



Shodair Outpatient Services

Patient and Guardian

Handbook

2024



To heal, help, and inspire hope



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Contact Information:

SHODAIR OUTPATIENT SERVICES: (406) 444-1125

Calling our main office line will lead you to an automated system that allows you to make a selection based on your specific need. Your call will be routed to the correct extension when you make your selection.

HELENA OFFICE:

2620 Shodair Drive
Helena, MT 59601

BUTTE OFFICE:

711 West Silver Street
Butte, MT 59701

OUTPATIENT FAX: (406) 444-1127

CRISIS PHONE NUMBER: (406) 444-1180

The Crisis line is used for emergencies that occur after hours by patients/families who receive care through Shodair Outpatient Services. This includes weekends and when our office is closed due to a holiday. Crisis calls during business hours should use the outpatient main office number at (406) 444-1125.

DIRECTOR OF OUTPATIENT SERVICES: (406) 444-1036

Tricia Wagner, LCPC, LAC
twagner@shodair.org

QUALITY AND RISK SPECIALIST: (406) 444-1101

If you are unsatisfied with services or have a concern, you may file a grievance and provide feedback by calling this number. You may also leave comments and feedback on our website.

BILLING QUESTIONS: (406) 444-7595

SHODAIR CHILDREN'S HOSPITAL: 1-800-447-6614

2755 Colonial Dr. Helena, MT 59601
P.O. Box 5539 Helena, MT 59604

www.shodair.org

Sanctuary at Shodair:

Shodair has adopted the Sanctuary Model as our organizational treatment model. It is a model which provides trauma-informed care while promoting healing for children, staff, and organizations.

The Sanctuary Model teaches individuals and organizations the skills for creating and sustaining non-violence, open communication, social learning, social responsibility, democracy, emotional intelligence, and growth and change.

Accountability:

Patients and guardians are responsible for all information contained in this manual. If you are having trouble understanding information contained in this manual, please contact us by calling **(406) 444-1125** and we will be happy to provide assistance.

Shodair Mission:

To heal, help, and inspire hope



Introduction:

Welcome to Shodair Outpatient Services. This guide provides general information about services provided at our outpatient clinics. We currently have two outpatient clinics.

Our Helena clinic offers the following services:

- Psychiatric Medication Management Services
- Individual and Family Therapy
- Nutritionist Consultation
- Occupational Therapy
- Speech Therapy

Our Butte clinic offers the following services:

- Psychiatric Medication Management Services
- Individual and Family Therapy

Each person's treatment experience is based on their specific needs. As a result, a person may be receiving one, a few, or all services provided at our clinics. We use a collaborative approach and believe that the patient and family are critical components of the treatment team.

This guide will provide explanation of the treatment process and services provided at Shodair Outpatient Services. The Patient and Guardian Handbook also outlines expectations for attendance and participation in treatment as well as behavioral expectations that support a therapeutic process and healing environment for all. It is important that each patient and family understand the role they play in the therapeutic process and healing.

We ask that you take time to read and commit to the following expectations, so we can provide a positive therapeutic experience.

Scope of Practice

- Shodair providers do not provide parenting evaluations or recommendations to the court regarding parental fitness or parental involvement or supervision. The Department of Health and Human Services and/or your assigned attorney may assist you with your requests or concerns about custodial arrangements.
- Shodair providers will not engage in custody disputes or attend court hearings or proceedings without a legitimate subpoena that has been validated by the consultants of Shodair Children's Hospital.
- All treatment at Shodair Outpatient Services is voluntary and requires engagement by the patient and the family, or others identified, to participate in the patient's treatment.

Confidentiality and Patient Rights:



Treatment is confidential. All requests for information contained in the patient's electronic health record require a fully completed and signed "Authorization of Release of Health Care Information" form. Information about patient rights is included at the end of this handbook. All requests for information from the patient's electronic health record must go through the Health Information Management Department. For all medical records requests, please call: **406 (444)-7558**

It is also important for you to know that we are required by law to report any suspected child abuse and neglect, or child abuse alleged by anyone. If you have questions about patient rights or safety at any time, please let us know right away.

Insurance and Financial Assistance:

Shodair Outpatient Services accepts a variety of private insurance plans and Medicaid. Please consult with your insurance carrier if you have questions about coverage of a service provided at our clinic. By agreeing to participate in services provided at our clinic, you are agreeing to allow Shodair to bill your insurance company, and you acknowledge that you may be responsible for paying any un-covered portion of treatment.

If you are in need of financial assistance to cover fees for services not covered by insurance, please visit shodair.org to download a copy of our **SHOCARE** application. Completed application and other required information can be mailed to:

Shodair Children's Hospital
Attn: Financial Counselor
PO Box 5539
Helena, MT 59604

If you have questions about a bill or you would like to set up a payment plan to cover fees for services not covered by insurance, please call: **(406) 444-7595**

Potential Barriers to Treatment:

Shodair Outpatient Services may NOT provide any service to a patient if the patient is not currently located in the state of Montana at the time of the scheduled appointment. This includes times in which the patient is on vacation or traveling through other states.

- Some services require a doctor's order as well as prior authorization from private insurance. These services include:
 - Occupational Therapy Evaluation and Treatment Services
 - Speech Therapy Evaluation and Treatment Services
 - Nutritionist Consultation, Evaluation, and Treatment Services
- To prevent a lapse in service, it is very important that you return phone calls and provide information as requested by the clinic to continue to receive services.
- Failure to comply with clinic requests or respond to clinic messages or correspondence in a timely manner may result in delays in treatment, discharge, or discontinuation of services.
- Please notify the clinic immediately of any changes to insurance, physical or mailing address, phone number, and email contact information.
- Please notify the clinic immediately of any changes in guardianship or other legal developments that would impact the treatment process.
- It is the responsibility of the patient and/or guardian to be responsive to all requests from the clinic to ensure the treatment process is not delayed.

Definitions:

Service Providers: Licensed professionals providing a service for which Shodair Outpatient Services is licensed, including medical staff, mental health therapists, speech therapists, occupational therapists, and nutritionists.

New Patient Appointment: An initial intake appointment to start the provision of any service provided by Shodair Outpatient Services. Each service requires a new patient appointment to initiate the provision of that service.

Established Patient Appointment: An appointment scheduled to continue a particular service for which a new patient appointment has been completed.

In-Person Appointment: Any new patient or established patient appointment with a service provider that is conducted with the patient and service provider in the same location (face-to-face).

Virtual Appointment: Any new patient or established patient appointment with a service provider that is conducted using any form of video virtual platform where the patient and service provider are not in the same location at the time of the appointment.

Cancellation: A scheduled appointment for any service that has been cancelled with at least 24-hours' notice prior to the appointment.

Late Cancellation: A scheduled appointment for any service that has been cancelled with less than 24-hours' notice prior to the appointment.

No Show: Failure to attend a scheduled appointment for any service without prior cancellation or notification to the clinic.

Treatment Plan: A plan developed in collaboration with the service provider, patient, and guardian outlining goals for treatment and objectives for the service provider, patient, and guardian to help attain agreed upon goals.

- Treatment plans are reviewed with the patient and guardian by the service provider at least every 90 days.
- Progress toward treatment goals is documented each review period.
- Once a patient's goals are attained and objectives completed, a patient has completed treatment and may be discharged from that service.

Discharge: A client is discharged from a service when they are no longer receiving care from a particular service or provider. A discharge may be initiated by Shodair Outpatient Services, the patient, or the guardian(s) due to one of the reasons listed below, and in general, is agreed upon by the treatment team.

- Treatment goals are attained, and objectives are completed.
- Patient and/or guardian choose to take a "break" from services.
- Patient and/or guardian are unable to attend scheduled appointments regularly due to extenuating circumstances.
- Patient moves out of state and can no longer receive the service in Montana.
- Patient admits to a residential level of care for long-term treatment.
- Insurance has lapsed and patient and/or guardian requests to discharge to re-enroll with insurance or obtain financial assistance through ShoCare.

- A patient has not had contact with the service provider for a period of time, requiring the patient to be discharged from the provider’s active caseload.
- A patient who has been discharged may re-initiate services when needed or when the patient again meets the criteria for a specific service. When services are re-initiated, the patient is considered a new patient again in that program.
- A patient may discharge from one service but remain an active patient in other services.

Discontinuation of Services or Dismissal: Discontinuation of services or dismissal results from a serious violation of expectations in which the patient is uninvited from services. In general, this is an involuntary discharge from services initiated by Shodair Outpatient Services.

- When a patient is discontinued from a service at Shodair Outpatient Services, they are discharged immediately.
- A patient may be discontinued from one service but remain an active patient in other services.
- Patients discontinued from a service must then seek that service from another service provider. Shodair will provide referrals as needed.

Discharge Summary: A summary outlining a patient’s course of treatment, engagement in treatment, services received, mental status, and other follow up recommendations after the patient’s participation in that service has ended.

- Discharge summaries are completed for a patient when they are both “Discharged” and “Discontinued/Dismissed” from a service.

Required Treatment Meetings to Attend:

- Intake/Evaluation Meetings
- Care Plan Meetings
- Care Conferences
- Problem Resolution Meetings
- Transfer Meetings
- Discharge Meetings
- Any meeting at which a service provider is requesting your attendance and participation.



If you are having difficulty attending required meetings due to concerns about absence from school and/or work, please let us know! We are happy to assist you with filling out **FMLA** paperwork (when applicable) for your employer and can provide correspondence to work and school to justify the absence when appropriate.

For patients who are struggling in school, we can work with the school to set up virtual sessions that take place in a private setting at the school to make it more convenient for the patient to attend scheduled appointments.

Therapeutic Alliance:

- The therapeutic relationship is one of the most important components of healing and progress.
- There may be times in which there is tension between the patient and/or guardian and a provider of a service during the treatment process.
 - Tension and/or discomfort are common experiences during growth and healing.
 - It is common for things to feel a little bit worse before they feel better during the treatment process.
 - It is important for patients and/or guardians to speak openly with their provider during treatment.
 - This includes feedback about what is helpful and **NOT** helpful for the patient and guardian.
- Patients and/or guardians will be encouraged to discuss concerns about treatment with their assigned provider to attempt to find resolution and move forward in the therapeutic relationship before requests to transfer to a new provider of that service are considered.
- There is no guarantee of assignment to a different Shodair provider when a transfer request is made.
- If a new Shodair provider of that service is unavailable, the patient may be placed back on the waitlist for that service.
- Patients and guardians have the right to discontinue that service and establish that service with another community provider or organization.



Establishing a Service:

- Each service requires a new patient intake/assessment appointment when establishing that service. Even if a patient is already receiving one service, a new patient intake/assessment will be required for the new service.
 - Completion of all new patient paperwork is required prior to the new patient appointment.
 - A Release of Information (ROI) is **required** for anyone who is not a legal guardian. Stepparents, grandparents, other family members, or family friends who will be scheduling appointments, participating in treatment planning meetings, or making ANY decisions about treatment **MUST** have an ROI to be involved in any component of treatment.
 - **NEW PATIENT APPOINTMENTS WILL ONLY BE RESCHEDULED ONE TIME.**
 - Patients will go back on the waitlist for that particular service if the new patient appointment is missed more than one time.
 - It may be months before a new patient opening will become available for that service.

Appointment Expectations:

- The courtesy of at least **24-hours' notice** for all appointment cancellations is required. Failure to provide sufficient notice may result in a delay in scheduling the next appointment or a delay in, or denial of, medication refills.
- Please arrive approximately **15 minutes** prior to the scheduled appointment time for in-person appointments and approximately **5 minutes** prior to the scheduled appointment time for virtual appointments.
- Test your virtual connection appx. **10 minutes** prior to your appointment. If you are having connection difficulties, please call **(406) 444-1125** for assistance.
- Providers reserve the right to require that your appointment is rescheduled if you are late.
- Guardians must attend appointments and be involved in treatment of patients under the age of 18 when requested by the provider.
- Patients who are 18 years or older must sign an ROI for parents to be involved in treatment or for parents to schedule appointments.



Missed Appointments:

- Missed appointments include cancelled, late-cancelled (less than 24-hours' notice), no-show (failing to show for an appointment without notification initiated by patient/guardian), and appointments that are rescheduled due to late arrival.
 - Appointments that are cancelled by Shodair Outpatient Services will not be counted as a missed appointment.

For Individual and Family Therapy, Speech Therapy and Occupational Therapy:

- 3 consecutive missed appointments or 5 missed appointments within an 8-week period will result in the loss of the recurring appointment day and time that was assigned to the patient for that service.
- Patients who are removed from the provider's recurring schedule will be placed on the provider's **cancellation** schedule which requires that the patient/guardian call each week to schedule their appointment in a cancellation opening on the provider's schedule.
- There is no guarantee that a cancellation opening will be available each week for patients who are on the cancellation schedule.
- Patients who have not been in contact with their provider for 30 days may be discharged. If the patient remains on the provider's caseload after 30 days of no contact, documentation must be provided justifying why the case is still open.
- Patients who have not been in contact with the provider for 90 days will be discharged from the provider's caseload.
- Providers may require a meeting to review expectations if the patient/guardian would like to re-establish that service after discharge.
- Providers may determine that the service may not be re-established with a Shodair provider depending on the circumstances associated with the previous discharge from that service.
- When a provider determines that a patient may not re-establish that service with any Shodair provider, then the patient is considered "dismissed" and that service is "discontinued" for that patient.

For Psychiatric and Medication Management Services:

- 3 missed appointments within a 6-month period may result in the provider choosing to refuse requests for medication refills and may also result in discharge or dismissal from services.
- Providers may require a meeting to review expectations with patient/guardian before refilling medications or scheduling future follow-up appointments.
- Providers may require that a psychiatric appointment be rescheduled due to late arrival.
- Providers may require that a psychiatric appointment be cancelled or reschedule due to inappropriate behavior by patient and/or guardian.
- Providers may require that a psychiatric appointment take place on a virtual platform if there are concerns about unsafe behaviors.
- A psychiatric provider may determine that a patient may not receive that service with any Shodair provider due to clinical and/or safety concerns and with approval from the Chief Medical Officer and Outpatient Services Director.
- When this happens, the patient is considered "dismissed" and that service is "discontinued" for that patient. The patient and or guardian will be required to seek that specific service with a different community provider or organization.

Virtual Appointments:

These expectations pertain to appointments that take place on a Virtual platform.

- Virtual appointments should be treated the same as in-person appointments. Only the patient and others invited to the appointment are permitted to participate.
- Visualization of the patient is **REQUIRED** for virtual appointments. Therefore, virtual appointments will only be conducted with BOTH video and audio functions in working order.
- Virtual appointments will only be conducted if the patient is in a private space that allows for confidential and therapeutic interaction without distractions or interruptions.
 - If a patient is not in a private space, or if the space is too distracting or there are too many interruptions, the provider may require that the session be rescheduled.
 - Providers may require that sessions take place in-person if virtual sessions are deemed ineffective or inadequate to provide the service.
- Prior to your appointment, please ensure that you have a link to your virtual appointment.
- **Test** your virtual connection **10 minutes** prior to your appointment by logging in or connecting to the virtual platform used for your appointment.
- You should be logged in, technical difficulties resolved, and ready to confirm insurance information and be checked in by reception **5 minutes** prior to your scheduled appointment time.
- Patients must be awake and dressed to meet with the provider. If a child is in bed, asleep, or not available for the appointment it will need to be rescheduled.
- Please only have the patient and family that is needed in the appointment. Please do not have guests joining the appointment or the child's friends. We respect patient privacy and will not do the session if there are other people present.
- Do not take any pictures of the virtual session either by using the screen shot function or by using your cell phone. This is an invasion of privacy.
- Do not communicate with your service provider by using the "chat" function of the virtual platform. Communication should be conducted by using the clinic phone number:
406.444.1125



Medication Expectations

- Medication refills may take **2-3 BUSINESS DAYS** to process.
 - Medication refills are not available on weekends or on holidays.
 - Leaving multiple messages or making multiple phone calls will **NOT** expedite your request and may result in unnecessary delays.
 - Abusive and aggressive language and/or behavior to ANY clinic employee will not be tolerated and may result in dismissal from services.
- It is the responsibility of the guardian to ensure that medications are stored safely and taken by the patient as prescribed.
- It is the responsibility of the patient and/or guardian to ensure that refill requests are submitted with enough notice to ensure there is not a lapse in medication doses.
- Providers reserve the right to refuse to refill medications for patients and/or guardians who do not attend scheduled medication management appointments as required by the provider.
- Providers may choose not to refill medications prescribed by another provider.
- Providers are not obligated to replace lost or stolen medications.
- The patient and/or guardian agrees to notify Shodair Outpatient Services if the patient experiences any adverse medication effects or dosage problems with any prescribed medications.
- Providers may require a urine or blood sample to test for drug use while on medications.
- Providers request that only one pharmacy be used for prescribed medications unless the primary pharmacy is out of stock of a particular medication and another pharmacy must be used to fill the medication.\
- Providers may discontinue medications in a safe manner and deny future refills if there is cause to suspect that medications are being abused or taken for reasons other than what is prescribed, or if there is cause to suspect that someone other than the patient is using the medications.

Please keep call ahead for refill requests to prevent missed doses!



Behavioral Expectations

Shodair Outpatient Services understands that our patients are struggling with emotional and behavioral problems that may lead to unsafe or out of control behaviors. These behavioral expectations apply to all treatment participants (patients and guardians or others involved in treatment) and exist to keep the patient, guardians, staff, and other clinic visitors safe.

- Non-invasive interventions will be attempted prior to using any physical intervention or other measures (i.e. assistance from the guardian, assistance from other staff, security intervention, hospitalization, police contact).
- Physical interventions will only be used with guardian consent on patients under the age of 18 who do not have a medical restriction preventing the intervention.
- Patients who are already agitated or displaying unsafe behaviors in the waiting area prior to their scheduled appointment may have their appointment rescheduled if there is concern about safety.
- Patients who are agitated or displaying unsafe behaviors in the waiting area prior to their scheduled appointment may be restricted from having sessions in person (only virtual sessions allowed) or may be required to show safe behaviors in the waiting area before transitioning into the treatment area of the clinic.
- Guardians may be required to remain at the clinic during scheduled appointments and may be required to attend scheduled appointments if there are concerns about safety.
- Providers may determine times of day to safely conduct appointments with patients who display unsafe behaviors.
- Aggressive behavior includes both physical and verbal aggression.
- Disregard of these expectations may result in:
 - A required meeting with treatment providers, Chief Medical Officer, and Director of Outpatient Services to review expectations and to determine if patient is able to continue to receive services at Shodair Outpatient Services.
 - Discharge from the provider's caseload.
 - Discontinuation or "dismissal" from that service.
 - Discontinuation or "dismissal" from all services.

Behaviors that may lead to discontinuation of services include (but not limited to):

- Possessing a weapon on clinic grounds with intent to harm others.
- Possessing or being under the influence of alcohol or illegal substances on clinic grounds.
- Ongoing and repeated physical aggression toward patients, guardians, staff, or other clinic visitors on clinic grounds.
- Causing injury to staff or others in the clinic.
- Ongoing and repeated property destruction within or outside the clinic.
- Targeted and specific threats of violence toward patients, guardians, staff, or other clinic visitors.
- Sexual harassment of patients, guardians, staff, or other clinic visitors on clinic grounds.
- Violating the attendance and participation policy and/or behavioral expectations of the clinic.
- Irreconcilable differences over treatment decisions.

Grievance Policy

Thank you for the opportunity to serve you and your family. Our staff is committed to providing the highest quality of care for each patient. If you have a concern, complaint, or grievance, we want to know.

To make a complaint or grievance known, you may contact your service provider or the Director of Outpatient Services. You may also register a complaint with our administrator. Your concern will be investigated, and you will receive a written response within 30 days. You may also contact the following agencies with your concerns:

- *Disability Rights Montana (800) 245-4743 or (406) 449-2344*
- *Montana Mental Disabilities Board of Visitors (406) 444-3955*
- *Board of Visitors (800) 332-2272*
- *The Joint Commission (800) 994-6610*

Patient and Guardian Satisfaction:

Your feedback is very important to us. We will conduct patient and guardian satisfaction surveys throughout the treatment process. Feel free to provide your thoughts openly, as we value your input and are always open to learning ways we can improve the care we provide to you and your family.





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.

This Notice of Privacy Practices describes how Shodair may use and disclose your protected health information to carry out treatment, payment, or health care operations and for other purposes permitted or required by law. It also describes your rights to access and control your protected health information. Protected health information is information about you including demographic information that may identify you and that relates to your past, present, or future physical or mental health and related health care services.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of Shodair Hospital, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your protected health information. Shodair Hospital will honor your request for restrictions to the extent possible but is not required to agree to the request.
- Obtain a paper copy of the Notice of Privacy Practices upon request.
- Inspect and obtain a copy of your protected health information and billing information upon written request within 30 days of the request.
- Information held electronically will be provided in electronic form, if requested by the patient, and if it is readily producible in electronic form.
- Request amendment of your protected health information and billing information in writing.
- Obtain an accounting of disclosures of your protected health information upon written request.
- Request confidential communication of your protected health information by alternative means or at alternative locations.
- At any time revoke in writing your authorization to use or disclose protected health information except to the extent that action has already been taken in reliance on the authorization or as otherwise limited by law.
- Our patients have a right to a restriction of disclosure of PHI to a health plan for payment if the patient has paid in full for the services and items provided in that visit.
- Our patients have the right to agree or object to participation in a facility directory.
Note: Shodair does not utilize a facility directory.
- Our patients have the right to agree or object to the disclosure of protected health information to a family member, legal guardian, or close personal friend of the patient, to the extent the protected health information is relevant to the individual's involvement in the patient's care or payment related to that care. If the patient is not able to agree or object due to the patient's incapacity or an emergency circumstance, health professionals, using their best judgment, will decide whether a limited disclosure related to the individual's care of the patient is in the best interest of the patient.

SHODAIR HOSPITAL IS REQUIRED TO

- Maintain the privacy of your protected health information.
- Provide you with a notice as to our legal duties and our privacy and security practices with respect to protected health information we collect and maintain about you.
- Abide by the terms of our Notice of Privacy Practices.
- Notify you if we agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate confidential protected health information by alternative means or at alternative locations.
- Obtain your written authorization to use or disclose your protected health information in situations other than those described in this notice or otherwise authorized by law.
- Notify you in case of a breach of your unsecured protected health information when it has been or is reasonably believed to have been accessed, acquired, used or disclosed in violation of privacy or security regulations.

Shodair Hospital reserves the right to change this notice. We reserve the right to make the revised or changed notice effective for protected health information we already have about you as well as any information we receive in the future. We will place copy of the current notice in the hospital. The notice will contain the effective date. In addition, each time you register at or are admitted to the hospital for treatment or health care services, we will offer you a copy of the current notice in effect. Shodair Hospital may also revise its policy and procedures regarding the use and disclosure of protected health information at any time, which could subsequently result in additional uses or disclosures that would not require an individual's authorization.

Shodair Hospital will use your health information for treatment, payment, and health operations of other covered entities. For example, we may release information to your physician so that he or she may send a bill to you and/or your insurance company. In addition, Shodair may provide your physician or referring hospital with information required to perform quality improvement, peer review, compliance review, and medical education.



USES AND DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

Shodair Hospital may use and disclose your protected health information without authorization for certain purposes, such as treatment, payment, and health care operations. The following examples of these uses and disclosures are not meant to be exhaustive but are included to give you an idea of when your protected health information could be disclosed.

Shodair Hospital will use your health information for treatment. For example, information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of your treatment. Your physician will document in your record his or her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. Shodair Hospital will also provide your physician or subsequent healthcare provider with copies of various reports that will assist him or her in treating you once you are discharged.

Shodair Hospital will use your health information for payment. For example, Shodair will send a bill to you and/or your insurance company. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. Information can be disclosed to a plan sponsor for plan administration. Genetic information cannot be used to decide whether coverage can be given or at what price.

Shodair Hospital will use your health information for regular health care operations. For example, members of the medical staff, or the departments that provided your care, may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and services we provide.

OTHER USES AND DISCLOSURES

Shodair Hospital may also use and disclose your protected health information without authorization for the following purposes:

Abuse or Neglect: We may disclose your protected health information to a public health agency authorized by law to receive reports of child abuse or neglect. In addition, we may disclose 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.

Business Associates: There are some services provided in our organization through contracts with business associates. For example, we may release information to an organization that processes billing claims electronically for our business office. When these services are contracted, we may disclose your protected health information to the business associate so that they can perform the job we've asked them to do and bill you or your insurance company for services rendered. To protect your health information, we require the business associate to appropriately safeguard your information.

Communicable Diseases: We may disclose your protected health information, if authorized by law, 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.

Communicating appointment reminders and health care alternatives: We may contact you to provide appointment reminders or provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Coroners, Funeral Directors: We may disclose protected health information to coroners or medical examiners for identification purposes to determine cause of death, or for the performance of other duties as authorized by law. We may also disclosure protected health information to funeral directors consistent with applicable law to enable them to carry out their duties

Food and Drug Administration (FDA): We may disclose your protected health information to a person or company required by the FDA to report adverse events, product defects, or biologic product deviations; to track FDA- regulated products; to enable product recalls, repairs, replacement or to locate and tell individuals about recalled or withdrawn products; or to conduct post-marketing surveillance.

Fundraising: We may contact you as part of our fundraising efforts, or your name and address may be used to send you a newsletter about our services. We may also contact you to request a tax-deductible contribution to support important activities at Shodair Hospital. In connection with any fundraising, we may disclose to our fundraising staff, your name, address, age, gender, date of birth, the hospital program providing services, your provider's name, and the days when you received care here. You may opt out of any fundraising activity and Shodair Hospital will not condition treatment or payment on whether an individual opts out of a fundraising activity.

Marketing: We may use or disclose your health information to identify health-related services and products that may be beneficial to your health, and we may contact you about these services and procedures. [All marketing requires an authorization, except face-to-face communication or a promotional gift of a nominal value].

Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Law Enforcement: We may disclose your protected health information to law enforcement if (1) you are a victim of a crime; (2) it is required by law; (3) it is necessary to identify and locate a suspect, fugitive, witness, or missing person; (4) the protected health information constitutes evidence of criminal conduct that occurred on Shodair Hospital's premises; (5) a death occurs as a result of a crime; or (6) there is a medical emergency (not on Shodair Hospital's premises) and it is likely that a crime has occurred

Legal Proceedings: We may disclose protected health information during any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (if such a disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request, or other lawful process.

Organ Procurement: Protected health information may be used and disclosed for cadaveric organ, eye, or tissue donation purposes.

Public Health: As required by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Psychotherapy Notes: Shodair will disclose psychotherapy notes only if Shodair has received an authorization, except in limited cases involving treatment, payment, or health care operations.

Research: We may disclose your protected health information to researchers when their research has been approved by an Institutional Review Board that has reviewed the research proposal and protocols to ensure the privacy of your protected health information.

Sale of Protected Health Information: Shodair must obtain an authorization before selling any protected health information.

Threat to Public: We may disclose your protected health information if it is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public or if it is necessary for law enforcement authorities to identify or apprehend an individual.

Workers' Compensation: We may disclose your protected health information to comply with laws relating to Worker's Compensation or other similar programs established by law.

Other Uses: Shodair will obtain your authorization for any use or disclosure of protected health information not described in this Notice.

If you have any questions about this notice, please contact our Privacy Officer at (406) 444-7540. If you believe your privacy rights have been violated, you can contact our Privacy Officer at the above number for information about how to file a complaint. You may also file a complaint with the Secretary of Health and Human Services. Shodair Hospital prohibits retaliation against any individual filing a privacy complaint.



Patient Bill of Rights

Shodair Outpatient Services wants to give you the care that is right for you and to help you get better as soon as possible. The following is a list of what you can expect from us while you are receiving services at our clinic.

Respect and Personal Dignity:

- You are important. We want to get to know you.
- We will tell you who we are, and we will call you by your name.
- We will honor your privacy unless it would mean we couldn't keep you safe.

Quality Care That Supports You and Your Family:

- You and your family are important. We will work together to make you feel as safe and comfortable as possible.
- All families are different. We want to learn what's important to you and your family.
- You will be taken care of by doctors, nurses, therapists, and people who know about children, teenager, and families.
- Please tell us if you have any physical pain and we will help you be as pain free and comfortable as possible.
- You and your family may refuse treatment. If this prevents us from giving necessary care we may need to arrange for discharge from our services.

Information You Can Understand:

- We will explain things to you in ways you can understand. You can ask about what is happening to you and why.
- We will tell you and your family how information about your health will be used and shared so that you receive the best care.
- You can receive this in writing by asking for a copy of our Privacy Notice.

Emotional Support:

- There may be times in which you might feel scared, mad, lonely, and sad. You can let people know how you feel. It is okay to cry or complain.
- Your family may be involved in your treatment. When this is not possible, the people caring for you will explain why.
- We will take the time to listen to you when you have questions or problems.

Care That Respects Your Need to Grow, Play, and Learn:

- We will consider all your interests and needs, not just those related to your problems or disability.
- You have the right to rest, to play, and then to learn. We will make sure that you have everything you need.

Make Choices and Decisions:

- We want to hear your ideas and feelings about your treatment process and goals.
- You can tell us how you want to take part in your care and who you would like to involve.
- You can make choices whenever possible.

Adapted from "A Pediatric Bill of Rights" by the Association for the Care of Children's Health. Copyright 1991, by ACCH.

Treatment Concerns

You and your family/guardian are encouraged to address any concerns regarding treatment with your service provider(s). If you feel your concerns have not been addressed, you and your family/guardian may contact the Chief Medical Officer, the Director of Outpatient Services, or the Administrator of Shodair Children's Hospital. Shodair values your input and will respond as soon as possible to concerns expressed. If there are any unresolved treatment concerns, additional assistance may be available through three patient advocacy organizations which are listed below.

1. Mental Disabilities Board of Visitors

The Mental Disabilities Board of Visitors is available to help people who receive services from mental health facilities. The most common kind of assistance the Mental Disabilities Board of Visitors provides is to help people resolve complaints against or disagreements and problems communicating with mental health providers.

Office Location: 1412 1/2 8th Avenue Helena, MT 59620
Mailing Address: PO Box 200804 Helena, MT 59620-0804
Phone: 1-800-332-2272

2. Disability Rights of Montana

Disability Rights Montana, Montana's designated Protection and Advocacy Agency, is a non-profit legal corporation authorized and mandated to monitor Shodair Hospital and to advocate for and protect the civil rights of our patients. Advocates from Disability Rights Montana visit the campus regularly and are authorized to have unaccompanied visits to all places in this facility to which patients have access, and to interview any patients who wish to talk to them. These advocates can assist patients to assert their civil rights through procedural (such as grievances or reports to licensing agencies) or legal means (representing patients in court) if a patient's case fits within their case acceptance criteria.

Mailing Address: 1022 Chestnut Street Helena, MT 59601
Phone: 1-800-245-4743
e-mail: advocate@disabilityrightsmt.org
Website: www.disabilityrightsmt.org

3. Mental Health Ombudsman

The Mental Health Ombudsman represents the interests of Montanans seeking access to public mental health services.

Mailing Address: PO Box 200804 Helena MT, 59620-0804
Phone: 1-888-444-9669
Office Hours: 8am-5pm Monday-Friday
Website: www.mhombudsman.mt.gov

4. The Joint Commission

The Joint Commission is an independent company which accredits and certifies health care organizations.

Mailing Address: Office of Quality Monitoring, 1 Renaissance Blvd. Oakbrook Terrace, Illinois, 60181
Phone (toll free): 1-800-994-6610 / Fax: 630-792-5636
E-mail: complaint@jointcommission.org