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## **YPNC Privacy Policy**

To our patients: This notice describes how health information about you, as a patient of this practice, may be used and disclosed, and how you can get access to your health information. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996. (HIPAA).

### **Our commitment to your privacy**

Our practice is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information and it is important that you review the following information:

The following circumstances may require us to use or disclose your health information:

1. To public health authorities and health oversight agencies that are authorized by law to collect information.
2. Lawsuits and similar proceedings in response to a court order
3. If required to do so by a law enforcement official
4. When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. We will only make disclosures to a person or organization able to prevent the threat.
5. If you are a member of US or foreign military forces and if required by the appropriate authorities
6. To federal officials for intelligence and national security activities authorized by law
7. To correctional institutions or law enforcement officials, if you are an inmate or under the custody of a law enforcement official.
8. For Workers Compensation and similar programs.

### **Your rights regarding your health information**

1. You can request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home rather than work. We will accommodate all reasonable requests.
2. You can request a restriction in our use or disclosure of your health information for treatment, payment, or health care operations. Additionally you have a right to request that we restrict our disclosure of your health information to only certain individuals involved in your care or for the payment of your care, such as family and friends.
3. You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records

4. and billing records, but not including psychotherapy notes. You must submit your request in writing to Yellow Pine Naturopathic Medicine, 2875 Tina Ave, Suite 24, Missoula, MT 59808. We must response to this request within 30 days.
5. You may ask us to amend your health information if you believe it is incorrect. To request an amendment, your request must be made in writing and submitted to our business address listed above. You must provide us with a reason that supports your request for amendment. We must respond within 60 days. If the doctor believes the information is complete and accurate, the doctor can refuse to make any changes.