

# **PRESENTATION MEDICAL CENTER** **NOTICE OF INFORMATION AND PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

## **PLEASE REVIEW IT CAREFULLY!**

The following notice describes the information privacy practices of Presentation Medical Center including:

- Any health care professional authorized to enter information into your medical record,
- All departments and services of the hospital,
- Any member of a volunteer group we allow to help you while you are in the hospital,
- All employees, medical staff and other hospital personnel, including students,
- All clinics owned & operated by Presentation Medical Center, this includes Presentation Clinic and Outreach Clinics in Rolla,
- Referring Home Health Agencies and
- Area pharmacies, as needed.

All of these entities, sites and locations may share medical information with each other when necessary for the purpose of treatment, payment or hospital operations as described in this notice.

**OUR PLEDGE TO YOU:** We understand that medical information about you and your health is personal and we are committed to protecting privacy while providing quality care. This Notice of Information and Privacy Practices applies to all of the records of your care generated by Presentation Medical Center. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic. 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 and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

## **Understanding Your Health Record / Information**

Each time you visit a hospital, doctor or other healthcare provider, a record of your visit is made. We need this record to provide you with quality care and to comply with certain legal requirements. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment and plan for your future care or treatment. This information, often referred to as your health record or medical record, serves as a:

- basis for planning your care and treatment,
- means of communication among the many health professionals who contribute to your care,
- legal document describing the care you received,
- means by which you 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 and
- 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 and
- make more informed decisions when authorizing disclosure of health information to others.

### **Your Health Information Rights**

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have a right to:

- Request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or healthcare operations. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide your emergency treatment.
- Obtain a paper copy of this Notice of Information and Privacy Practices upon request.
- Inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.
- Request to amend your health record if you feel that medical information we have about you is incorrect or incomplete.
- Obtain an accounting of disclosures of your health information. This is a list of the disclosures we made of medical information about you.
- Request communications of your health information by alternative means or at alternative locations.

### **For More Information or to Report a Problem**

If you have questions and/or would like additional information regarding any rights included in this Notice of Information and Privacy Practices, you may contact Presentation Medical Center's Privacy Officer at 701-477-1949.

If you believe your privacy rights have been violated, you may file a complaint with Presentation Medical Center's Privacy Officer by dialing, ext. 599 or writing to: Privacy Officer at Presentation Medical Center, PO Box 759, Rolla, North Dakota 58367.

You may also contact the United States Secretary of Health and Human Services at telephone number **1-877-696-6775** (toll free) or e-mail **OCRComplaint@hhs.gov.**

## **THERE WILL BE NO RETALIATION FOR FILING A COMPLAINT.**

### **How We May Use and Disclose Medical Information About You**

The following categories describe different ways that we use and disclose medical information. Not every use or disclosure in a category can be listed, however, examples are provided to explain some of the categories. All of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment:** Information obtained by a nurse, doctor 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 doctor 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 doctor will know how you are responding to treatment.

*For Example:* A doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. We also may disclose medical information about you to people outside the medical center who may be involved in your medical care after you leave the hospital, such as family members.

We will also provide your doctor or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you are discharged from the hospital.

- **For Payment:** We may use and disclose medical information about you so that the treatment and services you receive at the hospital may be billed to and payment may be collected from you, an insurance company, or a third party.

*For Example:* We may need to give your health plan specific health documentation regarding physical therapy visits so that your health plan will pay us for the services you received. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine if your plan will cover the treatment. A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.

- **For Healthcare Operations:** We may use and disclose medical information about you for medical center operations. These uses and disclosures are necessary to run the medical center and insure that all of our patients receive quality care.

*For Example:* We may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may combine medical information about many hospital patients to decide what additional services the hospital should offer, what services are not needed, and whether certain treatments are effective.

- **Business Associates:** There are some services provided in our organization through contracts with business associates. 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 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.

- **Directory:** Unless you notify us that you object, we will use your name, location in the facility, and religious affiliation for directory purposes. In certain circumstances, we may also provide your general condition. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name.

***For Example:*** If we are notified of an objection to the above information for directory purposes, flowers will not be sent to patient rooms, phone calls cannot be sent to patient room, visitors asking for you by name will be told that you are not in the directory and will not be given your room number and your name will not be on the list to receive pastoral visits.

- **As Required by Law:** We will disclose medical information about you when required to do so by federal, state or local law.
- **Communication with Family:** Health professionals, using their best judgment, may disclose health information to a family member, other relative, close personal friend or any other person you identify as being involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in the facility. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition and location.
- **Research:** We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.
- **Funeral Directors, Coroners, Medical Examiners:** We may disclose health information to funeral directors, consistent with applicable law, to carry out their duties. We may release medical information to a coroner or medical examiner; this may be necessary to determine the cause of death.
- **Organ and Tissue Donation:** 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 transplant.
- **Appointment Reminders / Treatment Alternatives:** 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.
- **Fund Raising:** We may contact you as part of a fund-raising effort for the facility. We may disclose information to a foundation related to the hospital so that the foundation may contact you in raising money for the medical center. 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.
- **Food and Drug Administration (FDA):** We may disclose, to the FDA, health information relative to adverse events with respect to food, supplements, and product defects or post marketing surveillance information to enable product recalls, repairs or replacement.

- **Worker's Compensation:** We may disclose health information about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.
- **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.
- **Correctional Institution:** Should you be an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose to the institution, or agents thereof, health information necessary for your health and the health and safety of other individuals.
- **Law Enforcement:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.
- **Military and Veterans:** If you are a member of the armed forces, we may disclose medical information about you as required by military command.
- **Health Oversight Activities:** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance of civil rights laws.
- **National Security Activities:** We may release medical information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law. We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state.

### **Changes to the Notice of Information Practices**

We reserve the right to change our information practices and to make the new provisions effective for all protected health information we already have about you as well as any information we receive in the future. Should our information practices change, we will post a copy of the updated notice in the facility. In addition, each time you register at the hospital for treatment or services, we will offer you a copy of the current notice in effect.

### **Other Uses of Health Information**

We will not disclose your health information without your written authorization, except as described in this notice. If you provide us with authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. You understand that we are unable to take back any disclosures we have already made with your permission.