



Dear Valued Clients,

Re: New Electronic Medical Record System

As we continue to strive to provide you with quality services, Cedar Creek Integrated Health has made the decision for an exciting change to a new computer system for your health records.

Since December of 2023, our front desk, health care and social service staff have been learning to use this new system. As we all navigate the utilization of this new and vastly improved program, we want to first apologize for any inconvenience or challenges this presents to you in addition to asking for patience as we work to implement it.

This new software also brings exciting new features allowing you more hands on access to your records and putting you in the driver's seat of your individualized care and team!

- One feature in particular is your new CLIENT PORTAL! <https://pay.myportal.md/online-payment?param1=OE65wPmh4Xrpf67t7I2qJg%3D%3D> This allows you to have access to your records, medication lists if applicable, and being able to message members of your team or the receptionist at your location. In addition to this, we also now have an automated reminder call system that you get to set preference of. Whether you want a phone call, an email or a text message, customizing your experience is now available! To ensure immediate access, speak with your receptionist at your office and make sure you provide them with an email address to receive link and/or communication to.
- Another exciting new feature is an in-system telehealth platform that will make it so you do not have to download or utilize Zoom going forward. We are still ironing out some technical aspects of this, however, are expecting to have full implementation of it by April 1st. Please be on the look out if you utilize telehealth with your provider for a new/different link coming to you.

**** IMPORTANT - We will protect the privacy of your personal health information during the change to the new system, in keeping with Our Statement of Information Practices. With that being said, attached is a Release of Information that is of the utmost importance for you to fill out, sign and return so that we may transfer your records from our old Electronic Medical Record System to our new system. We will be unable to make this transfer of your records without this release.**

If you have any questions about the change, please feel free to reach out to your location. Contact information has been provided at the bottom of this letter for quick reference.

We look forward to continuing to serve you and those in our community.

Thank you,
Cedar Creek Integrated Health Administration

Office Locations

2620 Connery Way
Missoula, MT 59808
(406) 203-9948

109 1st Avenue
St. Ignatius, MT 59865
(406) 745-3681

11 Main SE
Ronan, MT 59864
(406) 872-0630

2282 US Hwy 93 S
Kalispell, MT 59901
(406) 885-8851

108 E 9th St
Libby, MT 59923
(406) 293-5284

2216 Boot Hill Ct Suite 3
Bozeman, MT 59715
(406) 600-5007

Cedar Creek Integrated Health

Authorization to Use/Disclose Protected Health Information

Patient Information (Print your name or the name of the patient whose information is to be released.)	Name		Birthdate	
	Other Names Used			
	Mailing Address			
	City		State	Zip
Organization (Who has the information you want released? Be specific)	Facility Name	Harmony Medical – Medical Information International, LTD		
	Address	11541 East Winchester Lane; Ellicott City, MD 21042		
	Phone	866-990-2684	Fax	
Receiving Party	Allegiance MD Software, Inc			
	Address	6914 South Yorktown Avenue Suite 200		
	City	Tulsa	State	OK Zip 74136
	Phone	800-868-1923	Fax	880-630-2819

**DISCLAIMER - The person(s)/organization(s) listed may not be covered by state/federal rules privacy and security of data and may be permitted to share further the information that is provided them.

Information to be Released (What do you want sent or released? Check the appropriate box or boxes.)	Date Range of Information to be Released	From: 1/1/2020	To: 1/1/2025
	Information to be released: ENTIRE RECORD		

Specific Request: *Under 45 CFR 164.501 Individual Right to Access, I assign Cedar Creek Integrated Health, PO Box 1179; St. Ignatius, MT 59865, a covered entity, as my personal representative to access and transfer the data set of my PHI from the current EMR storage (Harmony Medical) to a new EMR storage (Allegiance MD) for my continuum of care.*

Disclosure Method	DIGITAL COPY
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- By signing this authorization form, I understand that:**
- Information about my behavioral health services to include mental health and substance use diagnostics in accordance with all federal and state privacy and security regulations.
 - *Psychotherapy notes and substance use disorder treatment notes have additional privacy and security protections.
 - Information in my health record may include information related to sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), human immunodeficiency virus (HIV), viral hepatitis, and genetic information.
 - Information used/disclosed is solely intended for the receiving party and re-disclosure is unauthorized. However, we are unable to assure protection from re-disclosure from the receiving party.
 - Treatment, payment, enrollment, or eligibility for benefits may not be conditioned on whether I sign this authorization.
 - Requests for copies of health records are subject to reproduction fees in accordance with Federal and State law.
 - I have the right to revoke this authorization at any time. Revocation must be in writing and on file. Revocation will not apply to information that has already been disclosed in response to this authorization.
 - Unless otherwise revoked, this authorization will expire on the following date/event/condition: **01/01/2025**. Failure to specify an expiration date/event/condition, this authorization will expire **one (1) year** from the date it is signed.
 - The authorized party has my authorization to disclose Medical Records to any party that is approved by the Authorized Party.

PARENT/LEGAL REPRESENTATIVE SIGNATURE SECTION

Signature	Date
Printed Name	

OFFICE USE ONLY			
Signature/ID Verified <input type="checkbox"/> Yes <input type="checkbox"/> No	ACCT#	# Pages Released	
Completed by:		Date	

REVOCAION AUTHORIZATION			
I hereby revoke (cancel) this Authorization to Use/Disclose Protected Health Information.			
Signature		Date	

*45 CFR 164.501; 45 CFR 164.512; 45 CFR 164.524; 45 CFR 164.526; 45 CFR 160.103; 42 CFR Part 2