



# Mountainview Medical Center

16 West Main  
PO Box Q  
White Sulphur Springs, MT 59645

## JOINT NOTICE OF PRIVACY PRACTICES

*Effective Date: January, 2026*

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.

### WHO WILL FOLLOW THIS NOTICE

As allowed by law and to better serve your healthcare, Mountainview Medical Center (MMC) follows the terms of this Joint Notice of Privacy Practices (“Notice”). MMC may share your Medical Information for the purposes of treatment, payment, or healthcare operations.

MMC may also share Medical Information electronically with other healthcare providers, health information exchanges, referral partners, and care coordination entities as permitted by federal interoperability and information-blocking regulations (45 CFR Part 171) to support continuity of care and your right to timely access to your health information.

The above organizations are referred to as “we”, “our”, or “us” and include:

- Any health care professional authorized to access or enter information into your chart
- All departments and units of the organizations covered by this Notice
- Any member of a volunteer group we allow to help you
- All our employees, staff, and other personnel

### 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 that:

- (1) 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 certain legal requirements. This Notice applies to Medical Information created by us. It is possible that your doctor may also create Medical Information at another hospital or other medical facility. 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
- Give you this Notice of our legal duties and privacy practices regarding your Medical Information



# Mountainview Medical Center

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- Follow the terms of the Notice that is currently in effect
- Notify affected individuals following a breach of unsecured protected health information
- Provide you with timely electronic access to your Medical Information when requested
- Comply with federal interoperability and information-blocking laws designed to ensure you can access and share your health records

If you have any questions about this Notice, please contact the MMC Privacy Officer at 406-547-3321.

## **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. Not every use or disclosure is listed, but all permitted uses fall into one of these categories.

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

Treatment – We may use and disclose your Medical Information to provide, coordinate, or manage your healthcare. This includes sharing information electronically with doctors, nurses, therapists, telehealth providers, hospitals, pharmacies, laboratories, specialists, and others involved in your care.. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. We may share your Medical Information to coordinate prescriptions, lab work, and imaging. We may use and disclose your Medical Information to recommend treatment options.

This includes sharing information electronically with physicians, nurses, therapists, telehealth providers, pharmacies, laboratories, specialists, hospitals, referral partners, and other healthcare professionals involved in your care across different settings.

Payment – We may use and disclose your Medical Information to bill and obtain payment from health plans, Medicare, Montana Medicaid, or other third-party payers. This includes eligibility verification, claims submission, prior authorization, utilization review, coordination of benefits, and payment activities.

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 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, nurses, 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 healthcare operations described above. We may use or disclose your Medical Information to other health providers who also have a relationship with you for activities related to evaluating the quality of care you received, for coordinating your care, evaluating the competence of your healthcare providers, conducting training, or for regulatory oversight and compliance. We must also provide you with a statement adequate to put you on notice of the potential for information disclosed pursuant to these regulations to be subject to redisclosure by the recipient and no longer protected by this subpart.



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**Research** – We may use or disclose your Medical Information for approved research under strict privacy protections. Identifiable information will not be released without your authorization unless permitted by law. Under certain circumstances, we may use and disclose your Medical Information for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another medication for the same condition. All research projects are subject to a special approval process. This process evaluates a proposed research project and its use of Medical Information, balancing the research needs with patients' need for privacy of their Medical Information. Before we use or disclose Medical Information for research, the project will have been approved through this research approval process. We may disclose your Medical Information to people preparing to conduct a research project (e.g., to help them look for patients with specific medical needs) so long as the Medical Information they review does not leave the organizations listed in this Notice. We will generally ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care. We may use and disclose your Medical Information for approved research under strict privacy safeguards.

**Required By Law** – We will disclose your Medical Information when required to do so by federal, state, or local law. We are also required to include a description of the types of uses and disclosures for which an attestation is required under § 164.509 (p. 2). An attestation is a statement we must obtain from the recipient of your information in certain circumstances to confirm that the information will not be used for prohibited purposes.

**Reproductive Health Care Information** –

We may not use or disclose protected health information potentially related to reproductive health care for the purpose of investigating or imposing liability on any person for the seeking, obtaining, providing, or facilitating of reproductive health care that was lawful under the circumstances in which it was provided.

**Attestation**

For certain uses or disclosures, including requests related to health oversight, judicial or administrative proceedings, law enforcement, or specialized government functions, when PHI may be related to reproductive health care, we must obtain a signed attestation from the person requesting the information confirming the request is not for a prohibited purpose.

**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.

**Organ and Tissue Donation** – If you are an organ donor, we may disclose your Medical Information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**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.



## Mountainview Medical Center

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**Public Health Risks** – We may disclose your Medical Information for public health activities. These activities generally include the following: **State Law Reporting Requirements (Montana)**

In addition to federal reporting requirements, state law may require or permit the disclosure of Medical Information without your authorization for certain public health activities. These include reporting communicable diseases, injuries, births and deaths, abuse or neglect, and other conditions as required by Montana statutes and regulations.

We may be permitted by Montana law Sharing Your Immunization Data. Montana Immunization Information System (imMTrax/IIS) **when you (or your parent/guardian) provide explicit consent to participate**, as permitted by Montana law.

- To prevent or control disease, injury, or disability.
- To report births and deaths.
- 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 share information as legally required.

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



## Mountainview Medical Center

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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.

Substance Use Disorder: (42 CFR Part 2) substance use disorder treatment records are protected by federal and Montana law and may not be disclosed in legal proceedings without written consent or a qualifying court order. Substance use disorder treatment records received from programs or testimony relating 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 the individual or the holder of the record. 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.

### USES OR DISCLOSURES WHEN YOU HAVE AN OPPORTUNITY TO OBJECT

Facility Directories and Religious Preferences – Unless you object, we may include the following information in any facility directory: your name, location in the facility, and your condition stated in general terms that does not communicate any specific medical information about you. We may also list any religious preference you tell us in directories provided to clergy.

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 were 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

Mental Health Treatment – Uses or disclosures for mental health treatment can be made only to professionals for treatment, to obtain payment for services provided, or as otherwise required by state law.

Psychotherapy Notes – Should your treatment involve the creation of psychotherapy notes (a subset of mental health treatment records), we will obtain your written authorization for the use and disclosure of



# Mountainview Medical Center

16 West Main

PO Box Q

White Sulphur Springs, MT 59645

psychotherapy notes in most cases. The exceptions are: (1) to carry out the following treatment, payment or healthcare operations activities: (a) use by the originator of the psychotherapy notes for treatment, (b) use or disclosure for our training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling; or (c) use or disclosure to defend ourselves in a legal action or other proceeding brought by you; (2) required uses or disclosures required the Secretary of the Department of Human Health and Services for determinations of our compliance with the law, or (3) permitted uses or disclosures: (a) to health oversight agencies as permitted by law for oversight of the originator of the psychotherapy notes, (b) to coroners and medical examiners for the identification of a deceased person, or (c) made in good faith to avert a serious threat to public safety.

**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. **Notice of Prohibition on Redisclosure (42 CFR Part 2):** In general, substance use disorder treatment information that is protected by 42 CFR Part 2 may not be redisclosed by the recipient unless further disclosure is expressly permitted by the patient's written consent or otherwise permitted by 42 CFR Part 2. 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.

## REPORTING OF IMMUNIZATION RECORDS

We may share immunization data with the Montana Immunization Information System (imMTrax/IIS) when you (or your parent/guardian, if applicable) provide explicit consent to participate, as permitted by Montana law Sharing Your Immunization Data with the Montana DPHHS Immunization Information System ("IIS"). The Montana Department of Public Health and Human Services (DPHHS) maintains a confidential, computerized system that collects and consolidates immunization data from providers of immunizations, like us, to design and sustain effective immunization strategies for public health purposes.

DPHHS has requested that we seek your consent to share your/your child's immunization data with the DPHHS IIS database. THEREFORE, WE ARE PROVIDING YOU WITH AN OPPORTUNITY TO OPT OUT OF THIS SHARING OF YOUR/YOUR CHILD'S IMMUNIZATION DATA ON THE ACKNOWLEDGEMENT OF RECEIPT OF THIS NOTICE.

## **FUNDRAISING COMMUNICATIONS (REQUIRED 2026)**

We may use limited information such as your name, address, phone number, dates of service, and department of service to contact you for fundraising purposes.

You have the right to opt out of fundraising communications at any time. All fundraising messages will include a clear way to opt out.



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## 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 MMC Privacy Officer.

You have the right to:

- Access and receive copies of your records (including electronically)
- Request amendments
- Request restrictions
- Request confidential communications
- Receive breach notifications
- File complaints without retaliation
- Direct that records be sent to another provider

### Special Right for Self-Pay Patients

If you pay for a service in full out-of-pocket, you may request that we do not share that information with your health plan. We must honor this request unless required by law.

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 Privacy Officer, PO Box Q White Sulphur Springs, MT 59645. In addition, you must provide a reason that supports your request.

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
- 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 MMC Privacy Officer.

- 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



# Mountainview Medical Center

16 West Main

PO Box Q

White Sulphur Springs, MT 59645

purposes, (5) for national security or intelligence purposes, (6) to correctional institutions or law enforcement officials, or (7) that are 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 surgery you had.

To request restrictions, you must make your request in writing to the MMC Privacy Office. 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 healthcare operations and you or some other person on your behalf has paid for your medical services out-of-pocket and in full.

**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 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 Privacy Officer.

**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 web site at [www.mvmc.org](http://www.mvmc.org) or by contacting the MMC Privacy Officer.

**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 because 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 surgical 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



# **Mountainview Medical Center**

16 West Main  
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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 the Privacy Officer at 406-547-3321 or mail to 16 West Main St., PO Box Q, White Sulphur Springs, MT 59645. You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR). Information on filing a complaint is available through OCR's website or by contacting OCR directly. We will not retaliate against you for filing a complaint.

**You will not be penalized 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 notice at each Covered Entity covered by this Notice. The Notice will contain the effective date on the first page. In addition, each time you register at or are admitted to one of our organizations for treatment or healthcare services as an inpatient or an outpatient, 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.

## **REGULATORY UPDATES INCORPORATED INTO THIS 2026 NOTICE**

This Notice incorporates updates required by:

HIPAA Privacy Rule (45 CFR §§164.520–528)

HITECH Act

CMS CAH Conditions of Participation

45 CFR Part 171 (Information Blocking & Interoperability)

42 CFR Part 2

Montana Privacy & IIS Laws