

HAZEN MEMORIAL HOSPITAL ASSOCIATION NOTICE OF HEALTH INFORMATION PRACTICES

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.

Understanding Your Health Record/Information

Each time a patient or resident is admitted to the Hazen Memorial Hospital Association a record of their stay is kept. Typically, this record contains the symptoms, examination and test results, diagnoses, treatment and a plan for future care or treatment of the patient or resident. This information, often referred to as a health or medical record, serves as a:

- basis for planning care and treatment
- means of communication among the many health care professionals who contribute to the care of patients or residents
- legal document describing the care received
- means by which the patient, resident, legal representative or a third-party payer can verify that services billed were actually provided
- a tool in educating health professionals
- a source of data for medical research
- a source of information for public health officials charged with improving the health of the nation
- a source of data for facility planning and marketing
- a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to:

- ensure its accuracy
- better understand who, what, when, where and why others may access your health information
- make more informed decisions when authorizing disclosures to others

Your Health Information Rights

Your health record is the physical property of the Hazen Memorial Hospital Association; however, the information belongs to you. You have the right to:

- request restrictions that we not use or disclose your health information related to treatment, payment, health care operations and/or to a particular family member, other relative or close personal friend. Please make this request in writing. Although the Hazen Memorial Hospital Association will consider your request, we are under no obligation to accept your request; however, if this information is needed in an emergency situation, we reserve the right to disclose the restricted information.
- obtain a paper copy of the Notice of Information Practices upon request. A copy of the

Notice of Information Practices will be given to you upon admission to the Hazen Memorial Hospital Association and will be posted in the facility and on the Hazen Memorial Hospital Association website.

- inspect and obtain a copy of your health record, excluding psychotherapy notes. We have the right to deny your request; however, you may request a review of the denial and we will comply with the outcome. We will provide copies within a reasonable amount of time and we reserve the right to charge a fee according to North Dakota law for the requested copies.
- amend your health record if you believe any information in your health record is incorrect or if you believe that important information is missing. This request must be made in writing and must provide a reason to support the amendment. We may deny this request and, if so, you will be notified.
- obtain an annual accounting of disclosures of your health information at no charge. Please note that an accounting will not include the following types of disclosures: disclosures made to you or to your legal representative, or any other individual involved with your care; disclosures made for reasons of treatment, payment or operations; disclosures to law enforcement officials or public health officials; and disclosures for national security purposes.
- request communications of your health information by alternative means or at alternative locations. Please contact the Privacy Officer for the proper form to complete.
- revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Hazen Memorial Hospital Association Responsibilities

This organization is required by law to:

- maintain the privacy of your health information
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- abide by the terms of this notice

- notify you if we are unable to agree to a requested restriction
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations and refrain from requiring a reason for alternative communications

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, a revised notice will be made available.

For More Information or to Report a Problem

If you believe your privacy rights have been violated, you can file a complaint with the Hazen Memorial Hospital Association Privacy Officer. Any complaint must be in writing or on a complaint form provided by the Hazen Memorial Hospital Association. The complaint form may be obtained from the Privacy Officer and returned to the Privacy Officer upon completion. You may also file a complaint with the secretary of Health and Human Services. There will be no retaliation for filing a complaint.

If you have questions and would like additional information, you may contact the Hazen Memorial Hospital Association Privacy Officer at (701) 748-7284.

You may write to the Privacy Officer at:

Hazen Memorial Hospital Association
510 8th Ave NE
Hazen ND 58545

NORMAL USES AND DISCLOSURES

We will use your health information for treatment

We may use medical information about you to provide treatment or services to you.

Example 1: Information obtained by a nurse, physician or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

Example 2: We may also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you if you are transferred to any type of healthcare facility, such as a clinic or hospital.

We will use your health information for payment

We may use and disclose medical information about your treatment and services to bill and collect payment from you, your insurance company or other third party payer.

Example 1: A bill may be sent to you or to a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnoses, procedures and supplies used.

Example 2: We may tell your health plan about care you are going to receive to determine whether or not your plan will cover the care.

We will use your health information for regular health operations

Members of the medical staff, the risk or quality improvement manager or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Example 1: We may disclose your medical information to medical students working with our physicians for training purposes.

Example 2: We may disclose your information for population-based activities related to improving health or reducing health care costs.

OTHER USES AND DISCLOSURES

Business Associates: There are some services provided in our organization through contacts with business associates. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information via a written contract.

Directory: Unless you notify us in writing that you object, we will use your name, location, general condition and religious affiliation in several areas within the Hazen Memorial Hospital Association. If you do not wish to be in the facility directory, please request the Opt Out form.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative or others responsible for your care, your location and your general condition.

Communication with family: Health professionals, using their best judgment, may disclose to a family member, other relative or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Research: We may disclose information to researchers when their research has been approved by an institutional review board and has established protocols to ensure the privacy of your health information.

Funeral directors: We may disclose health information to funeral directors consistent with applicable laws to carry out their duties.

Organ procurement organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplantation.

Fundraising: We may contact you as part of a fundraising effort. If you wish to withdraw your name at any time during the fundraising campaign, notify the Privacy Officer, in writing, and every effort will be made to remove your name from any mailing list it may be on.

Marketing: We may contact you as part of a marketing effort. For certain marketing communications, you will have to sign an authorization. However, we may contact you regarding coordination of your care, for recommending alternative treatments, or share your information with nursing facilities regarding placement. Your authorization is not needed for these types of communications.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post-marketing surveillance information to enable product recalls, repairs or replacements.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability or an entity assisting in a disaster relief effort.

State-specific Requirements: As required by state law, we must disclose information relating to births, deaths, communicable diseases, abuse situations, etc.

Law Enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal Requirements: Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

Information disclosed for any of the above mentioned situations will be de-identified as much as possible in order to maintain confidentiality of your protected health information.

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