

**1220 Central Avenue, Great Falls, MT 59401 / Telephone: 406-268-1510**

**Summary Notice of Privacy Practices and Acknowledgement Form**

This document describes how medical information about you may be used, shared, and how you may obtain access to information. PLEASE REVIEW CAREFULLY.

**Commitment to Health Information Privacy**

IFHC understands that health information is personal. IFHC is committed to protecting patient health information. IFHC creates a health record of care for patients receiving services. This notice also applies to all of the records of patient care generated by IFHC whether made by IFHC personnel or medical professionals. This notice provides information to the patient regarding the ways that IFHC may use and shared medical information about the patient. This notice describes the patient’s rights and certain obligations IFHC has regarding the use and disclosure of medical information.

**How IFHC May Use and Share Patient Health Information**

IFHC may use patient health information to provide the patient with medical treatment, and to arrange and coordinate patient health care, to obtain payment for IFHC services, and to conduct IFHC health clinic operations, including quality assurance, general management, and administration. IFHC may disclose patient health information for a variety of purposes in the public interest, as required or permitted by law. IFHC will obtain the patient’s written authorization to use or disclose patient health information for other purposes. There are circumstances when health information about the patient will not be shared unless the patient first provides permission for information to be shared, such as when you receive services in a substance abuse treatment program.

**Patient Health Information Rights**

An IFHC patient has the right to inspect, copy, and/or request to amend his/her patient health information record. The patient also has the right to know with whom IFHC shared the patient medical information. The patient has the right to request restrictions on the disclosure of health information to others. The patient has the right to confidential communications regarding services or treatment. We are committed to protecting the privacy and security of our patients’ medical information. We strictly prohibit the buying or selling of patient medical information, unauthorized disclosure, transfer, or exchange of patient information for financial gain under any circumstances is strictly prohibited and will result in legal action.

**Who Will Follow This Notice**

This summary describes IFHC’s practices and that of IFHC health care professionals authorized to see or enter information into Health Record. IFHC location at 1220 Central Avenue, Great Falls, MT; IFHC health clinic staff; consultants, or other health care personnel. IFHC is required by law to make sure that medical information that identifies the patient is kept confidential, provide a copy of this notice to the patient, and follow the terms of this notice.

If an IFHC patient believes that their privacy rights have not been maintained, you can file a complaint with the Secretary of the US Department of Health & Human Services or in writing to IFHC’s Executive Director.

**I acknowledge that I have been offered a copy of IFHC’s Notice of Privacy Practices.**

**Patient (Printed Name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Patient Declines to Sign:

IFHC Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Confidential Internal IFHC Clinic Form FY24