NOTICE OF PRIVACY PRACTICES

#

Effective Date: November 17, 2026

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION, AND HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION. YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH THE QUALITY DIRECTOR AT 1-866-827-6259 IF YOU HAVE ANY QUESTIONS. PLEASE REVIEW IT CAREFULLY.

SUMMARY OF YOUR PRIVACY RIGHTS

A. *Understand Your Medical Record/Information*. Each time you visit Rocky Boy Health Center (RBHC) facility for services, a record of your visit is made. If you are referred by RBHC through the Purchased/Referred Care (PRC) program, RBHC also keeps a record of your PRC visit. Typically, this record contains your symptoms, examination, test results, diagnoses, treatment, and a plan for future care. "Protected Health Information" (PHI) is individually identifiable information, maintained by RBHC in a designated record set, about your past, present, or future health condition, the provision of health care to you, or payment for the health care. This information, often referred to as your medical record, can serve as a:

1) Plan for your care and treatment.
2) Communication source between health care professionals.
3) Tool with which we can check results and continually work to improve the care we provide.
4) Means by which Medicare, Medicaid, or private insurance payers can verify the services billed.
5) Tool for education of health care professionals.
6) Source of information for public health authorities charged with improving the health of the people.

If you receive substance use disorder (SUD) treatment at RBHC, your medical record will contain information relating to this treatment. RBHC's SUD treatment program and services are subject to the confidentiality requirements of 42 C.F.R. Part 2 (Part 2), and records relating to SUD treatment received at RBHC are protected by Part 2.

B. *Understanding what is in your medical record and how the information is used helps you to e*nsure its accuracy; better understand why others may review your PHI; and make an informed decision when authorizing disclosures of your PHI.

C. *Your Medical Record/Information Rights*. Your medical record is the physical property of RBHC, but the information belongs to you. You have the right to:

1) Receive notification of a breach of your PHI.
2) Request that we limit our uses and disclosures of your PHI for treatment, payment, and health care operations purposes. If you pay for a service or health care 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. If we agree to your request, we will comply with your request unless a law requires us to share that information. If we deny your request, we will notify you in writing.
3) Request that we correct or amend your record if you believe there is a mistake in your PHI or that important information is missing. Requests must be in writing and tell us what corrections or additions you are requesting and why the corrections or additions should be made. We will respond in writing after receiving your request. If we approve your request, we will make the correction or addition to your PHI. If we deny your request, we will tell you why and explain your right to file a written statement of disagreement.
4) Request confidential communications about your health information, such as whether to communicate with you at a specific address, telephone number, or email address.
5)You may also make a specific written request to us to transmit health care information to a designated third party. If the cost of meeting your request involves more than a reasonable additional amount, we may charge you the excess cost. A request for disclosure must:

- Be in writing, signed by you, and dated;
- Identify the nature of the information to be disclosed; and

- Identify the person to whom the information is to be disclosed.

6) Request and obtain a listing of certain disclosures RBHC has made of your PHI. An accounting does not include certain disclosures, such as but not limited to:

- Those made to carry out treatment, payment, and health care operations (unless disclosed through the electronic health record);
- Those for which we had a signed authorization or provided PHI directly to you;
- Those to persons involved in your care and persons acting on your behalf;
- For certain emergency or law enforcement purposes; or
- Other purposes not covered by the right to an accounting.

7) Revoke your written authorization to use or disclose your PHI at any time unless action has already been taken.

8) Request and obtain a paper or electronic copy of RBHC Notice of Privacy Practices.

9) Request to examine or obtain a paper or electronic copy of the patient's medical record from RBHC Medical, Health and Billing Records.

10) File a complaint if you believe your privacy rights have been violated.

D. *RBHC Responsibilities*. RBHC understands that PHI about you is personal and RBHC is committed to protecting your PHI. RBHC is required to:

1) Maintain the privacy of your PHI.
2) Inform you about our privacy practices regarding PHI we collect and maintain about you.
3) Notify you if we do not agree to a requested restriction.
4) Notify you of our decision regarding a request for correction or amendment.
5) Accommodate reasonable requests you may have to communicate PHI by alternate means or to an alternate location.
6) Promptly notify you of a breach that may have compromised the privacy or security of your (PHI).
7) Honor the terms of this Notice or any subsequent revisions of this Notice.

REVISED NOTICE OF PRIVACY PRACTICES

RBHC reserves the right to change its privacy practices and to make the new provisions effective immediately for all PHI it maintains. RBHC will post any revised Notice of Privacy Practices at public places within its facilities and on RBHC website at https://www.rbclinic.org

HOW RBHC MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

RBHC will not use or disclose your PHI without your permission, except as described in this Notice. The following categories describe how we may use and/or disclose your PHI.

A. *Treatment*. We may use or disclose your PHI to provide, coordinate, or manage your healthcare and any related services. For example:

1) Your personal information will be recorded in your medical record and used to determine the course of treatment for you. Your health care provider will document in your medical record their instructions to members of your healthcare team. The actions taken and the observations made by the members of your healthcare team will be recorded in your medical record so your health care provider will know how you are responding to treatment.
2) If you are referred or transferred to another facility or provider for further care and treatment, RBHC may disclose information to that facility or provider to enable them to know the extent of treatment you have received and other information about your condition.
3) Your health care provider(s) may give copies of your PHI to others, including health care professionals or personal representatives, to assist in your treatment.

B. *Payment*. We may use or disclose your PHI to collect payment for your health care services. For example:

1) If you have private insurance, Medicare, or Medicaid, a bill will be sent to your health plan for payment. The information on or accompanying the bill will include information that identifies you, as well as your diagnosis, procedures, and supplies used for your treatment.
2) If you are referred to another health care provider under the Purchased/Referred Care (PRC) program, RBHC may disclose your PHI to that provider for health care payment purposes.

C. *Health Care Operations*. We may use or disclose your PHI for health care operations. For example, we may use your PHI to evaluate your care and treatment outcomes with our quality improvement team. This information will be used to continually improve the quality and effectiveness of the services we provide.

D. *SUD Treatment Information:* We must have your written authorization to use or disclose your SUD treatment information for treatment, payment, and health care operation purposes. You may provide a single consent for all future uses or disclosures for treatment, payment, and health care operation purposes. Records that are disclosed to a federally assisted SUD program, covered entity, or business associate based on your written consent for treatment, payment, and health care operations may be further disclosed by that program, covered entity, or business associate, without your written consent, to the extent RBHC's policies and procedures and applicable law permit such disclosure.

E. *Personal Health Record*. The Personal Health Record (PHR) is a secure web-based application that provides patient access to their health care information. The PHR is accessible to any patient who receives care at a RBHC facility and requests a PHR account.

F. *Direct*. RBHC may share your PHI between providers and between healthcare providers, patients and/or patients' authorized representatives, using the DIRECT secure, web-based messaging service.

Business Associates. RBHC provides some healthcare services and related functions through the use of contracts with business associates (also called "qualified service organizations" when related to our SUD program). For example, RBHC participates in an Organized Health Care Arrangement (OHCA) with other participants in OCHIN, RBHC's health information technology provider. As part of this arrangement, RBHC and participating entities may share your health information for treatment, payment, and health care operations as permitted by law. OCHIN provides information technology and related services as a business associate. RBHC requires all business associates to protect and safeguard your PHI in accordance with applicable Federal laws.

G. *Notifications*. RBHC may use or disclose your PHI to notify or assist in the notification of a family member, personal representative, or other authorized person(s) responsible for your care, unless you notify us that you object.

H. *Communication with Family*. All RBHC health providers may use or disclose your PHI to others involved with and/or responsible for your care unless you object. For example, RBHC may provide your family members, other relatives, close personal friends, or any other person you identify, with limited PHI that is relevant to that person's involvement with your care or payment for such care.

I. *Uses and Disclosures about Decedents*. We may disclose PHI relating to an individual's death including information to coroners, medical examiners or funeral directors, and to organ procurement organizations relating to organ, eye, or tissue donations or transplants.

J. *Treatment Alternatives and Other Health Related Benefits and Services.* RBHC may contact you to provide information about treatment alternatives or other types of health-related benefits and services that may be of interest to you. For example, we may contact you about the availability of new treatment or services for diabetes.

K. *Appointment Reminders*. RBHC may contact you with a reminder that you have an appointment for medical care at RBHC or to advise you of a missed appointment.

L. *Text Messaging Communications.* Rocky Boy Health Center may communicate with you by SMS (text message) or Rich Communication Services (RCS) regarding your care, including appointment reminders, scheduling updates, billing notifications, prescription reminders, care coordination, and other healthcare related communications. Participation in text messaging is voluntary and is not required as a condition of receiving healthcare services.

M. *Protection of Your Mobile Information.* We collect and use your mobile telephone number only for purposes related to providing healthcare communications. No mobile information will be shared with third parties or affiliates for marketing or promotional purposes. Mobile information may be shared only with service providers that assist us in delivering healthcare communications on our behalf and who are contractually obligated to safeguard your information.

N. *Security of Text Messages.* SMS and RCS messaging are not fully secure communication methods. RBHC limits the content of text messages to the minimum information necessary and will use secure communication methods when more sensitive Protected Health Information must be exchanged. For complete information regarding RBHC's text messaging program, including message frequency, opt out instructions, available assistance, and related terms, please refer to the Text Messaging Terms and Conditions available on the RBHC website.

O. *Workers Compensation*. RBHC may disclose your PHI for workers compensation purposes as authorized or required by applicable law.

P. *Public Health*. RBHC may disclose your PHI (except SUD treatment information must be de-identified) to public health or other appropriate government authorities (Federal, State, local or Tribal) as authorized under applicable law as follows:

1) To government authorities to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or conducting public health surveillance, investigations, and interventions;
2) To government authorities to receive reports of child abuse or neglect, and
3) To government authorities to receive reports of other abuse, neglect, or domestic violence.
4) To an individual who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition, if allowable under applicable law.
5) To your employer concerning a work-related illness or injury or a workplace related medical surveillance.

6) To the Montana Department of Public Health and Human Services (DPHHS) for the purpose of providing your immunization information for the Immunization Information System, if you have provided your consent.

7) As otherwise required or permitted by applicable law.

Q. *Correctional Institution*. If you are an inmate of a correctional institution, RBHC may disclose to the institution, PHI necessary for your health and the health and safety of other individuals such as officers, employees, or other inmates.

R. *Law Enforcement and Judicial*. RBHC may disclose your PHI for law enforcement activities as authorized by applicable law or in response to a subpoena or an order of a court of competent jurisdiction. However, RBHC will not use or share your SUD treatment information or provide testimony about your SUD treatment information in any civil, administrative, criminal, or legislative proceedings against you without your written consent or a court order except in the limited circumstances permitted by Part 2. We will only respond to a court order to use or share your SUD treatment information if it is accompanied by a subpoena or other similar legal mandate requiring us to comply. We will only use or share your SUD treatment information in proceedings against you based on a court order after we have received notice and an opportunity to be heard or you tell us that you have received notice. We may use or share your information to respond to legal proceedings against our program based on a court order and you may not be notified in advance.

S. *Health Oversight Authorities*. We may disclose PHI to a health oversight agency for activities authorized by applicable law. These oversight activities may include monitoring, audits, investigations, inspections, and licensure.

T. *Members of the Military*. If you are military personnel or a veteran, RBHC may disclose your PHI in certain situations as authorized by applicable law.

U. *To Avert Threat to Health or Safety*. RBHC may disclose your PHI to law enforcement or other persons who can reasonably prevent or lessen the threat of harm as authorized by applicable law (except for SUD treatment information, as noted above). We may disclose PHI to a public or private entity authorized by law or its charter to assist in disaster relief. in order to avoid a serious threat to health or safety.

V. *Required by Law*. RBHC may use or disclose PHI to the extent that such use or disclosure is required by applicable law and the use or disclosure complies with and is limited to the relevant requirements of such law.

W. *Non-Violation of this Notice*. RBHC is not in violation of this Notice if any of its employees or its business associates discloses PHI under the following circumstances:

1) Disclosures by Whistleblowers. If a RBHC employee or business associate in good faith believes that RBHC has engaged in conduct that is unlawful or otherwise violates clinical and professional standards or that the care or services provided by RBHC has the potential of endangering one or more patients, members of the workplace, or the public and discloses such information to:

a. A Public Health Authority or Health Oversight Authority authorized by applicable law to investigate or otherwise oversee the relevant conduct or conditions, or the suspected violation, or an appropriate health care accreditation organization for the purpose of reporting the allegation of failure to meet professional standards or misconduct by RBHC; or

b. An attorney on behalf of the workforce member, or business associate or hired by the workforce member or business associate for the purpose of determining their legal options regarding the suspected violation.

2) Disclosures by Workforce Member Crime Victims. Under certain circumstances, an RBHC workforce member (either an employee or contractor) who is a victim of a crime on or off RBHC facility premises may disclose information about the suspect to law enforcement officials provided that:

a. The information disclosed is about the suspect who committed the criminal act.

b. The information disclosed is limited to identifying and locating the suspect.

c. We may only disclose SUD treatment information to law enforcement when the patient commits a crime on the premises of the SUD treatment program or against the program staff or threatens to commit a crime.

X. *Any Other Uses and Disclosures*. Most uses and disclosures of psychotherapy and SUD counseling notes (where appropriate) require authorization. Unless otherwise allowed or required by applicable law, other uses and disclosures of PHI not listed in this Notice will be made only with your written authorization, which you may later revoke in writing at any time. Such revocation would not apply where the PHI already has been disclosed or used or in circumstances where RBHC has taken action in reliance on your authorization or the authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim under the policy or the policy itself.

Y. *Records Destruction.* RBHC will dispose of any medical records in a manner that preserves the confidentiality of the information contained within those records consistent with applicable law.

Rights under this Notice or to Request Information or Report a Problem

If you believe your rights as set forth in this Notice have been violated and you wish to file a complaint, please contact the RBHC Integrity and Compliance Hotline at (866) 827-6259, or at https://rbhc.compliancemanager.healthicity.com/report/67FD778B4B.

You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services by sending a letter to U.S. Department of Health and Human Services, Office of Civil Rights, 200 Independence Avenue, S.W., Washington D.C. 20201, calling 877-696-6775, or visiting https://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html.

RBHC will not retaliate against you for filing a complaint.

RBHC is part of an organized health care arrangement including participants in OCHIN. A current list of OCHIN participants is available at www.ochin.org as a business associate of RBHC OCHIN supplies information technology and related services RBHC and other OCHIN participants. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and assess clinical benefits that may be derived from the use of electronic health record systems. OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your personal health information may be shared by RBHC with other OCHIN participants or a health information exchange only when necessary for medical treatment or for the health care operations purposes of the organized health care arrangement. Health care operation can include, among other things, geocoding your residence location to improve the clinical benefits you receive.

The personal health information may include past, present and future medical information as well as information outlined in the Privacy Rules. The information, to the extent disclosed, will be disclosed consistent with the Privacy Rules or any other applicable law as amended from time to time. You have the right to change your mind and withdraw this consent, however, the information may have already been provided as allowed by you. This consent will remain in effect until revoked by you in writing. If requested, you will be provided a list of entities to which your information has been disclosed.

While this Notice is designed to comply with the terms and provisions of the HIPAA and Part 2, compliance is voluntary on the part of RBHC and is made for the convenience of RBHC and its patients and clients. RBHC does not concede that the HIPAA applies to it or any of its departments, agencies, organizations, officers, agents, or employees. Nothing in this Notice shall be read or construed to effect, modify, limit, or waive the sovereign rights, including sovereign immunity and other immunities, of the RBHC, its departments, agencies, organizations, officers, agents, and/or employees.