

Nelson County Health System Privacy Policy

1. OUR RESPONSIBILITY

Nelson County Health System (NCHS) is required by law to maintain the privacy of your protected health information, and provide you a description of our privacy practices. We will abide by the terms of this notice and notify you if we cannot agree to a requested restriction. We will accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

How we may use and disclose medical information about you:

NCHS is permitted to use and disclose your protected health information for care and treatment in order to provide health care services to you. We may also use your protected health information for payment of your health care bills and to support the operations of NCHS. The following categories describe and provide examples of the ways that we are permitted to use your medical information for treatment, payment, and health care operations. These examples are not exhaustive, but are used to illustrate the use and disclosures of protected health information NCHS is permitted to make.

For Treatment: NCHS may use medical information about you to provide your health care treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other health care personnel who are involved in taking care of you at NCHS. For example: a doctor treating you for an injury may need to know if you have diabetes, because diabetes may slow the healing process; or if your doctor orders Physical Therapy, the nursing staff will need to discuss your care and treatment with the Physical Therapist. Different departments of NCHS also may share medical information about you in order to coordinate the different things you may need, such as prescriptions, lab work, meals, and x-rays. We may provide your physician or health care provider we have referred you to with copies of various reports that will assist him or her in treating you, once you are discharged from NCHS.

For Payment: NCHS will use your protected health information as needed to obtain payment for your health care services from an insurance company before it approves or pays for health care services that we recommend. For example, we may inform your health insurance plan or third party about diagnostic testing that has been recommended as a result of a medical examination that has been completed. This will help determine whether your insurance plan and/or third party will cover this diagnostic test. NCHS may also disclose medical information to other health care providers for their payment purposes.

For Health Care Operations: We will use medical information about you as needed to support the business activities of NCHS. These operations are necessary to run our health care facilities and make sure all of our patients receive quality care. Members of the medical staff and/or quality improvement team may use information in your health record to assess the care and outcomes of your care and others like it. The results will then be used to continually improve the quality of care for all patients/residents we serve. For example, we may combine medical information about many patients/residents to evaluate the need for new services, treatment, or equipment. We may disclose information to doctors, nurses, and other students for educational purposes. We may call you by name in the waiting room when we call you in for an appointment or laboratory test. NCHS may also use and disclose medical information:

- To remind you that you have an appointment for medical care.
- To assess your satisfaction with our services.
- To tell you about possible treatment alternatives.
- To tell you about other health related benefits or services.
- To contact you as a part of marketing or fund raising efforts.
- For population based activities relating to improving health or reducing health care costs.
- For a review of our treatment and services and evaluation of our staff.

There are some services provided in NCHS through contracts with business associates. A business associate is a person or business who performs a function involving the use or disclosure of health information on behalf of the NCHS. When these services are contracted, we may disclose your health information to our business associate, so they can perform the job we have asked them to do. Examples of a business associate include auditors, attorneys, and consultants. To protect your health care information, however, we require the business associate to protect and safeguard the information they receive. Other activities for which we may use or disclose your medical information include, but are not limited to, training programs, auditing, business management, planning, and administrative functions.

Other permitted uses and disclosures and your opportunity to object:

NCHS may also use and disclose your protected health information in the following instances. You may agree or object to the use or disclosure of all or part of your protected health information for these purposes:

A Facility Directory: Because NCHS provides health care services at different locations, we use different methods to identify the patients/residents we provide care to.

- **Nelson County Health System - Hospital:** NCHS will use certain limited information about you in the Hospital directory maintained at our business office, unless you object. This information may include your name, location in the hospital, your condition (in general terms), and your religious affiliation. You will be given the opportunity to decide which information you agree to use or disclose in the facility directory when you are admitted. This information may also be released to people who ask for you by name. In case of an emergency, or if you are incapacitated, we may use this information in our facility directory, we will provide you, or your legal representative, with an opportunity to object, when it is practical to do so.
- **Nelson County Health System - Care Center and/or Swing Bed:** On admission, we will also provide you with an opportunity to review how NCHS uses limited information, including but not limited to, posting your name and room number in the Care Center's Resident Directory, or posting your name on the door of your Swing Bed room at the Hospital. You can agree or object to the use or disclosure of all or part of your protected health information any time during your stay.

To other individuals involved in your care: NCHS may release medical information about you to a family member, other relative, a close friend, or any other person you identify, which is involved in your medical care or who helps pay for your care. If you are unable to agree or object to such a disclosure, we may disclose information as necessary if we determine that it is in your best interest based on our professional judgment. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort to notify or assist in notifying a family member or someone responsible for your care about your general condition, status, and location.

For marketing, informational, and other communications: NCHS may communicate to you via newsletters, mailings, or other means regarding health related information, disease management programs, wellness programs, or other community based initiatives, programs, or activities Nelson County Health System is participating in.

Uses and disclosures we are allowed to make without your permission or the opportunity to object:

NCHS may use or disclose your protected health information in the following situations without your permission:

- **Required by law:** NCHS may use or disclose your medical information when required by federal, state, or local law. The use or disclosure will be limited to what is required by law.
- **Public Health:** NCHS may use or disclose your protected health information for public health activities, such as a public health authority, other government authority allowed to receive this

information, or to persons who report to the FDA with respect to food, supplements, or medications. In addition, this reporting could include vital statistics, communicable diseases, or information about product recalls.

- **Abuse, neglect, or domestic violence:** NCHS may disclose your protected health information to a public health authority that is authorized to receive reports of child abuse or neglect. In addition, we may disclose information to an authorized agency if we believe you have been a victim of abuse, neglect, or domestic violence. Disclosure will be consistent with state and federal laws.
- **Health oversight:** NCHS may disclose your protected health information to a health oversight agency for activities authorized by law such as inspections, audits, and investigations. These activities are necessary for the government to monitor the health care system, government programs, and civil rights laws.
- **Legal proceedings:** NCHS may disclose your protected health information in a judicial or administrative proceeding, in a response to a court order, and in certain cases in a response to a subpoena, discovery request, or other lawful process.
- **Law enforcement:** NCHS may disclose your protected health information under certain conditions to law enforcement in response to court orders or other legal processes; to identify or locate a suspect, fugitive, missing person, or witness; concerning crime victims; about a suspicious death that may have resulted from a crime; about criminal conduct on our premises; and to report a crime in a medical emergency.
- **Coroners, funeral directors, and organ donation:** NCHS may disclose your protected health information to a coroner or a funeral director for purposes allowed by law such as identification or determining the cause of death. We may also disclose information to funeral directors to allow them to carry out their duties. We may disclose information for organ, eye, or tissue donation purposes.
- **Research:** NCHS may disclose your protected health information to researchers when their research has been approved by an institutional review board or privacy board, and the board has determined that the research meets certain requirement for protection of this information.
- **Serious threat to health or safety:** If NCHS believes the use or disclosure of protected health information is necessary to prevent or reduce a serious threat to the health or the safety of a person or the public, we will disclose it consistent with applicable laws. We may also disclose protected health information, if necessary, for law enforcement to identify or apprehend an individual.
- **Military activity and national security:** Under certain conditions, NCHS may use or disclose protected health information of individuals in the Armed Forces, veterans, or foreign military personnel, for purposes of determining benefits, or if necessary, for a military mission. We may also use or disclose protected health information for national security and intelligence activities.
- **Inmates:** NCHS may disclose protected health information about an inmate to a correctional institution or law enforcement officer as authorized by law.
- **Workers compensation:** Nelson County Health System may disclose your protected health information to comply with Workers Compensation and laws and other similar programs established by law.

USES AND DISCLOSURES MADE ONLY WITH YOUR WRITTEN AUTHORIZATION

Uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us with written authorization to use or disclose information about you, you may revoke the authorization at any time, in writing. NCHS will honor your revocation except for any use or disclosure we have already made, based on your previous written authorization as required by law. If you wish to revoke a written authorization, please contact the NCHS Privacy Officer.

2. YOUR RIGHTS AND HOW TO EXERCISE THEM:

You have the following rights regarding medical information we maintain about you and you may exercise those rights. If you have any questions about this notice, please contact the NCHS Privacy Officer at 701-322-4328.

- **RIGHT TO INSPECT AND COPY:** You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you that is contained in your NCHS designated record set for as long as we maintain the protected information. This information includes medical and billing records and other records that NCHS uses for making health related discussions about you. You are not allowed to inspect or copy psychotherapy notes, certain information compiled for or in anticipation of civil, criminal, or administrative proceedings, and information subject to a law that prohibits you access to it. In some circumstances, you may have a right to have this decision reviewed.
- **RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS BY ALTERNATIVE MEANS OR AT AN ALTERNATIVE LOCATION:** You have the right to request that NCHS communicates with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work, or at a certain phone number, or mail information to you at a specific address. We will not request an explanation from you about the reason for your request. We will accommodate reasonable requests. We may condition the accommodation by asking you for information about how payment will be handled, or ask you to specify an alternative address or other method of contact. Please make any request for alternate communications in writing to the NCHS Privacy Officer.
- **RIGHT TO REQUEST A RESTRICTION:** You have a right to request a restriction or limitation on medical information Nelson County Health System uses or discloses about you for treatment, payment, or health care operations. You also have a right to request a limit on the medical information NCHS discloses about you to someone involved in your care or the payment of your care, or for notification purposes, such as a family member, relative, or friend. **Nelson County Health System is not required to agree to your request.** If NCHS does agree, we will comply with your request unless the information needed is to provide emergency treatment to you. We encourage you to discuss any restriction(s) you wish to request about your protected health information with your physician. To request a restriction, your request must be made in writing to our Privacy Officer. Please contact the NCHS Privacy Officer for the information you will need to include in your restriction request.
- **RIGHT TO AMEND:** If you feel medical information we have about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, you must write to us at the address listed for the privacy officer. You must also give us a reason to support your request. We may deny your request to amend your medical information if it is not in writing or does not provide a reason to support your request. We may also deny your request if the information:
 - Was not created by us, unless the Health Care Facility or person who created the information is no longer available to make the amendment.
 - Is not part of the medical information kept by or for us
 - Is not part of the information you would be permitted to inspect or copy
 - Is not accurate and complete
- **RIGHT TO AN ACCOUNTING:** You must submit such a request in writing to the address listed for the privacy officer. Not all medical information is privilege to this request. Your request must state a time period, no longer than six (6) years, and may not include dates before April 14, 2003. Your request must state in what form you would like the information (paper or electronic). The first request within a 12 month period is free. For additional requests we may charge you a fee. We will notify you of this cost, and you may choose to modify or withdraw your request before charges are incurred.

- **RIGHT TO A PAPER COPY OF THIS NOTICE:** You have a right to a copy of this notice. You may ask us to give you a copy of this notice at any time. To obtain a paper copy, please contact the NCHS Business Office or Privacy Officer at 701-322-4328.

3. CHANGES TO THIS NOTICE:

NCHS is required to abide by the terms of the Notice of Privacy Practices. We reserve the right to change our privacy practices and to apply the revised practices to medical information about you that we already have. Any revision to our privacy practices will be described in a revised notice that will be posted prominently in our facility, and posted on our website at <http://www.nelsoncountyhealthsystem.org>.

4. COMPLAINTS:

If you believe your privacy rights have been violated, you may file a written complaint about NCHS by notifying the Privacy Officer at 701-322-4328. You may also file a complaint with the Office for Civil Rights at 303-844-2024 or the Department of Human Services at 866-627-7748.

5. TO REQUEST YOUR HEALTH INFORMATION:

Contact NCHS-Medical Records for any assistance related to your protected health information and related to your care received at NCHS. Medical Records is staffed Monday - Friday from 8:00 am to 4:30 pm at 701.322.4328. Requests received after hours, on weekends, and/or holidays will be forwarded to Medical Records during normal operating hours. To send a written request, address it to:

Attention Privacy Officer
Nelson County Health System
PO Box 367
McVile, ND 58254-0367

WEBSITE PRIVACY POLICY

Nelson County Health System is dedicated to providing you with healthcare information and services of the highest quality, while at the same time protecting your privacy.

Please be aware that NCHS reviews its website privacy practices from time to time, and those practices and this policy are, therefore, subject to change.

Personally identifiable Information

NCHS collects and stores certain personally identifiable information that you voluntarily provide to us in certain areas of our website, such as web pages that allow you to register for events and/or programs, sign up to receive our Newsletter, pay bills and correspond with certain departments. Such information may include your name, address, e-mail address, credit card information (when applicable) and similar types of information. Although certain areas of the NCHS may require that you provide us with such personally identifiable information in order, for example, to complete certain online forms (online application for employment, online payment, and pre-registration) you are free to use the remainder of the website without providing such personally identifiable information.

NCHS does not sell personally identifiable information about website visitors to third parties.

We do not knowingly collect personally identifiable information from children (defined herein as minors younger than 13 (thirteen years of age) without obtaining parental consent. Before using the website, we ask that parents read our Website Privacy Policy prior to using the website for this purpose.

Security Procedures

We are very concerned with the security of your personally identifiable information and take great care in providing secure transmission of your information from your computer to our services. Unfortunately, no data transmission over the Internet can be guaranteed to be 100% secure. As a result, while we strive to protect your personal information, we cannot guarantee the security of any information you transmit to us from your computer and/or other electrical device. Once we receive your information, we take appropriate steps that we believe are reasonable to protect the security of your data on our system.

Links to Other Sites

For your convenience, the NCHS website may contain links to other websites, which are not managed by us. We do not review, control, or take responsibility for the content of other sites, including without limitation, the privacy or security practices of those other sites. Links from the NCHS website to other websites does not imply endorsement or credibility of the services, information, or products offered through the linked sites. Similarly, if a third party provides a link to the NCHS website, it does not necessarily reflect any official relationship between NCHS and the third party.

Privacy Officer

Catherine Swenson
Nelson County Health System
PO Box 367
McVile, ND 58254-0367
Phone: (701) 322-4328
cwenson@gondtc.com

Office of Civil Rights

Denver Regional Office
1961 Stout Street-Room 1185 FOB
Denver, CO 80284-3538
Phone: (303) 844-2024
Email: ocprivacy@os.dhhs.gov
www.hhs.com/ocr/hippa

Department of Human Services

Denver Regional Office
1900 Broadway, Suite 700
Denver, CO 80202
Phone: (766) 627-7748
Email: askhippa@cms.hhs.gov
www.cms.hhs.gov/hippa