

Your Information. Your Rights. Our Responsibilities.

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.

Your Rights

We are required by law to maintain the privacy of your protected health information, to notify you of our legal duties and privacy practices with respect to your health information, and to notify affected individuals following a breach of unsecured health information. This Notice summarizes our duties and your rights concerning your information. Our duties and your rights are set forth more fully in 45 CFR Part 164. We are required to abide by the terms of our Notice that is currently in effect.

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you. To exercise any of these rights, you must submit a written request to the Privacy Officer identified below.

Get an electronic or paper copy of your medical record.

- ✓ You can ask to see or get an electronic paper copy of your medical record and other health information we have about you. Ask us how to do this.
- ✓ We will provide a copy or summary of your health information, usually within 30 days of your request. We may charge a reasonable cost-based fee.
- ✓ We may deny your request under limited circumstances, e.g., if we determine that disclosure may result in harm to you or others.

Ask us to correct your medical record.

- ✓ You can ask us to correct your health information about you that you think is incorrect or incomplete. Ask us how to do this.
- ✓ We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications.

- ✓ You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- ✓ We will say “yes” to all reasonable requests.

Ask us to limit what we use or share.

- ✓ You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
 - ✓ We are not required to agree to your request, and we may say “no” if it would affect your care.
- ✓ If you pay for a service or a healthcare item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
 - ✓ We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we've shared information.

- ✓ You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we have shared it with, and why.
- ✓ We will include all disclosures except for those about treatment, payment, and healthcare operations, and certain other disclosures (such as any you asked us to make). We will charge a reasonable, cost-based fee for all copies.

Get a copy of this privacy notice.

- ✓ You can ask for a copy of this privacy notice at any time, even if you have agreed to receive the notice electronically. We will provide you a paper copy promptly.

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.

File a complaint if you feel your rights are violated.

- ✓ You can complain if you feel we have violated your rights by contacting our Privacy Officer at 406-632-3154.
- ✓ You can file a complaint 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 for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- ✓ Share your information with your family, close friends, or others involved in your healthcare or payment for your healthcare. We will limit the disclosure to the information relevant to that person's involvement in your healthcare or payment.
- ✓ Share your information in a disaster relief situation.
- ✓ Include your information in a facility directory. If a person asks for you by name, we will only disclose your name, general condition, and location in our facility. We may also disclose your religious affiliation to clergy.
- ✓ Contact you for fundraising efforts. You may opt out of receiving such communications as anytime by notifying the Privacy Officer identified below.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- ✓ Marketing purposes
- ✓ Sale of your information
- ✓ Most sharing of psychotherapy notes.

You may revoke your authorization at anytime by submitting a written notice to the Privacy Officer identified below.

In the case of fundraising:

- ✓ We may contact you for fundraising efforts, but you can tell us not to contact you again.

Substance Use Disorder Records

- ✓ SUD treatment records received from programs subject to 42 CFR Part 2 may be subject to additional protection.
- ✓ Such records generally require your specific consent before they are disclosed, with certain exceptions.
- ✓ Such records or testimony relaying the content of such records shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against the individual unless based on written consent, or a court order after notice and an opportunity to be heard is provided to you or the holder of the record, as provided in 42 CFR Part 2.
- ✓ A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

Our Uses and Disclosures

How do we typically share your health information? We may use or disclose your health information for certain purposes without your written authorization in the following ways.

Treat you

- ✓ We may use or disclose your information for purposes of treating you.
Example: We may disclose your information to another healthcare provider so they may treat you; to provide appointment reminders; or to provide information about treatment alternatives or services we offer.

Run our organization

- ✓ We may use or disclose your health information for certain activities that are necessary to operate our practice and ensure that our patients receive quality care.
Example: We use health information about you to manage your treatment and services.
- ✓ For certain public health oversight activities such as audits, investigations, or licensure actions.

Bill for your services

- ✓ We may use or disclose your information to bill and obtain payment for services provided to you from health plans or other entities.
Example: We may share your information to your health insurance plan to obtain pre-authorization or payment for your treatment.

How else can we use or share your health information? We are allowed or required to share your information in other ways-usually in ways that contributed 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.hhh.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- ✓ We can share health information about you for certain situations such as:
 - ✓ Reporting certain diseases
 - ✓ Helping with product recalls
 - ✓ Reporting adverse reactions to medications
 - ✓ Reporting suspected abuse, neglect, or domestic violence as required by state or federal laws
 - ✓ Preventing or reducing a serious threat to anyone's health or safety.

Do research

- ✓ We can use or share your information for health research if certain conditions are satisfied.

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 health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

- ✓ We can share health information about you with a coroner, medical examiner, or a funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

- ✓ We can use or share health information about you:
 - ✓ For workers' compensation claims.
 - ✓ For 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 action

- ✓ We can share health information about you in response to a court or administrative order, or in response to a subpoena.
- ✓ In response to certain requests by law enforcement to locate a fugitive, victim or witness, or to report deaths or certain crimes.

Redisclosure

- ✓ Information disclosed with or without your authorization as set forth above may be subject to redisclosure by the recipient and no longer protected by state or federal laws.

Our Responsibilities

- ✓ We are required by law to maintain the privacy and security of your protected health information.
- ✓ We will let you know promptly 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 of you a copy of it.
- ✓ We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, 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 the Terms of this Notice

We reserve the right to change the terms of this Notice at any time, and the changes apply to all the information we have about you. The new notice will be available upon request, in our office, and on our website.

Effective February 2026

This Notice of Privacy Practices applies to the following organizations.

This notice applies to the following entities:

- ✓ *Vista Plains Health, members of the Medical Staff, Affiliated Providers and other Providers authorized under the Bylaws to provide care at the facility, when providing care at Vista Plains Health.*
- ✓ *Vista Plains Health may also participate in Health Information Exchanges (HIE's). If you do not want your information to be shared through Health Information Exchanges, you may "opt out" by contacting the **Privacy Officer at Vista Plains Health at 406-632-3154.***

Vista Plains Health is a charitable health care corporation that owns, operates and participates in an Organized Health Care Arrangement with other entities. Health Care entities and individuals that participate in this organized system will share your protected health information with each other as necessary to carry out treatment, payment or health care operational activities. All employees and volunteers with whom health information is shared to provide your health care services also agree to abide by this notice.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-844-465-5885 (TTY: 1-800-537-7697) o hable con su proveedor.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-844-465-5885 (TTY: 1-800-537-7697) an oder sprechen Sie mit Ihrem Provider.

注意：如果您說[中文]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-844-465-5885 (TTY: 1-800-537-7697) 或與您的提供者討論。」

注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル(誰もが利用できるよう配慮された)な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-844-465-5885 (TTY: 1-800-537-7697)までお電話ください。または、ご利用の事業者にご相談ください。

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-844-465-5885 (TTY: 1-800-537-7697) o makipag-usap sa iyong provider.

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-844-465-5885 (TTY: 1-800-537-7697) ou parlez à votre fournisseur.

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-844-465-5885 (TTY: 1-800-537-7697) или обратитесь к своему поставщику услуг.

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-844-465-5885 (TTY: 1-800-537-7697)번으로 전화하거나 서비스 제공업체에 문의하십시오.

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجاناً. اتصل على الرقم 1-844-465-5885 (1-800-537-7697) أو تحدث إلى مقدم الخدمة."

หมายเหตุ: หากคุณใช้ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้

ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-844-465-5885 (TTY: 1-800-537-7697) หรือปรึกษาผู้ให้บริการของคุณ

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-844-465-5885 (Người khuyết tật: 1-800-537-7697) hoặc trao đổi với người cung cấp dịch vụ của bạn.

УВАГА: Якщо ви розмовляєте українська мова, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-844-465-5885 (TTY: 1-800-537-7697) або зверніться до свого постачальника».

ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'1-844-465-5885 (tty: 1-800-537-7697) o parla con il tuo fornitore.

MERK: Hvis du snakker norsk, er gratis språktjenester tilgjengelige. Hvis du trenger andre hjelpemidler eller tjenester for å gjøre informasjonen tilgjengelig for deg, finnes dette også kostnadsfritt. Ring 1-844-465-5885 (teksttelefon: 1-800-537-7697) eller snakk med leverandøren din.

Wann du Deutsch schwetscht, Kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-844-465-5885 (TTY: 1-800-537-7697).