



# BILLINGS URBAN INDIAN

## HEALTH & WELLNESS CENTER

P. 406-534-4558 1230 N. 30th St. Billings, MT 59101

### **BILLINGS URBAN INDIAN HEALTH AND WELLNESS CENTER NOTICE OF PRIVACY PRACTICES**

Private Information Billings Urban Indian Health and Wellness Center (BUIHWC) provides medical services, mental health services, Licensed Addiction Counseling, and immunizations. BUIHWC 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 BUIHWC 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 and electronically recorded and retained. 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? BUIHWC sends claims to insurance companies or government programs for payment of medical, mental health 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 the right to request BUIHWC 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 of 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.

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 on your behalf. 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 any questions concerning this Notice, please ask the individual providing it. You may contact Billings Urban Indian Health and Wellness Center if you have further concerns at **406.534.4558**.



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## **CONSENT TO THE USE AND DISCLOSURE OF PRIVATE HEALTH INFORMATION FOR TREATMENT, PAYMENT, OR HEALTHCARE OPERATIONS**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

I understand that as part of my health care, Billings Urban Indian Health and Wellness Center (BUIHWC) creates and maintains health records describing my health history. I understand that BUIHWC may use this information as a:

1. Basis for planning my care and treatment;
2. Method of communication among many health professionals who contribute to my care;
3. Means by which third-party payers can verify that services billed were actually provided; and
4. Tool for routine health care operations such as assessing quality and reviewing the competence of health care professionals.

I have been made aware of Billings Urban Indian Health and Wellness Center's Notice of Privacy Practices, which provides a description of potential uses and disclosures of my health information. I understand that I have the right to review the notice prior to signing this consent. I understand that BUIHWC reserves the right to change its notice and practices. If BUIHWC changes the notice, I can obtain a revised copy from BUIHWC. I understand that I have the right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or other healthcare operations.

Signature of Patient/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed Patient Name \_\_\_\_\_