



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 is effective February 16th, 2026, and replaces all earlier versions. Benefis Health System (“Benefis,” “we,” “us,” or “our”) is committed to protecting your privacy and the confidentiality of your health information. This Notice describes how we may use and share protected health information, and our legal obligations related to such information. It also describes how you can access your medical information, as well as explains certain rights you have regarding this information. **Protected health information is information regarding your past, present or future health care services and can be used to identify you.** For example, information you provide us when scheduling your service, providing your medical history or receiving care from us is considered protected health information.

As required by law, Benefis must maintain the privacy of your health information, provide you with this Notice as to our legal duties and privacy practices with respect to protected health information, and abide by the terms of this Notice currently in effect.

This Notice applies to Benefis, including all service locations owned and/or operated by Benefis, including, but not limited to, Benefis Hospitals, Inc., Benefis Senior Services, Inc., Benefis Medical Group, Inc., and Benefis Community Care, Inc.

Information we may collect from you that is not considered protected health information, such as that you visited our website but never scheduled or received any services from us, may not be considered protected health information and our use and disclosure of that information is discussed in our Privacy Policy.

You have a right to a copy of this notice (in paper or electronic form) and to discuss it with Benefis. If you have any questions or would like to discuss this notice, please contact our Privacy team at [406-455-5743](tel:406-455-5743), compliance@benefis.org or 1101 26th Street South, Great Falls, MT 59405.

How Benefis May Use and Disclose Health Information About You Without Your Authorization

Benefis keeps a record of the health care services we provide for you, and we protect that information from inappropriate uses and disclosures. We will not disclose your health record to others unless you direct us or the law authorizes or compels us to do so without your authorization. For instance, we are generally permitted to use and disclose your health information for treatment, payment, and health care operations purposes, and we may



share health information between Benefis entities as necessary to carry out these purposes. This Notice includes a description and an example for each of these categories. Some sensitive information, such as HIV-related information, genetic information, substance abuse records, and mental health records may be entitled to special confidentiality protections under applicable state or federal law. Benefis will abide by these special protections as they pertain to sensitive information in your health records.

We will use and disclosure your health information only for the purposes described below.

Treatment: We may use and disclose your health information to provide you with treatment and health care services. For example, we may disclose information about you to doctors, nurses, technicians, or other personnel involved in your care. We may also share this information about you with other agencies or entities in order to meet your medical needs, such as providing you with prescriptions, lab work, or continuing medical care after you leave Benefis. Sharing your information for this purpose gives your health care providers the information they need to provide you with appropriate care. We may also contact you to provide appointment reminders or information about treatment or other health-related services that may be of interest to you.

Payment: We may use and disclose your health information to get paid or reimbursed for the treatment and services you receive from us or another entity involved with your care, such as an ambulance company. Payment activities include billing, collections, and determinations of eligibility to obtain payment from you, an insurance company, or another third party. For example, Benefis may send a bill to your insurance company, and the bill may include your name, diagnosis, and procedures used to treat you. If state or federal law requires us to obtain a written authorization from you prior to disclosing health information for payment purposes, we will ask you to sign an authorization form.

Health Care Operations: We may use and disclose your health information for our health care operations, which include care management, quality improvement activities, evaluating our own performance, and resolving any complaints or grievances you may have. For example, the medical departments that provided your care may use your health information to assess the care and outcomes in your case and similar cases. We may also combine health information about many patients to determine what additional services Benefis should offer and whether certain new treatments are working.

Directory: Unless you notify us that you object, we may include certain limited information about you, such as your name, location in the facility, general condition, and religious affiliation, for directory purposes while you are a patient within a Benefis facility. The



directory information, except for your religious affiliation, may be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they do not ask for you by name.

Individuals Involved in Your Care or Payment for Your Care: Unless prohibited by state law, we may disclose your health information to your family or friends, or any other individual identified by you when they are involved in your care or in the payment for your care. Additionally, we may disclose information about you to a personal representative. If a person has the authority by law to make health care decisions for you, we will generally treat that personal representative the same way we would treat you with respect to your health information.

To Avert a Serious Threat to Health or Safety: As permitted by applicable law and standards of ethical conduct, we may disclose health information about you when, in good faith, we believe that the disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public.

Disaster-Relief Efforts: When permitted by law, we may also use and disclose health information about you with other health care providers and entities, such as the Red Cross, assisting in a disaster relief effort. If you do not want us to disclose your health information for this purpose, you must communicate this to your caregiver so that we do not disclose this information unless done so in order to properly respond to the emergency.

Worker's Compensation: We may release your health information for programs that provide benefits for work-related injuries or illnesses, in accordance with applicable law.

Public Health: We may disclose your health information for public health activities including, but not limited to, disclosures to prevent or control disease or injury, report births and deaths, report abuse or neglect, or report reactions to medications or problems with a product.

Health Oversight Activities: We may disclose health information to a health oversight agency, such as state departments of health, for activities authorized by law for which health information is necessary for determining compliance. For example, audits, investigations, and inspections of us.

Research: We may use or disclose your health information for research purposes, such as studies comparing the benefits of alternative treatments received by our patients or investigations in order to improve our care delivery, subject to the requirements of applicable law. All research projects are subject to protocols to continue to protect health



information. When required, we will obtain authorization from you prior to using your health information for research.

Fundraising Activities: As permitted by applicable law, we may contact you to provide you with information about our sponsored activities, including fundraising programs. If you do not want Benefis or its related Benefis Health System Foundation to contact you for fundraising efforts, you may opt out of future fundraising efforts by notifying the Benefis Health System Foundation in writing at PO Box 7008, Great Falls, MT 59406 or email to foundation@benefis.org or by calling **406-455-5840**.

Coroners, Medical Examiners and Funeral Directors: We may release health information to coroners, medical examiners, and funeral directors if you pass away, as necessary for them to carry out their duties and as authorized by law.

Organ and Tissue Donation: If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation, in accordance with applicable law.

Law Enforcement and Correctional Institutions: We may disclose your health information to assist law enforcement officials with their law enforcement duties including, but not limited to, responding to a court order, valid subpoena, summons or similar process, identifying or locating a suspect, or reporting criminal conduct on our premises. If you are an inmate of a correctional institution, we may disclose, as authorized by law, to the institution or law enforcement officials so that their applicable duties can be carried out under the law.

Military and Veterans: If you are a member of the Armed Forces, domestic or foreign, we may release your health information to military command authorities as authorized or required by law.

National Security and Intelligence Activities: We may release your health information to authorized federal officials for intelligence, counterintelligence, or other national security activities that are authorized by law.

Protective Services for the President and Others: We may disclose your health information to authorized federal officials so that they may provide protection to the President, other authorized persons or foreign heads of state, or to conduct special investigations.



Special Treatment of Alcohol and Drug Abuse Records. Health information we may receive about you from federally assisted alcohol or drug treatment programs is subject to special protection under federal law. We will not disclose this information without your authorization except where required by, and in full compliance with, federal or state law. We shall not disclose this information in civil, criminal, administrative, or legislative proceedings against you unless you provide us with written consent to do so, or unless a court orders us to do so after you are provided with a notice and an opportunity to be heard. We will disclose such information in accordance with a court order only if it is accompanied by a subpoena or other legal requirement compelling disclosure.

Other State Laws. To the extent that you reside in a state that provides additional protections to medical information or a subset of treatment information, we will protect your information in accordance with state law.

Your Health Information Rights

Right to a Paper Copy of This Notice: You have the right to obtain a paper copy of this Notice upon request, even if you have previously agreed to receive this Notice electronically. You can always request a paper copy of the current version of this Notice from Benefis Medical Record Department by contacting [406-455-5642](tel:406-455-5642). You may also print a copy of this notice from our website at <https://www.benefis.org/about-benefis/policies-notices-legal-resources/>.

Right to Inspect and Copy: With certain limited exceptions, you have the right to inspect and obtain a copy of your health records that we maintain, in accordance with applicable federal and state law. If we maintain your health information electronically, you have the right to obtain a copy of your health information in an electronic format. You may also request that we transmit a copy of your health information to other individuals or entities that you have designated. Exceptions to these rights include disclosures of psychotherapy notes, information collected for certain legal proceedings, and any health information restricted by law.

In order to inspect and copy your health information, you must submit your written request to the Benefis Medical Records Department. We may charge you a reasonable fee for the cost of copying and mailing your records, if permitted by state and federal law. If you are denied a request for access, you have the right to have the denial reviewed in accordance with the requirements of applicable law.



Right to Request an Amendment: You have the right to request an amendment or correction to your health records, in accordance with applicable federal and state law. A request for amendment must be submitted in writing to the Benefis Medical Record Department, along with a description of the reason for your request. Benefis may deny your request; however, if your request is denied, we will provide you with a written denial in accordance with applicable law. If changes are made to your record, it does not mean that we will destroy or rewrite your previous records, but we will add an addendum to your current records to reflect your changes.

Right to Request a Restriction: You have the right to request a restriction on Benefis' uses and disclosures of your health information made for certain purposes. In general, Benefis is not required to grant your request. However, it must agree not to disclose your health information to a health plan for payment or health care operations purposes provided that the information pertains solely to a health care item or service for which you, or a person on your behalf, has paid us in full and the disclosure is not otherwise required by law. Although we do not have to agree to the restrictions you request if they would affect your care, we would be bound by any restrictions to which we both agree. Any request for restriction must be submitted in writing to Benefis Medical Record Department.

Right to Request Confidential Communications: You have the right to request that we communicate with you about your health matters by alternative means or to alternative locations, which we will accommodate if the request is reasonable. For example, if you are afraid that someone living with you may open your mail, resulting in harm, you may ask us to mail to an alternate address. To make such a request, you must submit your request in writing to Benefis Medical Record Department; your request should specify where and/or how we should contact you.

Right to an Accounting of Disclosures: You have the right to obtain a list of the disclosures of your health information made by us to individuals or entities other than you, in accordance with applicable laws and regulations. However, this list will not include disclosures made for certain purposes, including disclosures for treatment, payment, health care operations, or disclosures you authorized in writing. To request an accounting of disclosures of your health information, you must submit your request in writing to Benefis Medical Record Department. Your request should specify the period covered by your request, which cannot exceed six years. The first time you request a list of disclosures in any 12-month period, it will be provided at no cost. If you request additional lists within the 12-month period, we may charge you a nominal fee.



Right to Notification of a Breach: We will notify you of any breach of your unsecured protected health information, as required by law.

Patient Privacy Monitoring

The FairWarning Ready® Certified Care Provider Shield validates Benefis Health System's commitment to protecting patient privacy.

Uses of Your Health Information for Which We Will Obtain Your Authorization

Other uses and disclosures of health information not covered by this Notice or by the laws that apply to us will be made only with your authorization, including certain marketing activities, sale of health information, and disclosure of psychotherapy notes. You have the right to revoke your authorization at any time, provided that the revocation is in writing, except to the extent that we have already taken action in reliance on your authorization or as authorized by law.

Special Protections for Reproductive Health Information

Uses and Disclosures We Will Never Make. We will never use or disclose your health information when the requested use or disclosure is for any of the following purposes:

1. To conduct a criminal, civil, or administrative investigation for the mere act of you seeking, obtaining, providing, or facilitating reproductive health care;
2. To impose criminal, civil, or administrative liability for the mere act of your seeking, obtaining, providing, or facilitating reproductive health care; or
3. To identify you for either of the above purposes.

For example, we would not cooperate with a subpoena issued by a state in which abortion or gender-affirming care is illegal that is seeking your medical records in order to investigate your receipt of reproductive healthcare that you lawfully obtained.

Uses and Disclosures for Which We Will Require an Attestation. We will not use or disclose your health information that is potentially related to reproductive health care for:

1. Health oversight activities;
2. Judicial and administrative proceedings;
3. Law enforcement purposes; or to
4. Coroners and medical examiners, all as described above



UNLESS we receive a valid attestation from the person requesting the use or disclosure that their request is not related to the prohibited purposes listed above in Section 6(a).

For example, if we receive a subpoena requesting medical records of reproductive health care that you lawfully obtained that is accompanied by a valid attestation that the subpoena relates to investigating a doctor suspected of malpractice, we would be able to lawfully disclose your information.

Potential for Redisclosure

We want you to be aware that when we disclose your information as described in this Notice, either with or without your authorization, it has the potential to be redisclosed by the person receiving the information, and the information is no longer subject to the protections we've described or protected by the laws with which we comply.

Complaints

If you believe your privacy rights have been violated, you can file a complaint with the Benefis Privacy Officer or with the Secretary of the U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint. If you have questions or would like additional information, please contact the Benefis Privacy Officer at [406-455-5743](tel:406-455-5743).

Changes to This Notice.

Benefis reserves the right to change this Notice and make the revised Notice effective for health information we already have about you as well as any information we receive in the future. We will post the current Notice, including the effective date. If we amend this Notice, we will provide the revised version on our website, and we will provide you with a copy of the Notice that is currently in effect, upon your request.

Contact Information

If you have any questions or would like further information about this Notice, please contact the Benefis Privacy Officer at [406-455-5743](tel:406-455-5743), compliance@benefis.org, or 1101 26th Street South, Great Falls, MT 59405.