

Additional Notice to Residents of

Montana

Children's Health Insurance Program

For CHIP participants: We will restrict disclosure of your information to purposes related to the administration of the CHIP program.

Medicaid

For Medicaid recipients: We will only use your information for purposes related to administration of the Montana Medicaid program. We will not disclose your information without your written consent, except to state authorities.

Sexually Transmitted Diseases

We will not disclose information concerning persons infected, or reasonably suspected to be infected with a sexually transmitted disease, except to:

- (a) personnel of the Department of Public Health and Human Services;
- (b) a physician who has obtained the written consent of the person whose record is requested; or
- (c) a local health officer.