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**Date:** February 5, 2021 at 10:41:16 AM MST

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**Subject:** DOC "records privacy" reason to legislative audit

Heads up.

This document "Notice of Privacy Practics" was recently (last week) given to Angus Maciver in Legislative Audit by a former MSP inmate. It is a copy of what inmates were given while at the MSP.

It seems that MSP would have been able to share those records, according to this policy.

I do apologize that this is not in PDF format, as these are photos of the document.

Just sharing on behalf of Mr. Butterfly.

Laurie Little Dog

Effective Date: 4/10/2014

## Montana State Prison

### Notice of Privacy Practices

This notice describes how health information about inmates may be used and disclosed and how you can access this information. Please review carefully.

This notice describes the privacy practices of Montana State Prison (MSP). "We" and "our" means MSP. "You" and "your" means You, the Inmate/ patient.

#### Information Covered by this Notice

This notice applies to health information about you that we create or receive and that identifies you. This Notice tells you about the ways we may use and disclose your health information. It also describes your rights and certain obligations we have with respect to your health information. We are required by law to:

- Maintain the privacy of your health information
- Give you Notice of our legal duties and privacy practices with respect to that information; and
- Abide by the terms of our Notice that is currently in effect.

#### Our Use and Disclosure of Your Health Information Without Your Written Authorization

##### Common Reasons for Our Use and Disclosure of Health Information

**Treatment.** We will use your health information to provide you with medical treatment or services. We may disclose health information about you to mental health care providers, medical specialists, dentists, or other health care professionals involved in your care.

**Payment.** We may use and disclose your health information to obtain payment from health plans and insurers for the care that we provide to you.

**Health Care Operations.** We may use and disclose health information about you in connection with health care operations necessary to run our programs, including review of treatment and services, training, evaluating the performance of our staff and health care professionals, quality assurance, financial or financial audits, legal matters, and business planning and development.

**Disclosures Required by Law.** We may use or disclose patient health information to the extent that we are required by law to do so. For example, we are required to disclose patient health information to the U.S. Department of Health and Human Services so that it can investigate complaints or determine our compliance with HIPAA.

**Public Health Activities.** We may disclose patient health information for public health activities and purposes, which include: preventing or controlling disease, injury or disability; reporting deaths; reporting adverse reactions to medications or foods; reporting product defects; enabling product recalls; and notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

**Victims of Abuse, Neglect or Violence.** We may disclose health information to the appropriate government authority about a patient whom we believe is a victim of abuse, neglect, or violence.

**Health Oversight Activities.** We may disclose patient health information to a health oversight agency for activities necessary for the government to provide appropriate oversight of the health care system, certain government benefit programs, and compliance with certain civil rights laws.

**Lawsuits and Legal Actions.** We may disclose patient health information in response to a court or administrative order; or to a subpoena, discovery request, or other lawful process that is not ordered by a court if efforts have been made to notify the patient or to obtain an order protecting the information requested.

Effective Date: 4/10/2014

**Restrict Use and Disclosure.** You may request that we restrict uses of your health information to carry out treatment, payment, or health care operations or to your family member or friend involved in your care or the payment for your care. We may not (and are not required to) agree to your requested restrictions.

**Confidential Communications: Alternative Means, Alternative Locations.** You may request to receive communications of health information by alternative means or at an alternative location. We will accommodate a request if it is reasonable and you indicate that communication by regular means could endanger you. When you submit a written request to the Privacy Official listed on the last page of this Notice, you need to provide an alternative method of contact or alternative address and indicate how payment for services will be handled.

**Accounting of Disclosures.** After release, you have a right to receive an accounting of disclosures of your health information for the six years prior to the date that the accounting is requested except for disclosures to carry out treatment, payment, health care operations (and certain other exceptions as provided by HIPAA). The first accounting we provide in any 12-month period will be without charge to you. We will charge a reasonable fee to cover the cost for each subsequent request for an accounting within the same 12-month period. We will notify you in advance of this fee and you may choose to modify or withdraw your request at that time.

**We Have the Right to Change Our Privacy Practices and This Notice**

We reserve the right to change the terms of this Notice at any time. Any change will apply to the health information we have about you or create or receive in the future. We will promptly revise the Notice when there is a material change to the uses or disclosures, individual's rights, our legal duties, or other privacy practices discussed in this Notice. We will post the revised Notice in our Infirmary and will provide a copy of it to you on request. The effective date of this Notice (including any updates) is in the top right-hand corner of the Notice.

**To Make Privacy Complaints**

If you have any complaints about your privacy rights or how your health information has been used or disclosed, you may file a complaint with us by contacting our Privacy Official listed below. You may also file a written complaint with the U.S. Department of Health and Human Services Office for Civil Rights.

**The privacy of your health information is important to us. We will not retaliate against you in any way if you choose to file a complaint.**

**How to Contact Us/ Our Privacy Official**

If you have any questions or would like further information about this Notice, you can write to the Privacy Official.

Company Name:	Department of Corrections - Montana State Prison Infirmary
Privacy Official:	Medical Records Supervisor
Mailing Address:	400 Conley Lake Road Deer Lodge, MT 59722

Effective Date: 4/30/2014

**Law Enforcement Purposes.** We may disclose patient health information to a law enforcement official for a law enforcement purposes, such as to identify or locate a suspect, material witness or missing person or to alert law enforcement of a crime.

**Coroners, Medical Examiners, and Funeral Directors.** We may disclose patient health information to a coroner, medical examiner or funeral director to allow them to carry out their duties.

**Organ, Eye and Tissue Donation.** We may use or disclose patient health information to organ procurement organizations or others that obtain, bank or transplant cadaveric organs, eyes or tissue for donation and transplant.

**Research Purposes.** We may use or disclose patient health information for research purposes pursuant to patient authorization, waiver, or approval by an Institutional Review Board or Privacy Board.

**Serious Threat to Health or Safety.** We may use or disclose patient health information if we believe it is necessary to do so to prevent or lessen a serious threat to anyone's health or safety.

**Specialized Government Functions.** We may disclose patient health information to the military (domestic or foreign) about members or veterans, for national security and protective services for the President or other heads of state, to the government for security clearance reviews, and to a jail or prison with regard to inmates.

**Workers Compensation.** We may disclose patient health information to comply with workers' compensation laws or similar programs that provide benefits from work-related injuries or illness.

We will make other uses and disclosures of health information not discussed in this Notice only with written authorization. You may revoke that authorization at any time in writing. Upon receipt of the written revocation, we will stop using or disclosing your health information for the reasons covered by the authorization.

#### **Your rights with Respect to Your Health Information**

You have the following rights with respect to certain health information that we have about you (information in a Designated Record Set as defined by HIPAA). To exercise any of these rights, you must submit a written request to our Privacy Official listed on the last page of this notice.

**Access.** You may request to review a copy of your health information. We may deny your request under certain circumstances. You will receive notice of a denial and can appeal it. We will provide a copy of your health information in a hard copy format and may charge a reasonable fee to cover our cost.

**Amend.** If you believe that your health information is incorrect or incomplete, you may request that we amend it. We may deny your request under certain circumstances. You will receive notice of a denial and can file a statement of disagreement that will be included with your health information that you believe is incorrect or incomplete.