

HIPAA NOTICE OF PRIVACY PRACTICES

Lavana Connection Notice of Privacy Practices
Effective 07/01/2024

ENTITIES INCLUDED IN THIS NOTICE

This notice details and applies to the practices of Lavana Connection and the practices followed by all of Lavana Connection's staff who handle your medical information.

YOUR PROTECTED HEALTH INFORMATION

Lavana Connection acknowledges that your medical information is personal and Lavana Connection is committed to protecting it. Lavana Connection maintains records and conducts treatments with aim of giving the highest level of protection to your medical and personal information, while still giving you the highest level of medical care. This notice applies to all records of your medical care received or created by Lavana Connection.

Other medical treatment providers (i.e. physicians, hospitals, home health agencies, etc.) may have differing policies or notices pertaining to the use and disclosure of your medical information. Those statements, policies, and guidelines do not apply to the policy provided in this notice.

The ways in which Lavana Connection may use and disclose medical information regarding you is detailed in this notice. Your medical information, also referred to as "protected health information," includes your demographic information, or any other information that could identify you and that relates to your past, present or future physical or mental health and related health care services.

In this notice, your rights, as well as certain obligations Lavana Connection has regarding the use and disclosure of your protected health information, will be detailed. Lavana Connection are required by name to:

1. Ensure medical and other information identifying you (protected health information) is kept private.
2. Provide you this notice of our legal duties and privacy practices with respect to protected health information regarding you.
3. Follow the terms of the notice currently in effect.

USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

As a patient at Lavana Connection, you provide consent for Lavana Connection to utilize your protected health information for specific activities, such as treatment, payment and other health care operations.

Your protected health information may be disclosed by Lavana Connection so that Lavana Connection and its medical professionals can provide treatment to you. Including but not limited to:

1. Using your past medical information in order to diagnose your present condition
2. Lavana Connection may provide information regarding your medical condition to another doctor to whom Lavana Connection refers you to for additional care.
3. Lavana Connection may also use and disclose protected health information regarding you so that Lavana Connection may be paid for the medical treatment Lavana Connection provides you.

For example, Lavana Connection will submit protected health information regarding you to your insurance company in order to receive payment for services Lavana Connection has provided you.

Lavana Connection may also use and disclose protected health information regarding you for Lavana Connection's health care operations.

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Lavana Connection may use your protected health information to evaluate how Lavana Connection can better meet your needs or Lavana Connection may provide protected health information regarding you to an auditor who reviews books/files so that Lavana Connection may keep current licensing to provide medical services.

OTHER USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

The following uses and disclosures of patient protected health information may be made without any additional authorization from you. (While not every use or disclosure is detailed, but rest assured that all uses and disclosures by Lavana Connection are only those permitted under the law).

USES AND DISCLOSURES FOR APPOINTMENT REMINDERS

To remind you of an appointment at the office we may use and disclose your medical information to contact you. Please contact our office in writing at 304 Buck Street Stevensville, MT 59870 to request that such communications be made confidentially. Lavana Connection will accommodate all reasonable requests.

USES AND DISCLOSURES TO OTHERS INVOLVED IN YOUR HEALTHCARE

We may disclose your protected health information that directly relates the involvement of the following in your medical care:

1. A member of your family
2. Relative
3. Close friend
4. Or any other person you identify

In the event you are unable to agree or object to this disclosure, we may disclose such information as necessary if we determine that it is in your best interests based on our professional judgment.

Your protected health information may also be used or disclosed by us to notify or assist in notifying a family member, personal representative or any other person responsible for your care of your location, general condition, or death.

Lastly, your protected health information may be used or disclosed by us to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

USES AND DISCLOSURES IN EMERGENCY SITUATIONS

If at any time emergency treatment is needed, we may provide your protected health information to necessary parties. In this event we will attempt to obtain your permission and acknowledgement of this event where and when possible, which may occur after the treatment has been administered.

USES AND DISCLOSURES FOR HEALTH-RELATED BENEFITS OR SERVICES

Time to time, we may use and disclose protected health information to inform you about certain health related benefits or services that may be of interest to you.

USES AND DISCLOSURES REQUIRED BY LAW

Your protected health information may be used or disclosed by Lavana Connection when required to do so by federal, state, or local law. This will be made in compliance with the law and will be limited to the relevant requirements of the law. If the law requires us to do so you will be notified of any such uses or disclosures. Lavana Connection must make

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disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the law.

USES AND DISCLOSURES RELATED TO COMMUNICABLE DISEASES

If authorized by law your protected health information may be used or disclosed, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

DISCLOSURES FOR HEALTH OVERSIGHT ACTIVITIES

Lavana Connection may disclose protected health information to a health oversight agency for activities authorized by law. Such activities include, for example:

1. Audits
2. Investigations
3. Inspections

Such activities are necessary for the government to monitor the health care system, the delivery of healthcare, government benefit programs, other government regulatory programs and civil rights laws.

DISCLOSURES OF ABUSE OR NEGLECT

Your protected health information may be disclosed to a public health authority authorized by law to receive reports of child abuse or neglect. Moreover, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to a governmental entity or agency authorized to receive such information. In such cases, the disclosure will only be made in accordance with practice state law.

DISCLOSURES TO THE FOOD AND DRUG ADMINISTRATION

Your protected health information may be disclosed to a person or company required by the Food and Drug Administration (FDA) to report:

1. Adverse events
2. Product defects
3. Other problems,
4. Biologic product deviations
5. To track products;
6. To enable product recalls
7. To make repairs or replacements
8. To conduct post-market surveillance

As the agency is required to do.

DISCLOSURES FOR LAWSUITS AND DISPUTES

In the event you are involved in a lawsuit or a dispute, your protected health information may be disclosed in response to a court order or administrative order. We may also disclose protected health information regarding you in response to:

1. Subpoenas
2. Discovery requests
3. Other lawful process by someone else involved in the dispute

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But this is only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

DISCLOSURES TO LAW ENFORCEMENT

Your protected health information may be disclosed by Lavana Connection if asked to do so by a law enforcement official, in response to:

1. Court orders
2. Subpoenas
3. Warrants
4. Summons
5. Or similar processes

Other related disclosures may include disclosures relating to individuals or organizations such as:

1. Armed Forces personnel
2. National security and intelligence agencies
3. Authorized federal officials for the protection of the President of the United States or other authorized persons or foreign heads of state

DISCLOSURES TO CORONERS, FUNERAL DIRECTORS, AND ORGAN DONATION

Your protected health information may be disclosed by Lavana Connection to a coroner or medical examiner for:

1. Identification purposes
2. Determining cause of death
3. For the coroner or medical examiner to perform other duties required by law.

We may also disclose protected health information regarding you to a funeral director in order to permit the funeral director to carry out legal duties, and may do so if death is reasonably anticipated. Your protected health information may also be disclosed for certain organ donations to which you may have agreed.

DISCLOSURES FOR RESEARCH

Your protected health information may be disclosed by Lavana Connection to researchers when their research has been approved and protocols have been established to ensure the privacy of your information. For research purposes, we may also disclose a limited set of your information, as allowed under the law.

DISCLOSURES RELATED TO CRIMINAL ACTIVITY

Consistent with federal and state laws, we may disclose your protected health information should we believe that the use or disclosure is necessary to:

1. Prevent or lessen a serious or imminent threat to the health or safety of a person or the public.
2. Or if it is necessary for law enforcement authorities to identify or apprehend an individual.

DISCLOSURES FOR WORKERS' COMPENSATION

Your protected health information may be disclosed for Workers' Compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU

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RIGHT TO INSPECT AND COPY

You have the right to inspect and copy protected health information that may be used to make decisions regarding your medical care. Both medical and billing records are usually included in this right. Requests must be submitted in writing. Should you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. Requests to inspect and copy your information may only be denied in very limited circumstances and you have a right to request that any such denial be reviewed.

RIGHT TO REQUEST RESTRICTIONS

You have the right to request that Lavana Connection restrict the use and disclosure of your protected health information for treatment, payment and health care operations. However, Lavana Connection are not required to agree to your request. If Lavana Connection does agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to 304 Buck Street Stevensville, MT 59870. And in your request, you must provide:

1. What information you want to limit.
2. Whether you want to limit our use, disclosure, or both.
3. To which parties you want these limits to apply.

RIGHT TO CONFIDENTIAL COMMUNICATIONS

You have the right to request to receive private health information communications (such as appointment confirmations) by alternative means or at alternative locations. For instance: you can ask that Lavana Connection only contact you at work or by mail. For such requests, you must make your request in writing to 304 Buck Street Stevensville MT 59870. Lavana Connection will not ask you the reason for your request. Lavana Connection will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

RIGHT TO AMEND

You have the right to request that your protected health information be amended in the event that you feel that the protected health information Lavana Connection has regarding you is incorrect or incomplete. Only the health care entity (e.g., doctor, hospital, clinic, etc.) that created your protected health information is responsible for amending it. For more information pertaining to the procedures for submitting such a request, contact 304 Buck Street Stevensville, MT 59870.

RIGHT TO AN ACCOUNTING OF DISCLOSURES

You have a right to an accounting of disclosures of your protected health information, for reasons other than treatment, payment or health care operations by Lavana Connection or any of the people or companies who perform treatment, payment or health care operations on our behalf.

You must submit a request in writing to 304 Buck Street Stevensville, MT 59870 in order to request this list of disclosures Lavana Connection made of protected health information regarding you. Your request must state a time period which may not be longer than six (6) years prior to the date of your request and may not include dates before May 12, 2021. Your request should indicate the form in which you want the list (for example, on paper or electronically).

You will be charged for photocopying.

RIGHT TO A PAPER COPY OF THIS NOTICE

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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.

You may obtain a copy of this Notice at our website: <https://thelavanaconnection.com>

To obtain a paper copy of this Notice, contact (406) 531-2509.

To learn more about these procedures, or to make any of these requests, you should contact our Owner/Manager at (406) 531-2509.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. Lavana Connection also reserves the right to make the revised or changed Notice effective for protected health information Lavana Connection already has regarding you, as well as any information Lavana Connection may create or receive in the future. Lavana Connection will post a copy of the current Notice on Lavana Connection website: <https://thelavanaconnection.com> . The Notice will contain the effective date.

COMPLAINTS

You may file a complaint with Elizabeth Lindquist, Owner/Manager or with the Department of Health and Human Services in the event you believe your privacy rights have been violated and/or that Lavana Connection or Elizabeth Lindquist has not followed this policy.

To submit a complaint with Elizabeth Lindquist, Owner/Manager, 304 Buck Street Stevensville, MT 59870. All complaints must be filed in writing. You will not be penalized for filing a complaint.

OTHER USES OF PROTECTED HEALTH INFORMATION

Your written permission (“authorization”) is required for other uses and disclosures of your protected health information not covered by this notice or the laws that apply to Lavana Connection. Should you provide us permission to use or disclose protected health information regarding you, you may revoke that permission, in writing, at any time. Should you revoke your permission, Lavana Connection will no longer use or disclose protected health information regarding you for the reasons covered by your authorization. Please understand that Lavana Connection is unable to take back any disclosures Lavana Connection may have already made with your permission, and that Lavana Connection is required to retain records of the medical treatment or other services that Lavana Connection provided to you.

QUESTIONS?

For any questions or concerns regarding this notice, feel free to reach out to the Owner/Manager at Lavana Connection.

Lavana Connection
304 Buck Street Stevensville, MT 59870
406-531-2509
lavanaconnection@gmail.com