



HIPAA 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.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION:

For Treatment. We may use and disclose your health information to other professionals who are involved in your healthcare. For example, the REOH physician who examines you today may request diagnostic studies or screening tests to determine if there are any medically related explanations for continued pain and/or neurological complaints. The staff of REOH may share information about you to order lab work and schedule diagnostic tests.

For Payment. Your health information will be used, as needed, to obtain payment for your health care services from the party who requested your appointment. For example, we may give information about you to your health insurance plan so it will pay for your services.

For Health Care Operations. We may use your health information in order to manage the operations of REOH. For example, we may disclose health information about you to medical school residents who job shadow one of the REOH physicians.

HOW ELSE CAN WE USE OR SHARE YOUR HEALTH INFORMATION?

We are allowed or required by law to share your information in other situations, usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help With Public Safety Issues. We can share your health information in certain situations such as preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, and preventing or reducing a serious threat to anyone's health and safety.

Research. We can use or share your information for health research.

Comply with the Law. We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law

Respond to Organ and Tissue Donation Requests. We can share information about you with organ procurement organizations.

Work with a Medical Examiner or Funeral Director. We can share health information with a coroner, medical examiner, or funeral director when a person dies.

Address Workers' Compensation, Law Enforcement, and Other Government Requests. We can use or share health information about you for worker's compensation claims, law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, for special government functions such as military, national security, and presidential protective services.

Respond to Lawsuits and Legal Actions. We can share health information about you in response to a court or administrative order, or in response to a subpoena.

YOUR CHOICES:

For certain health information, you can tell us your choices about what to share. You have both the right and the choice to tell us to share information with your family, a friend, or others involved in payment for your health care, or to share information in an emergency or a disaster relief situation. If you have a clear preference for how we share information in the situations described above, talk to us. Tell us what you want us to do, and we will follow your instructions.

If you are unable to tell us your preference, for example if you are unconscious, we may disclose your information if we believe that it is in your best interest based on our professional judgment. We may also share information when needed to lessen a serious and imminent threat to health or safety. Unless you give us written permission, we will never use or disclose your health information for the sale of your information or for marketing or fundraising purposes.

YOUR RIGHTS:

You have certain rights when it comes to your health information. This section explains your rights and some of our responsibilities to help you.

Right to Inspect and Copy. With prior written consent to the party who scheduled your appointment with REOH, you have the right to inspect or copy your health information whether in paper or electronic format. Ask us how to do this. We will act on your request reasonably promptly, usually within 30 days.

Right to Amend. If you believe the health information we have about you is incorrect or incomplete, you may ask us to amend the information by writing to the party who scheduled your appointment with REOH. We may say no to your request, but we will tell you why in writing within 60 days.

Right to Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose for treatment, payment, or health care operations. We are not required to agree to your request and may say no if it would affect your care.

To request a restriction, you must make your request, in writing, to the party who scheduled your appointment with REOH.

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 by mail or at work. We will accommodate reasonable requests.

Right to an Accounting of Disclosures. You have the right to request a list of all disclosures of your health information we have made, paper or electronic, for six years prior to the date of your request, including who we shared it with and why. We will provide an accounting of the times your health information was shared, except for disclosures about treatment, payment, or healthcare operations.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice, even if you have agreed to receive this notice electronically.

Right to Choose Someone to Act for You. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with our office by emailing the Administrator of REOH, Anya Vasquez, at akv@reoh.com, or with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775 or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you and you will not be penalized for filing a complaint.

OUR RESPONSIBILITIES:

We are required by law to maintain the privacy and security of your protected health information. We will notify you if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not share or use your information other than as described here unless you approve this in writing. If you give us approval, you may change your mind at any time. Let us know in writing if you change your mind. For more information, see www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

CHANGES TO THIS NOTICE:

We reserve the right to change this notice, and the changes will apply to all information we have about you. Updated notices will be available upon request, in our office, and on our website.

EFFECTIVE DATE AND CONTACT INFORMATION

Effective date: January 5, 2016

Administrator: Anya Vasquez
akv@reoh.com
(406) 549-6520

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to your protected health information. We are also required to abide by the terms of the notice currently in effect. If you have any questions in reference to this form, please ask to speak with the Administrator of REOH, Anya Vasquez in person or by phone.

RESOURCES FOR ENVIRONMENTAL AND OCCUPATIONAL HEALTH
210 EAST PINE STREET, SUITE 100 MISSOULA, MT 59802
PO BOX 8809 MISSOULA, MT 59807
PHONE: 406 549 6520 FAX: 406 549 6797 WWW.REOH.COM