

# SOUTHWESTERN DISTRICT HEALTH UNIT

## NOTICE OF PRIVACY 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.**

Southwestern District Health Unit is required by law to maintain the privacy of Protected Health Information (PHI) and to provide you with notice of its duties and privacy practices. Southwestern District Health Unit must abide by the terms of the notice currently in effect. Southwestern District Health Unit may change the terms of our notice at any time as authorized by law. The changes will be considered immediate and will apply to all PHI we create or receive in the future. If we make changes, we will post the changed Notice in our office. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by mail or hand delivery.

This Notice of Privacy Practices describes how we, our Business Associates, and their subcontractors may use and disclose your protected health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. Protected Health Information is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. Your health information is contained in a medical record that is the physical property of Southwestern District Health Unit.

### **SOUTHWESTERN DISTRICT HEALTH UNIT USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

The following section describes different ways that we use and disclose medical information. We will not use or disclose your medical information for any purpose not listed below, without your specific authorization. Any specific written authorization you provide may be revoked at any time by writing to us.

**For Treatment** – Southwestern District Health Unit will use and disclose your protected health information to provide, coordinate, or manage your health care treatment or services. This includes any coordination or management of your health care with other agencies that have your permission to have access to your protected health information. This may include family members and other caregivers who are part of your plan of care. This information is necessary to determine what treatment or services you should receive.

**For Payment** – Your protected health information will be used as needed to obtain payment for your health care services. This may include your insurance company, self-funded or third party health plan, Medicare, Medicaid, or any other person or entity that may be responsible for paying or processing for payment any portion of your bill for services. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment.

**For Healthcare Operations** – Southwestern District Health Unit may use or disclose, as needed, your protected health information in order to support the business activities of Southwestern District Health Unit and to comply with regulations affecting this agency's operations. These activities include but are not limited to: quality assessment, employee review, licensing accrediting bodies and training activities. We may also call you by name in the waiting room when your health care professional is ready to see you. We may use your information to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Required by law** – Southwestern District Health Unit may use or disclose your protected health information to the extent that law requires the use or disclosure. The use of disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

**Public Health** – Southwestern District Health Unit may disclose your protected health information to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury, or disability. The disclosure may be made to a person or company required by the Food and Drug Administration to report adverse events, product defects, or problems, to enable product recalls, repairs, or replacements to track products, or to conduct activities required by the Food and Drug Administration. We may also disclose your protected health information, if authorized by law, to the person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Abuse and neglect** – Southwestern District Health Unit may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. We may disclose your protected health information if we believe that you have been a victim of abuse, neglect, or domestic violence to the government entity or agency authorized to receive such information.

**Health oversight** – Southwestern District Health Unit may disclose protected health information to an agency providing health oversight for oversight activities authorized by law, including audits, licensure, inspections, and investigations.

**Legal proceedings** – Southwestern District Health Unit may disclose health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal, subpoena discovery request on other lawful process.

**Law Enforcement** – Southwestern District Health Unit may disclose protected health information to a law enforcement official concerning the medical information of a suspect, fugitive, material witness, and crime victim or missing person, and we may share the medical information of an inmate or other person in lawful custody with a law enforcement official or correctional institution under certain circumstances.

**Coroners, Funeral Directors and Organ Donations** – Southwestern District Health Unit may disclose protected health information to a coroner or medical examiner for identification purposes for determination of death or for the coroner or medical examiner to perform other duties authorized by law. We may disclose information to a funeral director as authorized by law, in order to permit them to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaver organ, eye, or tissue donation purposes.

**Criminal activity** - Southwestern District Health Unit may disclose your protected health information if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

**Military Activity and National Security** – When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel:

1. For activities deemed necessary by appropriate military command authorities.
2. For the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits. To foreign military authority if you are a member of that foreign military service.
3. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or other legally authorized.

**Workers Compensation** - Your protected health information may be disclosed as authorized to comply with workers compensation laws and other similar programs.

**Research** – Southwestern District Health Unit may disclose your protected health 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 protected health information.

**Opportunity to agree to or prohibit** – Southwestern District Health Unit is permitted to use or disclose information about you without consent or authorization provided you are informed in advance and given the opportunity to agree to or prohibit the disclosure in the following circumstances. If you are not present or able to agree or object to the use or disclosure, then your health care provider may, using professional judgment, determine whether the disclosure is in your best interest.

- The use of a directory of individuals served by Southwestern District Health Unit.
- To a family member, relative, friend, or other identified person, the information relevant to such person's involvement in your care or payment for care.
- Disaster relief – we may disclose medical information about you to an entity assisting in disaster relief.

**Uses and Disclosures of Protected Health Information Based on Your Written Authorization** – Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing except in limited situations. Without your authorization, we are prohibited to use or disclose your protected health information for marketing purposes. We may not sell your protected health information without your authorization. You may revoke the authorization at any time in writing, except to the extent that the agency has taken action in reliance on the use or disclosure indicated in the authorization.

## **YOUR RIGHTS AND HOW TO EXERCISE THEM**

The following are statements of your rights with respect to your protected health information.

1. **You have the right to access, to inspect and copy your Protected Health Information (fees may apply).** Upon written request, you have the right to inspect or copy your protected health information whether in paper or electronic format. This request must be in writing and include records in the "Designated Record Set." The Designated Record Set consists of your medical and billing file. This information may be given to you in summary form. *According to N.D. CENT. CODE SECTION 23-12-14*, upon request for medical records with the signed authorization of the patient, a health care provider shall provide medical records at a charge of no more than:

- \$20.00 for the first 25 pages
  - \$0.75 per page after 25
  - This charge includes any administration fee, retrieval fee, and postage expense.
2. **You have the right to request a restriction of your Protected Health Information.** You may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment, or healthcare operations. You may request that any part of your information not be disclosed to family members or friends who may be involved in your care or for notification purposes. The request must state the specific restriction requested. Southwestern District Health Unit is not required to agree to the restriction, except if you request that Southwestern District Health Unit not disclose protected health information to your health plan with respect to healthcare for which you have paid in full, out of pocket, at the time of service. You may request a restriction by completing the Request of Restriction of Protected Health Information. This form can be obtained from Southwestern District Health Unit.
  3. **You have the right to request to receive confidential communication from us by alternative means or at alternative location.** Southwestern District Health Unit will accommodate reasonable requests. You may request this by completing the Request for Confidential Communication of Protected Health Information form. This form can be obtained from Southwestern District Health Unit.
  4. **You have the right to request an amendment to your Protected Health Information.** If you believe that medical information is incorrect or incomplete you may request an amendment. You may ask for an amendment to information about you in a set for as long as we maintain this information. We may deny your request. If we deny your request, we will provide you a written explanation. If we deny the request, you may respond with a statement of disagreement that will be added to the information you wanted changed. To request an amendment, you need to complete a Request for Amendment of Protected Health Information form. This form can be obtained from Southwestern District Health Unit.
  5. **You have the right to receive an “Accounting of Certain Disclosures” we have made of your protected health information.** This right applies to disclosures for purposes other than treatment, payment, or healthcare operations. It excludes disclosures we may have made to you, for a facility directory, to family members, or friends involved in your care or for notification purposes. It does not include uses and disclosures for which you gave us written authorization. You may request this accounting by completing the Request for Accounting of Disclosures form. You may obtain this form from Southwestern District Health Unit.
  6. **You have the right to obtain a paper copy of this notice from us,** even if you have agreed to accept this notice electronically.
  7. **You have a right to receive a notice of a breach.** We will notify you if your protected health information has been breached.

#### **FAXING, EMAILING, AND TEXTING RULES**

You may request us to fax your protected health information. Providing us with the fax contact information, guarantees that you have sole access to the fax. We are not responsible for protected health information viewed by others if it is a shared fax. We will include a cover sheet to the message. Our emails and text messages are currently not encrypted and therefore there is a risk of unlawful disclosure when communicating via e-mail or text message. If you request to receive communication via e-mail or text, we will not be able to accommodate this request and another format must be chosen.

#### **MINIMUM NECESSARY RULE**

Our staff will not use or access your PHI unless it is needed to do their jobs. All Public Health staff are trained in HIPAA Privacy and Security rules and sign a Confidentiality Policy with regards to keeping your PHI private. Also, we disclose to outside entities only as much of your PHI as needed to accomplish the recipient’s lawful purposes.

#### **INCIDENTAL DISCLOSURE RULE**

We will take reasonable administrative, technical and security safeguards to ensure the privacy of your PHI when we use or disclose it. In the event that there is a breach in protecting your PHI, we will follow Federal Guidelines to HIPAA Omnibus Rule

Standards to first evaluate the breach situation using the Omnibus Rule, 4-Factor Formula for Breach Assessment.

Then we will document the situation, retain copies of the situation on file, and report all breaches (other than low probability, as prescribed by the Omnibus Rule) to the U.S. Department of Health and Human Services

at:<http://www.hhs.gov/ocr/privacy/hipaa/administrative/breachnotificationrule/brinstruction.html>.

**OBLIGATIONS OF SOUTHWESTERN DISTRICT HEALTH UNIT** – Southwestern District Health Unit is required by law to:

1. Maintain the privacy of protected health information
2. Provide you with this notice of it legal duties and privacy practices with respect to your health information
3. Abide by the terms of this notice
4. Notify you if we are unable to agree to a requested restriction on how your information is used or disclosed

5. Accommodate reasonable requests you may make to communicate health information by alternative means or at alternative locations

#### **QUESTIONS OR COMPLAINTS**

You may contact:

Sherry Adams, Privacy Officer  
Southwestern District Health Unit  
227 16<sup>th</sup> Street West  
Dickinson, ND 58601-4675  
Phone: 701-483-0171 or 1-800-697-3145

Or

The Secretary of the U.S. Department of Health and Human Services if you believe that your privacy rights have been violated. There will be no retaliation against you for filing a complaint. The complaint should be filed in writing and with Southwestern District Health Unit and should state the specific incidents(s) in terms of subject, date, and other relevant matters. A complaint to the Secretary must comply with the standards set out in 45 CFR 160.306.

