

STATE OF MONTANA BENEFIT PLAN

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We are required by law to protect the privacy of your personal health information that is maintained by the State of Montana Benefit Plan (the “Plan”), sponsored by the State of Montana for State employees, retirees, and dependents. We are required to provide you with this notice to explain how we may use your personal health information and when we can disclose that information to others.

This notice describes the privacy practices of the Plan, including group medical benefits, prescription drug benefits, dental and vision benefits, health flexible spending accounts, Montana Health Centers, wellness plan, and employee assistance programs. This notice does NOT apply to other State of Montana benefits like life insurance, disability, or retirement programs.

We will follow the terms of this notice. We have the right to change our privacy practices and the terms of this notice, and changes will apply to all information we already have about you and any new information we may receive in the future. We will post the revised notice on the Health Care & Benefits Division website and provide you with a copy of the revised notice, or information about the changes and how to obtain a revised notice.

When it comes to your health information, you have certain rights. This section explains those rights and some of our responsibilities to help you.

Get a copy of your health information	<ul style="list-style-type: none">• You can ask to see or obtain an electronic or paper copy of your claims information and other health information we have about you. You may also take photos of your information or send a copy to a third-party provider or upload to a mobile health app. See page 5 for information on how to do this.• We will provide a copy or a summary of your health and claims records, usually within 15 days of your request. We may charge a reasonable, cost-based fee.• Note: If you store or access your health information on your personal cell phone or tablet, the protections for the privacy of your information explained in this notice may not apply.
Ask us to amend your health information	<ul style="list-style-type: none">• You can ask us to correct your health information if you think that information is incorrect or incomplete. See page 5 for information on how to do this.• If we deny your request, we will tell you why in writing within 60 days.
Request confidential communications	<ul style="list-style-type: none">• You can ask us to contact you in a specific way (for example, mobile, home, or office phone) or to send mail to a different address.• We will say “yes” to all reasonable requests.
Ask us to limit what we use or share	<ul style="list-style-type: none">• You can ask us not to use or share certain health information for treatment, payment, or our operations. You may also ask us not to disclose your information to family members or others involved in your care or payment of that care. In certain circumstances, your dependents may request restrictions on your ability to see their information. See page 5 for information on how to do this.• We will permit any requests allowed by law or our policies, but we are not required to agree to any request.

Get a list of those with whom we've shared information	<ul style="list-style-type: none"> You can ask for a list (accounting) of the times we've shared your health information during the six years prior to the date you ask, who we shared it with, and why. See page 5 for information on how to do this. We will include all disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one free accounting per year but may charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get a copy of this privacy notice	<ul style="list-style-type: none"> You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will also post a copy of this notice on our website.
Choose someone to act for you	<ul style="list-style-type: none"> If you have given someone medical power of attorney, or you have a legal guardian, that person can exercise your rights and make choices about your health information. We will verify that person has this authority and can act for you before we take any action.
File a complaint	<ul style="list-style-type: none"> If you believe your privacy rights have been violated, you may file a written complaint with us. See page 5 for information on how to do this. You may also file a complaint with the regional Office for Civil Rights of the United States Department of Health and Human Services. See page 5 for information on how to do this. We will not retaliate against you for filing a complaint.

We typically use or share your health information in the following ways without your authorization:

Treatment	<ul style="list-style-type: none"> Providing, coordinating, or managing health care by a health care provider or doctor. Treatment can include coordination or management of care between a provider and a third party, consultation with, or referrals between providers. For example, the Plan may share information about you with your treating providers.
Payment	<ul style="list-style-type: none"> Activities by the Plan, other plans, or providers to obtain premiums, make coverage determinations, and provide reimbursement for health care. For example, the Plan may share information about your coverage or the expenses you have incurred with another health plan to coordinate payment of benefits between the two plans.
Health care operations	<ul style="list-style-type: none"> Activities by the Plan such as wellness and risk assessment programs, quality assessment and improvement activities, customer service and communications, and claims and appeals. Health care operations can include vendor evaluations, credentialing, training, underwriting, premium rating, arranging for medical review and audit activities, and business planning. Activities for individual-level care coordination and case management. We may also contact you or your physician to provide information about treatment alternatives or other health-related benefits that could improve your health. We will not use your genetic information for underwriting purposes. We may use some health information in risk rating and pricing, such as age and gender, as permitted under state and federal law. Except for activities related to individual-level care coordination and case management, we will only disclose the minimum necessary information that relates to the task being performed.

We may also disclose limited health information on your status as a Plan member or if you have enrolled or disenrolled in a health benefit option offered through the Plan. We may disclose summary health information to your employer to obtain premium information for coverage under the Plan, or to modify, amend or terminate the Plan. Summary information summarizes health and claims information but has names and other identifying information removed.

You should know that your employer will not use health information obtained from the Plan for any employment-related actions. However, your employer may collect health information from other sources, such as the Family Medical Leave Act and workers compensation coverage that is not protected under HIPAA.

We may collect, use, or share your health information in the following ways, as permitted by law. We will verify that a use or disclosure is not prohibited by law before disclosing your information.

Types of disclosures:

Required by Law	<ul style="list-style-type: none"> • Disclosures made to federal, state or local agencies as required by law.
Persons Involved in Your Care	<ul style="list-style-type: none"> • Disclosures to persons involved in your care or who help pay for your care, such as a family member, when you are incapacitated or in an emergency, or when you agree or fail to object when given the opportunity. If you are unavailable or unable to object, we will use our best judgement to decide if the disclosure is in your best interest. Special rules apply if we disclose health information about a deceased individual to family members and others. We may disclose information to any persons involved, prior to death, in the care or payment for care of a deceased individual, unless we are aware that doing so would be inconsistent with a preference previously expressed by the deceased.
Public Health	<ul style="list-style-type: none"> • Disclosures for public health reasons, such as reporting or preventing disease outbreaks to a public health authority. We may also disclose your information to the Food and Drug Administration (FDA) or persons under the jurisdiction of the FDA for purposes related to safety or quality issues, adverse events or to facilitate drug recalls.
Abuse, Neglect, or Domestic Violence	<ul style="list-style-type: none"> • Disclosures to report a suspected case of abuse, neglect, or domestic violence to government authorities authorized by law to receive such information.
Health Oversight Activities	<ul style="list-style-type: none"> • Disclosures to a health oversight agency for activities authorized by law, such as licensure, governmental audits, and fraud and abuse investigations.
Judicial and Administrative Proceedings	<ul style="list-style-type: none"> • Disclosures for judicial or administrative proceedings, including responding to court orders, discovery requests, subpoenas or other lawful process once HIPAA's administrative requirements are met.
Law Enforcement Purposes	<ul style="list-style-type: none"> • Disclosures for law enforcement purposes such as providing limited information to locate a missing person or report a crime.
Preventing Serious Threats to Health and Safety	<ul style="list-style-type: none"> • Disclosures made in the good-faith belief that releasing your health information is necessary to prevent or lessen a serious and imminent threat to public or personal health or safety. This includes disclosures to law enforcement officials to identify or apprehend an individual in certain circumstances.

Specialized Government Functions	<ul style="list-style-type: none"> • Disclosures for specialized government functions related to the military and veterans, national security and intelligence, or to correctional institutions about an inmate(s).
Workers Compensation	<ul style="list-style-type: none"> • Disclosures to workers compensation programs as necessary to comply with federal or state workers compensation laws.
Research	<ul style="list-style-type: none"> • Disclosures for research purposes, if the research study meets federal privacy requirements, or for certain activities related to preparing a research study.
Death	<ul style="list-style-type: none"> • Disclosures to a coroner or medical examiner to identify a deceased person, determine cause of death, and to funeral directors to carry out their duties.
Organ, Eye or Tissue Donation	<ul style="list-style-type: none"> • Disclosures to entities that handle organ procurement, banking, or transplantation of organs, eyes or tissue to facilitate donation or transplantation.

We will disclose your health information to our business associates.

Business associates are vendors that we contract with to perform functions on behalf of the Plan, including claims administration for medical, prescription drugs, dental and vision benefits, enrollment activities, benefits consulting, employee assistance and wellness programming and our Montana Health Centers. Our business associates are required by law and by contract to protect the privacy of your health information.

Additional Restrictions on Use and Disclosure of Your Health Information

Federal and state privacy laws may require special privacy protections that restrict the use and disclosure of certain sensitive health information. We will follow the more stringent and protective law, where it applies to us. Such laws may protect the following categories of information:

- Alcohol and substance use disorder, including counseling notes
- Biometric information
- Reproductive health
- Sexually transmitted diseases
- Mental health, including psychotherapy notes
- Communicable diseases
- Genetic information
- Prescriptions
- HIV/AIDS
- Minors’ information
- Child or adult abuse or neglect, including sexual assault

Uses and disclosures of your alcohol/substance use disorder notes and mental health/psychotherapy notes are generally prohibited without your written consent or a court order. However, these notes may be disclosed for treatment purposes without the need for your consent to mental health care providers or the State’s employee assistance program.

Reproductive health information may be used or disclosed in certain circumstances when a valid attestation confirms the requested use or disclosure is lawful.

Disclosures Requiring Your Written Authorization

Except for situations described in this notice and as federal privacy law permits, we will use and disclose your health information only with a written authorization from you. This includes using or disclosing alcohol/substance use disorder or psychotherapy counseling notes, using or disclosing your information for certain marketing communications, or sharing with individuals not directly involved in your care such

as your attorney. Marketing communications do not include appointment or drug refill reminders, a description of your benefits, or communications about treatment alternatives, We will not sell your health information, and we do not allow our business associates to sell your health information.

Once you give us authorization to use or disclose your health information, you may take back or revoke that authorization at any time in writing. However, if we have already acted based on your written authorization, your revocation will not apply to those uses or disclosures. **See page 5 for information on how to exercise your rights.**

How We Keep Your Information Safe

The security of your health information is very important to us. The information we get from you, or others on your behalf is protected by strict security safeguards. We annually validate the controls our business associates maintain by a thorough review of third-party audits such as the SOC II Type II audit. Our security program is based upon industry best practices and complies with the security standards set forth in NIST special publication 800-53. These standards include security policies and procedures, employee training, facility controls to limit physical access to systems that store data, limiting access to those who “need to know”, encrypting data both at rest and in motion in a manner consistent with applicable NIST standards, authenticating users who access the data systems, and regularly testing security systems and processes.

Exercising Your Rights

- Contact Your Health Plan. If you have any questions about this notice or need information on how to exercise your rights, contact the Health Care & Benefits Division:

*Attn: Privacy Officer
State of Montana Benefit Plan
% Health Care & Benefits Division
PO Box 200130
Helena, MT 59620-0130
(406) 444-7462; (800) 287-8266; TTY (406) 444-1421
benefits.mt.gov; benefitsquestions@mt.gov*

- Submit a written request. To exercise your rights described in this notice, you may submit your written requests to us at the address above.
- File a complaint. If you believe your privacy rights have been violated, you may file a complaint with us at the address above.
- Notify the Secretary of the U.S. Department of Health and Human Services of your complaint. Information on how to file a complaint is available on the Department’s website at: www.hhs.gov/ocr/privacy/hipaa/complaints. We will not take any action against you for filing a complaint.

For more information see:

hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Effective date: October 1, 2024