

professionals, using their best judgment, may disclose to a family member, another relative, a close personal friend, or any other person that you identify Health Information relevant to that person's involvement in your care or payment related to your care.

### **YOUR RIGHTS**

You have the following rights regarding Health Information we maintain about you.

- **Right to Inspect and Copy.** You have the right to inspect and copy Health Information that may be used to make decisions about your care or payment of your care. This right is not absolute. In certain situations, such as if access would cause harm, we can deny you access. To inspect and copy Health Information, you must make your request, in writing, to our Privacy Officer. You have the right to get an electronic copy of your Health Information.
- **Right to Amend.** If you feel the Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us. We do not have to grant the request for the following condition: the record is accurate and complete. To request an amendment, you must make your request in writing to our Privacy Officer.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment or health care operations. In addition, you have the right to request a limit on the Health Information we disclose about you to someone who is involved in your care, like a family member or friend. For example, you could ask we not share information about your emergency visit with your spouse. To request a restriction, you must make your request in writing to our Privacy Officer. *We are not required to agree to your request.* If we agree, we will comply with your request unless we need to use the information in certain emergency treatment situations or those required by law. You have the right to restrict disclosures to health plans for treatments that you paid for in cash, upon notification at the time of cash payment.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we contact you only by mail or at work. To request confidential communications, you must make your request in writing to our Privacy Officer. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.
- **Right to Receive Notification of Breach.** You have the right to receive written notification of a breach—including description of breach, types of information breached, and a brief summary of what is being done.
- **Right to a Paper Copy of this Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy.
- **Accounting of Protected Health Information.** You have

the right to ask for disclosures made through NVHC and business associates for payment, treatment and health care operations made during the past three (3) years.

You may obtain a copy of this notice on our website:  
[www.northvalleyhealth.org](http://www.northvalleyhealth.org)

To obtain a paper copy, ask the receptionist upon registration or contact our Privacy Officer.

### **CHANGES TO THIS NOTICE**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for Health Information we already have as well as any information we receive in the future. We will post a copy of the current notice throughout our facility. The notice will contain the effective date on the first page, in the top, right hand corner.

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with us or the Secretary of the Department of Health and Human Services. To file a complaint with us, contact our Complaint Officer. All complaints must be made in writing. **You will not be penalized for filing a complaint.**

### **HEALTH INFORMATION EXCHANGE**

We participate in arrangements of healthcare organizations which have agreed to work with each other, to facilitate access to health information that may be relevant to your care. For example, if you are admitted to a hospital on an emergency basis and cannot provide important information about your health condition, these arrangements will allow us to make your health information from other participants available to those who need it to treat you at the hospital. When it is needed, ready access to your health information means better care for you. We may store health information about our patients in a joint electronic medical record with other healthcare providers who participate in the arrangement. You may contact the Privacy Officer for a list of healthcare providers who participate in these shared arrangements.

### **CONTACT INFORMATION**

**Privacy and Complaint Officer**  
North Valley Health Center  
300 W. Good Samaritan Drive  
Warren, MN 56762  
218-745-4211

**Office of Civil Rights**  
U.S. DHHS  
200 Independence Ave. SW  
Room 515F HHH Bldg.  
Washington D.C. 20201

# *North Valley*

## HEALTH CENTER

### **NOTICE OF PRIVACY PRACTICES**

*Effective Date: September 23, 2013*

**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.**

**If you have any questions about this notice, please contact our privacy officer (see end of document for contact information).**

### **WHO MUST FOLLOW THIS NOTICE:**

This notice describes the privacy practices of North Valley Health Center.

### **OUR OBLIGATIONS:**

We are required by law to:

- **Maintain the privacy of protected health information;**
- **Give you this notice of our legal duties and privacy practices regarding health information about you;**
- **Follow the terms of our notice that is currently in effect.**
- **Train our personnel concerning privacy and confidentiality**
- **Mitigate any break of privacy/confidentiality**
- **Implement a sanction policy to discipline those who breach privacy and confidentiality or our policies with regard thereto.**

### **Examples of Disclosure for Treatment, Payment and Health Care Operations**

The following categories describe ways that we may use and disclose health information that identifies you ("Health Information"). Some of the categories include examples, but every type of use or disclosure of Health Information in a category is not listed. Except for the purposes described below, we will use and disclose Health Information only with your written permission.

**If you give us permission to use or disclose Health Information for a purpose not discussed in this notice, you may revoke that permission in writing at any time by contacting our Privacy Officer.**

- **For Treatment.** We may use Health Information to treat you or provide you with health care services. We may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our facility who may be involved in your medical care. For example, we may tell your primary physician about the care we provided you or give Health Information to a specialist to provide you with additional services.
- **For Payment.** We may use and disclose Health Information so that we may bill and receive payment from you, an insurance company or a third party for the treatment or services you received. For example, we may give your health plan information about your treatment so that they will pay for such treatment. We also may tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover that treatment.
- **For Health Care Operations.** We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and for our operation and management purposes. For example, we may use Health Information to review the treatment and services we provide to ensure that the care you receive is the highest quality.
- **Fundraising Activities.** We may use Health Information to contact you in an effort to raise money. We may disclose Health Information to a related foundation or to our business associate so that they may contact you to raise money for us. You will be given information on how you can stop receiving subsequent fundraising materials.
- **Individuals Involved in Your Care or Payment for Your Care.** We may release Health Information to a person who is involved in your medical care or helps pay for your care, such as family member or friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.
- **Research.** We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the proposal and established protocols to ensure the privacy of your Health Information. For example, a research project may involve comparing the health and recovery of all patients who received one medication or treatment to those who received another for the same condition. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for similar purposes, so long as they do not remove or take a copy of any Health Information.

### **SPECIAL CIRCUMSTANCES**

- **As Required by Law.** We will disclose Health Information when required to do so by institutional, federal, state or local law.
- **To Avert.** We may use and disclose Health Information when necessary to prevent or lessen a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, will be to someone who may be able to prevent the threat.
- **Business Associates.** We may disclose Health Information to our business associates that perform functions on our behalf or provide us with the services if the information necessary for such functions and services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated, under contract with us, to protect the privacy of your information and are not allowed to use or disclose any information other than what is specified in our contract.
- **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 prior to an organ donation bank, as necessary, to facilitate organ or tissue donation transplant.
- **Military and Veterans.** If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.
- **Workers' Compensation.** We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they have been using; track certain products and monitor their use and effectiveness; notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and conduct medical surveillance of the hospital in certain limited circumstances concerning workplace illness or injury. We also may release Health Information to an appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence; however, we will only release information if you agree or when we are required or authorized by law.
- **Health Oversight Activities, Public Health Authorities.** We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil right laws.

- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement.** We may release Health Information if asked by a law enforcement official for the following reasons; (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness or missing person; (3) about the victim of a crime if, under certain limited circumstances, we are unable to obtain a person's agreement; (4) about a death we believe may be result of criminal conduct; (5) about criminal conduct on our premises; and (6) in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.
- **Coroners, Medical Examiners and Funeral Directors.** We may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties.
- **National Security and Intelligence Activities.** We may release Health Information to authorized federal officials or intelligence, counter-intelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others.** We may disclose Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign head of state or conduct special investigations.
- **Inmates or Individuals in Custody.** If you are an inmate of a correctional institutions or under the custody of a law enforcement official, we may release Health Information to the appropriate correctional institution or law enforcement official necessary for your health and the health and safety of other individuals.
- **Marketing/Continuity of Care.** We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- **Food and Drug Administration.** We may disclose to the FDA Health Information relative to adverse effects/events with respect to food, drugs, supplements, product defects or post-marketing surveillance information to enable product recalls, repairs or replacements.
- **Immunization Records.** We may release immunization records to schools in states that require immunizations for school entry and with oral or written agreement from the parent or guardian.
- **Communication with Family.** Unless you object, health