Livingston HealthCare

Notice of Privacy Practices

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-833-703-0016 (TTY: 1-800-325-0778).

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen kostenlose Sprachunterstützungsdienste zur Verfügung. Rufen Sie 1-833-703-0016 (TTY: 1-800-325-0778) an.

Chinese

注意:如果你会说中文,可以免费提供语言帮助。 致电 1-833-703-0016(TTY:1-800-325-0778)。

Japanese

注意:日本語が話せる方には無料の言語支援サービスが利用可能です。電話番号は1-833-703-0016(TTY: 1-800-325-0778)です。

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-833-703-0016 (TTY: 1-800-325-0778).

French

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-833-703-0016 (ATS: 1-800-325-0778).

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-833-703-0016 (телетайп: 1-800-325-0778).

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-833-703- 0016 (TTY: 1-800-325-0778)번으로 전화해 주십시오.

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 0016-703-833-1 (رقم هاتف الصم والبكم: 0778-325-800-1).

Thai

ข้อควรระวัง: หากคุณพูดภาษาไทย มีบริการช่วยเหลือด้านภาษาฟรี โทร 1-833-703-0016 (TTY: 1-800-325-0778)

Norwegian

MERK: Hvis du snakker norsk, er gratis språkassistansetjenester tilgjengelige for deg. Ring 1-833-703-0016 (TTY: 1-800-325-0778).

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-833-703-0016 (TTY: 1-800-325-0778).

Ukrainian

УВАГА: якщо ви говорите українською, доступні безкоштовні мовні послуги. Телефонуйте за номером 1-833-703-0016 (TTY: 1-800-325-0778).

Pennsylvanian Dutch

AADACHT: Wannd pennsilfaanisch deitch spreche, ruf 1-833-703-0016 (TTY: 1-800-325-0078) koschdefrei.

Italian

ATTENZIONE: Se parlate italiano, potete usufruire di servizi di assistenza linguistica totalmente gratuiti. Chiamate il numero 1-833-703-0016 (TTY: 1-800-325-0778).

Livingston HealthCare

Privacy Officer
Phone: (406) 823-6408
320 Alpenglow Ln, Livingston, MT 59047
privacy@livhc.org

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

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

➤ ***See page 2*** *for more information on these rights and how to exercise them*

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

➤ ***See page 3*** *for more information on these choices and how to exercise them*

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

➤ ***See pages 3 and 4*** *for more information on these uses and disclosures*

Your Rights

When it comes to your health information, you have certain rights.
This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record	• You can ask to see or get an electronic or 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 a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
Ask us to correct your medical record	• You can ask us to correct 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 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. 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 shared it with, and why. • We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get a copy of this privacy notice	• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with 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.
Revoke your authorization	• If you provide us with a written authorization, you may revoke that authorization at any time by submitting a written revocation to the privacy officer. The revocation will not affect any actions we took before we received your revocation.
File a complaint if you feel your rights are violated	• You can complain if you feel we have violated your rights by contacting us using the information on page 1. • 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 information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

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

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.
- Any records subject to 42 CFR Part 2 may be used or disclosed for fundraising for the benefit of Livingston HealthCare, but an individual must first be provided with a clear and conspicuous opportunity to elect not to receive fundraising communications

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you	• We can use your health information and share it with other professionals who are treating you.	***Example:*** *A doctor treating you for an injury asks another doctor about your overall health condition.*
Run our organization	• We can use and share your health information to run our practice, improve your care, and contact you when necessary.	***Example:*** *We use health information about you to manage your treatment and services.*
Bill for your services	• We can use and share your health information to bill and get payment from health plans or other entities.	***Example:*** *We give information about you to your health insurance plan so it will pay for your services.*

Important Exception for Substance Use Disorder (SUD) Records

- The treatment, payment, and healthcare operations uses described above apply to most of your health information. However, if you are receiving substance use disorder treatment, federal law (42 CFR Part 2) provides additional protection for those records. We generally need your specific written consent before we can use or disclose substance use disorder treatment records for treatment, payment, or healthcare operations, unlike other health information.

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- SUD counseling notes are process notes recorded by a SUD counselor during individual or group counseling sessions and kept separate from your medical record. Under federal law (42 CFR Part 2), we need your specific written consent to use or disclose SUD counseling notes, even for your treatment. You have the right to access your SUD counseling notes, unlike psychotherapy notes which we can withhold from you under HIPAA.

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 contribute 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.hhs.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:
	  • Preventing disease
	  • Helping with product recalls
	  • Reporting adverse reactions to medications
	  • Reporting suspected abuse, neglect, or domestic violence
	  • Preventing or reducing a serious threat to anyone's health or safety

Do research	• We can use or share your information for health research.
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're 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 with a coroner, medical examiner, or 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 actions	• We can share health information about you in response to a court or administrative order, or in response to a subpoena.
Potential for Redisclosure	• Once we disclose your health information outside the organization, that information may be redisclosed by the recipient and may no longer be protected by federal privacy law. We cannot control how others use information after we disclose it to them.

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 give 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 can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Effective February 16, 2026

This Notice of Privacy Practices applies to the following organizations.

Livingston HealthCare employees, members of the Medical Staff and credentialed Providers, affiliated Providers, our business associates, students and volunteers, when providing care at Livingston HealthCare facilities.

Livingston HealthCare may also participate in Health Information Exchanges (HIEs) for treatment and payment purposes. If you do not want your information to be shared through Health Information Exchanges, you may "opt out" by contacting the Privacy Officer of Livingston HealthCare at (406) 823-6408.

Livingston HealthCare is a not-for-profit health care corporation that 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 participating entities and individuals agree to abide by the terms of this Notice. All employees and volunteers with whom health information is shared to provide your health care services also agree to abide by this Notice.

Privacy Officer, Livingston HealthCare at (406) 823-6408 or email privacy@livhc.org