your eligibility for payment of benefits.

HEALTH CARE OPERATIONS: We may use and/or disclose your protected health information in connection with our health care operations. For example, members of our medical staff may use information in your health record to assess the quality of care and outcomes in your case and others like it. This information will then be used in an effort to improve the quality and effectiveness of the healthcare and services we provide.

BUSINESS ASSOCIATES: There are some services provided in our organization through contracts with business associates. They may receive, create, maintain, use or disclose your protected health information so they can perform the job we've asked them to do. However, we require the business associate to agree in writing to protect your health information.

COMMUNICATION WITH FAMILY: We may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care.

RESEARCH: Consistent with applicable law we may disclose information for research purposes when established protocols are taken to ensure the privacy of your health information.

FOOD & DRUG ADMINISTRATION (FDA): We may disclose to the FDA health information relative to adverse events, product defects, or post marketing surveillance information to enable product recalls, repairs, or replacements.

PUBLIC HEALTH: As permitted or required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability, including child abuse and neglect.

VICTIMS OF ABUSE, NEGLECT OR DOMESTIC VIOLENCE: We may disclose your health information as permitted or required by Montana law if we reasonably believe you are a victim of abuse, neglect or domestic violence.

HEALTH INFORMATION: In order to oversee the health care system, government benefits programs, entities subject to governmental regulation and civil rights laws for which health information is necessary to determine compliance, we may disclose your health information for oversight activities authorized by law, such as audits and civil, administrative, or criminal investigations.

COURT PROCEEDINGS: We may disclose your health information in response to requests made during judicial and administrative proceedings, such as court orders or subpoenas.

LAW ENFORCEMENT: Under certain circumstances, we may disclose your health information to law enforcement officials. These circumstances include reporting required by laws, pursuant to subpoenas or court orders, reporting limited information concerning identification and location at the request of law enforcement, reports regarding suspected victims of crimes, reporting death, crimes on our premises, and crimes in emergencies.

INMATES: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose health information about you to the correctional institution or law enforcement official to provide you with health care or to protect the health and safety of you or others.

THREATS TO PUBLIC HEALTH OR SAFETY: We may disclose or use health information when it is our good faith belief, consistent with ethical and legal standards, that it is necessary to prevent or lessen a serious and imminent threat or is necessary to identify or apprehend an individual.

WORKERS COMPENSATION: We may disclose health information when authorized and necessary to comply with laws relating to workers compensation or other similar programs.

MILITARY ACTIVITY & NATIONAL SECURITY: We may disclose your protected health information to military personnel under certain circumstances and to authorized federal officials for national security and intelligence activities.

OTHER USES: We may also use and disclose your personal health information for the following purposes:

- To contact you by mail or phone to remind you of an upcoming appointment for treatment;
- To contact you by mail or phone to remind you to make an appointment;
- To contact you by mail or phone because you missed an appointment;
- To describe or recommend treatment alternatives to you;
- To furnish information about health-related benefits and services that may be of interest to you

PROHIBITION ON OTHER USES OR DISCLOSURES

We may not make any other use or disclosure of your protected health information without your written authorization. Once given, you may revoke the authorization in writing to the Privacy Officer at the address below. We are unable to take back any disclosure we have already made with your permission.

INDIVIDUAL RIGHTS

You have many rights concerning the confidentiality of your health information. You have the right:

- To request restrictions on the health information we may use and disclose for treatment, payment, and health care operations. We are not required to agree to these requests. You must state the specific restriction and to whom you want the restriction to apply. You may request a restriction in writing to the Privacy Officer at the address below.
- To receive confidential communications of health information about you in a certain manner or at a certain location. For instance, you may request that we only contact you at work or by mail. To make such a request, you must write to the Privacy Officer at the address below, and tell us how or where you wish to be contacted.
- To inspect or copy your health information that is contained in a designated record set for as long as we maintain the protected health information. We may deny your request to inspect or copy your protected health information if, in our professional judgment, we determine that the access requested is likely to endanger your life or safety or that of another person, or that it is likely to cause substantial harm to another person referenced within the information.
- To amend your health information. If you feel that the health information we have about you is incorrect or incomplete, you may ask us to amend the information in writing to the Privacy Officer at the address below. You must provide a specific reason to support your request. We may deny your request to amend your health information. You can file a statement of disagreement and we have the right to file a rebuttal.
- To receive an accounting of disclosures of your health information. You must submit a request in writing to the Privacy Officer at the address below. Not all health information is subject to this request. Your request must state a time period, no longer than 6 years and may not include dates before April 14, 2003. The first accounting you request within a 12-month period is free. For additional accountings, we may charge you the cost of providing the accounting. We will notify you of this cost and you may choose to withdraw or modify your request before charges are incurred.
- To receive a paper copy of this Notice. Upon request we will provide a separate paper copy of this Notice even if you have already received a copy of this Notice.

OUR DUTIES

The clinic is required by law to maintain the privacy of your health information and to provide you with this Privacy Notice of our duties and privacy practices. We are required to abide by the terms of this Notice as may be amended from time to time. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all protected health information that we maintain. Any revision to our privacy practices will be described in a revised Notice that will be posted in our facility.

COMPLAINTS

If you believe that your privacy rights have been violated, a complaint may be made to our Privacy Officer at the address listed below. You may also submit a complaint to the Secretary of the Department of Health and Human Services. We will not retaliate against you for filing a complaint.

CONTACT PERSON

Our contact person for all questions, requests or for further information related to the privacy of your health information is:

NorthStar Medical Management, Inc
700 West Kent
Missoula, MT 59801
Attn: Privacy Officer

Notice Effective Date: April 14, 2003