

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.

OUR LEGAL DUTY REGARDING YOUR MEDICAL INFORMATION

We are committed to protecting your medical information ("**Medical Information**"). Medical Information covered by this Notice is information: (1) that identifies you or could be used to identify you; (2) that we collect from you or that we create or receive; and (3) that relates to your past, present or future physical or mental health condition, including health care services provided to you and past, present, or future payment for such health care services.

When you are treated at any of our facilities, we create a record of the care and services you receive. We need this record to provide you with quality care and to comply with applicable legal requirements. This Notice applies to Your Medical Information that is created or received by us. It is possible that your doctor may also create medical information at other hospitals or medical facilities. Those facilities may have different policies or notices regarding their use and disclosure of your medical information created by your doctor while at that facility.

This Notice informs you of: (1) our legal obligations regarding your Medical Information, (2) how we may use and disclose your Medical Information, and (3) what your rights are regarding your Medical Information.

The law requires us to:

- Make sure that your Medical Information is kept private as explained in this Notice;
- Give you this Notice of our legal duties and privacy practices regarding your Medical Information;
- Follow the terms of this Notice; and
- Notify you of any unauthorized disclosure of your Medical Information.

If you have any questions about this Notice, please contact our Privacy Officer, Lacie Hardy by phone at (406) 314-4477 or by email at clinic@mtskyderm.com

HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION

The following categories describe different ways that we are permitted to use and disclose your Medical Information. For each category, we describe the use or disclosure and provide some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose your Medical Information fall within one of the categories.

USES OR DISCLOSURES THAT CAN BE MADE WITHOUT YOUR AUTHORIZATION OR AN OPPORTUNITY TO OBJECT

Treatment – We may use your Medical Information to provide you with medical treatment or services. For example, a doctor treating you for a rash may need to know what medications you are on to determine if they could be contributing to your condition. We may share your Medical Information in order to coordinate the different things you need, such as prescriptions, lab work and x-rays that are provided by other health care organizations. We may use and disclose your Medical Information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Payment – We may use and disclose your Medical Information so that the treatment and services you receive at an organization listed in this Notice may be billed to and payment may be collected from you, an insurance company or other third party. For example, we may need to give your health plan information about a procedure you had so your health plan will pay us or reimburse you for the service. We may also provide your health plan with information about a treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover the treatment. We may also share information about you and any insurance information with other health care providers to assist them in getting payment for a service they have provided you. For example, we may share this information with a laboratory that evaluates a laboratory specimen.

Health Care Operations – We may use and disclose your Medical Information for operation of the organizations listed in this Notice. These uses, and disclosures are necessary to run the organizations and to make sure that all of our patients receive quality care. For example, we may use your Medical Information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may give out your Medical Information to our business associates that help us with our administrative and other functions. These business associates may re-disclose your Medical Information as necessary for our health care operations. We may also combine Medical Information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose Medical Information to doctors, medical assistants, technicians, medical students, and other organization personnel for review and learning purposes. We may also combine the Medical Information we have with medical information from other organizations to compare how we are doing and see where we can make improvements in the care and services we offer. We may use your Medical Information to send questionnaires to you about your experience so that we can identify ways to improve your satisfaction with the services we provide. We may remove information that identifies you from this set of Medical Information, so others may use it to study health care and health care delivery without learning who the specific patients are. We may also produce limited data sets that are partially de-identified and that must be used under restrictive agreements for purposes of research, public health, and other health care operations described above. We may use or disclose your Medical Information to other health care providers who also have a relationship with you for activities related to evaluating

- About a crime victim if, under certain limited circumstances, we are unable to obtain the person's agreement;

the quality of care you received, for coordinating your care, evaluating the competence of your health care providers, conducting training, or for regulatory oversight and compliance.

As Required by Law – We will disclose your Medical Information when required to do so by federal, state, or local law.

To Avert a Serious Threat to Health or Safety – We may use and disclose your Medical Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. Disclosures regarding infectious diseases must comply with applicable state laws limiting the disclosure of patient identity and related information.

Military and Veterans – If you are a member of the armed forces, we may disclose your Medical Information as required by military command authorities. We may also disclose medical information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation – We may disclose your Medical Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness. Public Health Activities – We may disclose your Medical Information for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.

We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities – We may disclose Medical Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes – If you are involved in a lawsuit or a dispute, we may disclose your Medical Information in response to a court or administrative order. We may also disclose your Medical Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement – We may disclose Medical Information, if asked by a law enforcement official: In response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness, or missing person;

- About a death we believe may be the result of criminal conduct;
- About criminal conduct on site at one of the organizations listed in this Notice; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners, and Funeral Directors – We may disclose Medical Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose Medical Information about patients to funeral directors as necessary to carry out their duties.

National Security & Intelligence – By law, we may disclose your Medical Information to authorized federal officials for intelligence, counterintelligence, or other national security activities. Protective Services for the President and Others – We may disclose your Medical Information to authorized federal officials, so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Schools – We may disclose Medical Information to a school about an individual who is a student or prospective student of the school if the Medical Information is limited to proof of immunization, the school is required by state or other law to have that proof of immunization prior to admitting the individual, and we obtain and document the agreement to the disclosure from either the individual's parent/guardian or from the individual if the individual is an adult or emancipated minor.

Inmates – If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your Medical Information to the correctional institution or law enforcement official. This disclosure would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

USES OR DISCLOSURES WHEN YOU HAVE AN OPPORTUNITY TO OBJECT

Individuals Involved in Your Care or Payment for Your Care – Unless you object, we may disclose your Medical Information that is relevant to a family member, relative, close personal friend, or any other person identified by you who is involved in your health care or payment related to your health care. We may also tell your family or friends your general condition and that you are in the hospital. In addition, we may disclose your Medical Information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Medical Information of a Deceased Individual – As allowed by law and in certain circumstances, we may disclose the Medical Information of a deceased individual to family members, relatives, close personal friends, or any other persons who were either authorized by law to act for the deceased individual or who previously identified as being involved in the individual's care or payment for the individual's health care.

USES OR DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

Marketing – We are required to obtain your authorization for any use or disclosure of your Medical Information for marketing purposes, unless the communication is in the form of a face-to-face communication made by us to you or if we provide you with a promotional gift of nominal value.

Sale of Medical Information – We are required to obtain your authorization for any disclosure of your Medical Information that constitutes a sale of Medical Information.

Drug or Alcohol Abuse Treatment – Federal law and regulations protect the confidentiality of drug and alcohol abuse patient records maintained by us. Generally, we may not disclose information regarding drug and alcohol abuse related treatment, a patient's presence in a drug and alcohol abuse treatment program, or a patient's status as an alcohol or drug abuser; unless: (1) the patient consents in writing; (2) the disclosure is allowed by a court order; or (3) the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation. Federal law and regulations do not protect any information about a crime committed by a patient in a drug and alcohol abuse program or against any person who works for a drug and alcohol abuse program or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

You have the following rights regarding your Medical Information:

Right to access to inspect and copy – In most cases, you have the right to inspect and obtain a copy of your Medical Information. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and obtain a copy of your Medical Information, please submit your request in writing to the Montana Sky Dermatology Privacy Officer listed on page 1 of this Notice.

We may deny your request to inspect and copy your Medical Information in certain circumstances. If you are denied access to your Medical Information, in some cases, you may request that the denial be reviewed. Another licensed health professional chosen by us will review your request and the denial. The person conducting the review will not be the person who initially denied your request. We will comply with the outcome of the review. If you request a copy of your Medical Information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request.

Right to Amend – If you feel that Medical Information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we keep the Medical Information. To request an amendment, your request must be made in writing and submitted to the Montana Sky Dermatology Privacy Officer listed on page 1 of this Notice. In addition, you must provide a reason that supports your request.

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 at work or by mail. We will not ask you the

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the Medical Information kept by or for the organization;
- Is not part of the information which you would be permitted to inspect and copy; or Is accurate and complete.

Right to an Accounting of Disclosures – You have the right to request an "accounting of disclosures." This is a list of certain disclosures we made of your Medical Information. To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Official listed on page 1.

- We are not required to provide an accounting of disclosures: (1) to carry out treatment, payment or health care operations, (2) made to you, (3) incident to a permitted or required disclosure, (4) made pursuant to your authorization, the organization's directory or to persons involved in your care or other notification purposes, (5) for national security or intelligence purposes correctional institutions or law enforcement officials, or (7) that is part of a limited data set that does not include any information that directly identifies you, your relatives, or employers.
- Your request must state a time period that may not be longer than six years prior to the date of your request.
- Your request should indicate in what form you want the list (e.g., on paper, electronically)
- The first list you request within a 12-month period will be free
- For additional lists, we may charge you for the cost of providing the list
- We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred

Right to Request Restrictions – You have the right to request a restriction or limitation on the Medical Information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the Medical Information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a procedure you had.

To request restrictions, you must make your request in writing to the Privacy Official listed on page 1. In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse. A restriction is not granted until you receive written notice of its approval. If we do agree to your request for restrictions, we will comply with your request unless the information is needed to provide you emergency treatment.

We are not required to agree to your request for restrictions, except when you have requested that we not disclose your Medical Information to your health plan for payment purposes or health care operations and you or some other person on your behalf has paid for your medical services out-of-pocket and in full.

reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. To request confidential communications, you must make your request in writing to the Privacy Official listed on page 1 of this Notice.

Right to a Paper Copy of This Notice – You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. You may obtain a copy of this Notice on our website at www.mtskyderm.com, or by contacting the Privacy Officer listed on page 1 of this Notice.

Right to a Notice of Breach – You have the right to receive written notification of a breach if your unsecured Medical Information has been accessed, used, acquired, or disclosed to an unauthorized person as a result of a breach, and if the breach compromises the security or privacy of your Medical Information. Unless you request in writing to receive the notification by electronic mail, we will provide the written notification by first-class mail or, if necessary, by other substituted forms of communication allowable under the law.

Photographs – Medical photographs or other video images may be taken before, during, or after a procedure or treatment to be used as part of the medical record to document appearance and response to treatment. Images in which the patient is not able to be identified and which are not connected to identifying personal information may also be used at our discretion for professional medical or other purposes, including but not limited to, professional medical education, patient education, advertising or other publication in scientific or non-scientific publications, electronic digital networks, or in other electronic or print media including television

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, please contact Lacie Hardy, our Privacy Officer at (406) 314-4477. All complaints must be submitted in writing to: Montana Sky Dermatology - 1600 Whitefish Stage Rd, Suite 1 - Kalispell, MT 59901

You will not be retaliated against for filing a complaint.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for Medical Information we already have about you as well as any Medical Information we receive in the future. We will post a copy of the current in our reception area. The Notice will contain the effective date on the first page. In addition, at each visit we will make available a copy of the current Notice in effect.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of your Medical Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us permission to use or disclose your Medical Information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your Medical Information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.