



BULLHOOK
Community Health Center
NOTICE OF PRIVACY PARCTICES
BULLHOOK COMMUNITY HEALTH CENTER

Private Information The Bullhook Community Health Center provides medical services, dental services, Licensed Addiction Counseling, immunizations, Montana Breast and Cervical Health Program coordination, Montana Department of Public Health and Human services. The BCHC has records related to the above services that include your medical information. This may include name, date of birth, contact information, identifiable number for insurance billing and services received (such as immunizations or home visit assessments). Federal Law permits this information to be shared among personnel and parties that need that information to provide these services to you. These services may include, but are not limited to, billing of insured patients, scheduling appointments, coordinating immunizations, and facilitating enrollment in other programs. This notice is to inform you of what and how information is shared. Each of the above programs within the Clinic has a privacy policy and you may ask to read those policies.

Where and how is Information Stored? All personal and medical information is retained in electronic form at (BC/BDC) and electronically recorded and retained in the Montana Public Health Data System when applicable. Information pertaining to insurance claims is both hard copy and electronically recorded in various insurance claims filing software.

Who sees and Shares My Medical Information? Our office sends claims to insurance companies or government programs for payment of medical, dental and immunization services. Those claims contain all of the information about the services you were provided and information they need to process the claim, such as name, date of birth, address, social security number or other identifiable number. In the event a patient pays in full for a service out of pocket, the patient now has a right to request the dental/medical office not to disclose treatment information for this service to a health plan. Immunization information is shared with all parties who have provided you or your child vaccinations to prevent too many or too few vaccinations being given and to provide for a consolidated vaccine record. We may also use your health and demographic information to contact you about appointment reminders or immunizations due or treatment options. *We only share the minimum information that is needed at the time by that provider or agency.*

May I See My Health Information? Yes, you have access to your personal records unless it is part of a legal case, or if your healthcare provider decides it would be harmful for you to see the information. An electronic copy of your health records can also be made available.

What if My Health Information needs to go to Another Location? You will be asked to sign a Release of Information Form allowing your health information to be sent to another location. This would be used if your healthcare provider provides it to another location or if you request that we send it to another individual or healthcare provider for you. This form gives the name and address that we are to send your medical information you wish to be provided.

Note: If you are under the age of 18 your parents or guardians will be required to sign a Medical Release of Information for you, unless by law, you are able to consent for your own healthcare. If you are, then it will not be shared with them unless you sign an authorization form.

Could My Information be released without My Authorization? We adhere to laws that provide specific instances when medical information must be shared, even if you do not sign a Release of Information Form. We always report:

1. Communicable diseases we are required by Montana Law to report
2. Reactions and problems with medicines;
3. To the police when required by law or when the courts so order (such as abuse/neglect cases);
4. To the government for audits and reviews of our programs;
5. To a provider or insurance company to verify your enrollment in one of our programs;
6. To Workers' Compensation for work related injuries;
7. Birth, death and immunization information;
8. To the federal government if required to investigate any matter pertaining to the protection of our country, the President or other government workers.

May I have a Copy of this Notice? This Notice is yours. If the information changes, you will be provided a copy of the updated Notice. If you have questions concerning this Notice, please ask the individual providing it. You may contact Bullhook Community Health Center if you have further concerns at 406-395-4305.

Hours: Monday through Friday
Bullhook Medical Unit – 7:00am to 6:00pm Bullhook Dental Unit – 8:00am to 6:00pm Call: 406-395-4305
After Hours: 1-866-252-9213