

MONTANA NOTICE OF PRIVACY PRACTICES

The following is information regarding your health information rights. This information supplements the information in the "Uses and Disclosures of Protected Health Information" section of the Shopko Notice of Privacy Practices.

We will disclose your health information without your consent to the extent that the recipient "needs to know" the information including:

- For use in a research project that an institutional review board has determined:
 - is of sufficient importance to outweigh the intrusion into the privacy of the patient that would result from the disclosure.
 - is impractical without the use or disclosure of the individually identifiable health care information.
 - contains reasonable safeguards to protect against improper disclosure.
 - contains reasonable safeguards to protect against indirectly or directly identifying any patient in any research report.
 - contains procedures to remove or destroy at the earliest opportunity, consistent with the purposes of the project.
- To any person who requires health care information for health care education, or to provide planning, quality assurance, peer review, or administrative, legal, financial or actuarial services to the provider; or a third party health care payor who requires the health care information, if the provider believes that the person will not use the information for any other purpose and will take appropriate steps to protect the information.
- To an official of penal or other custodial institution in which the patient is detained.
- To any person who has been exposed to the test subject in a manner, voluntary or involuntary, that may allow HIV transmission in accordance with modes of transmission recognized by the Centers for Disease Control of the United States public health service if the provider reasonably believes that disclosure will avoid or minimize an imminent danger to the health or safety of the contact or any other individual.

SHOPKO[®]

FORM HIPAA-0023 09/13

The following replaces the "Other Uses and Disclosures" section of the ShopKo Notice of Privacy Practices in its entirety.

We will disclose your health information without your consent:

- For directory information, unless you instruct us not to make the disclosure.
- To federal, state, or local public health authorities, to the extent we are required by law to report health care information or when needed to protect the public health.
- To federal, state, or local law enforcement authorities to the extent required by law.
- To a law enforcement officer about the general physical condition of a patient being treated in a health care facility if the patient was injured on a public roadway or was injured by the possible criminal act of another.
- In response to a request of the Office of Victims Services for information related to the physical condition of a claimant if the office has made reasonable efforts to obtain a release of records from the claimant.
- Pursuant to compulsory process in accordance with MCA Sections 50-16-535 and 50-16-536.
- To personnel from a mortuary at the time of transfer of a dead body or as soon thereafter as possible regarding the status of a deceased individual with regard to an infectious disease. The information must include whether the individual had an infectious disease at the time of death and the nature of the infectious disease.
- To the state medical examiner or a county coroner for use in determining cause of death. The information is required to be held confidential as provided by law.

For Children's Health Insurance Program participants: We will restrict disclosure of your information to purposes related to the administration of the CHIP program.

For Medicaid recipients: We will only use your information for purposes related to administration of the Montana Medicaid program. We will not disclose your information without your written consent, except to state authorities.

Sexually Transmitted Disease/HIV: We will not disclose information concerning persons infected, or reasonably suspected to be infected with a sexually transmitted disease, except to:

- Personnel of the Department of Public Health and Human Services.
- A physician who has obtained the written consent of the person whose record is requested.
- A local health officer.