

Notice of Privacy Practices

United Hospital District

Effective Date: April 14, 2003
Revision Date: July 2014



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 United Hospital District's HIPAA Privacy Officer by calling (507) 526-3273.

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information. A federal regulation, known as the HIPAA Privacy Rule, requires that we provide you in writing a detailed notice of our privacy practices. This notice applies to all the records of your care generated by United Hospital District, whether made by hospital personnel, agents of the hospital, or your personal doctor. We know that this notice is long; however, the HIPAA Privacy Rule requires us to address many specific things in this notice.

OUR RESPONSIBILITIES

In this Notice, we describe the ways that we may use and disclose health information about our patients. The HIPAA Privacy Rule requires that we protect the privacy of health information that identifies a patient, or where there is a reasonable basis to believe the information can be used to identify a patient. This information is called 'protected health information' or 'PHI' under the Rule. This notice also describes your privacy rights as our patient and our obligations regarding the use and disclosure of PHI. We are required by law to:

- Maintain the privacy of PHI about you,
- Give you this Notice of our legal duties and privacy practices with respect to PHI,
- Comply with the terms of our Notice of Privacy Practices currently in effect, and
- We must inform you if there is a breach of your PHI.

We reserve the right to make changes to this Notice and to make such changes effective for all PHI we may already have about you. If and when this Notice is changed, we will post a copy in our office in a prominent location. We will also provide you with a copy of the revised Notice upon your request made to our Privacy Officer.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

Permitted Uses and Disclosures Without Authorization

For Treatment: We may use medical information about you to provide you treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other United Hospital District personnel who are involved in taking care of you as an inpatient or outpatient. 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. Different departments of United Hospital District 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 consult with other health care providers regarding your treatment and coordinate and manage your health care with others. 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 once you're discharged.

For Payment: We may use and disclose PHI in order to bill and collect payment for the treatment and services provided to you. Before providing treatment or services, we may share details with your health plan concerning the services you are scheduled to receive. For example, we may ask for payment approval from your health plan before we provide care or services. We may use and disclose PHI to find out if your health plan will cover the cost of care and services we provide. We may use and disclose PHI to confirm you are receiving the appropriate amount of care to obtain payment for services. We may use and disclose PHI for billing, claims management, and collection activities. We may disclose PHI to insurance companies providing you with additional coverage. We may disclose limited PHI to consumer reporting agencies relating to collection of payments owed to us. We may also disclose PHI to another health care provider or to a company or health plan required to comply with the HIPAA Privacy Rule for the payment activities of that health care provider, company or health plan. For example, we may allow a health insurance company to review PHI for the insurance company's activities to determine the insurance benefits to be paid for your care.

For Health Care Operations: We may use and disclose PHI in performing business activities which are called health care operations. Health care operations include doing things that allow us to improve the quality of care we provide and to reduce health care costs. We may use and disclose PHI about you in the following health care operations:

- Reviewing and improving the quality, efficiency and cost of care that we provide to our patients. For example, we may use PHI about you to develop ways to assist our physicians and staff in deciding how we can improve the medical treatment we provided to others.
- Improving health care and lowering costs for groups of people who have similar health problems and helping to manage and coordinate the care for these groups of people. We may use PHI to identify groups of people with similar health problems to give them information, for instance, about treatment alternatives, and educational classes.
- Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you and our other patients.
- Providing training programs for students, trainees, health care providers, or non-health care professionals (for example, billing personnel) to help them practice or improve their skills.
- Cooperating with various people who review our activities. For example, PHI may be seen by doctors reviewing the services provided to you, and by accountants, lawyers, accreditation organizations, and others who assist us in complying with the law and managing our business.
- Resolving grievances within our organization.
- To business associates (further explained below) we have contracted with to perform the agreed upon service and billing for it.
- To communicate with you 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 health-related benefits or services; to contact you as part of fund-raising efforts.
- For population-based activities relating to improving health or reducing health care costs.

If another health care provider, company, or health plan that is required to comply with the HIPAA Privacy Rule has or once had a relationship with you, we may disclose PHI about you for certain health care operations of that health care provider or company. For example, such health care operations may include reviewing and evaluating the skills, qualifications, and performance of health care providers; providing training programs for students, trainees, health care providers, or non-health care professionals cooperating with outside organizations that evaluate, certify, or license health care providers or staff in a particular field or specialty; and assisting with legal compliance activities of that health care provider or company. We may also disclose PHI for the health care operations of an "organized health care arrangement" in which we participate. An example of an "organized health care arrangement" is the joint care provided by a hospital and the doctors who see patients at the hospital.

Business Associates: There are some services provided in our organization through contracts with business associates. Examples include physician services in the emergency department and radiology, certain laboratory tests, and external transcription services. 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.

Uses and Disclosure for Which You Have the Opportunity to Object

Fundraising: If we intend to contact you in order to raise funds (for ourselves), you have the right to opt-out of receiving such communications.

Directory: We may include certain limited information about you in the hospital directory while you are a patient at the hospital. The information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name. If you would like to opt out of being in the facility directory, please request the Opt-Out Form from the admission staff or UHD Privacy Officer.

Individuals Involved in Your Care or Payment for Your Care

We may disclose PHI about you to your family member, close friend, or any other person identified by you if that information is directly relevant to the person's involvement in your care or payment for your care. If you are present and able to consent or object (or if you are available in advance), then we may only use or disclose PHI if you do not object after you have been informed of your opportunity to object. If you are not present or you are unable to consent or object, we may exercise professional judgement in determining whether the use or disclosure of PHI is in your best interest. For example, if you are brought into the Emergency Room and are unable to communicate normally with the physician or nurse for some reason, we may find it is in your best interest to give your prescription and other medical supplies to the friend or relative who brought you in for treatment. We may also use and disclose PHI to notify such persons of your location, general condition, or death. We also may coordinate with disaster relief agencies to make this type of notification. We also may use professional judgement and our experience with common practice to make reasonable decisions about your best interest in allowing a person to act on your behalf to pick up filled prescriptions, medical supplies, X-rays, or other things that contain PHI about you.

Other Uses and Disclosures We Can Make Without Your Written Authorization or Opportunity to Agree or Object

We may use and disclose PHI about you in the following circumstances without your authorization or opportunity to agree or object, provided that we comply with certain conditions that may apply.

Research: We may use and disclose PHI about you for research purposes under certain limited circumstances. We must obtain a written authorization to use and disclose PHI about you for research purposes except in situations where a research project meets specific, detailed criteria established by the HIPAA privacy rule to ensure the privacy of PHI.

Future Communications: We may communicate to you via newsletters, mail outs or other means regarding treatment options, health related information, disease-management programs, wellness programs, or other community-based initiatives or activities in which our facility is participating.

As required by law: We may use and disclose PHI as required by federal, state, or local law. Any disclosure complies with the law and is limited to the requirements of the law.

- Correctional Institutions
- Military Command Authorities
- Veterans Administration
- National Security and Intelligence Agencies

- Protective Services for the President and Others

Public Health Activities: We may use or disclose PHI to public health authorities or other authorized persons to carry out certain activities related to public health, including the following activities:

- To prevent or control disease, injury, or disability;
- To report disease, injury, birth, or death;
- To report child abuse or neglect;
- To report reactions to medications or problems with products or devices regulated by the federal Food and Drug Administration or other activities related to quality, safety, or effectiveness of FDA-regulated products or activities;
- To locate and notify persons of recalls of products they may be using;
- To notify a person who may have been exposed to a communicable disease in order to control who may be at risk of contracting or spreading the disease; or
- To report to your employer, under limited circumstances, information related primarily to workplace injuries or illness, or workplace medical surveillance.

Abuse Neglect, or Domestic Violence: We may disclose PHI in certain cases to proper government authorities if we reasonably believe that a patient has been a victim of domestic violence, abuse, or neglect.

Health Oversight Activities: We may disclose PHI to a health oversight agency for oversight activities including, for example, audits, investigations, inspections, licensure and disciplinary activities and other activities conducted by health oversight agencies to monitor the health care system, government health care programs, and compliance with certain laws.

Lawsuits and Other Legal Proceedings: We may use or disclose PHI when required by a court or administrative tribunal order. We may also disclose PHI in response to subpoenas, discovery requests, or other required legal process when efforts have been made to advise you of the request or to obtain an order protecting the information requested.

Law Enforcement: Under certain conditions, we may disclose PHI to law enforcement officials for the following purposes where the disclosure is:

- About a suspected crime victim if, under certain limited circumstances, we are unable to obtain a person's agreement because of incapacity or emergency;
- To alert law enforcement of a death that we suspect was the result of criminal conduct;
- Required by law;
- In response to a court order, warrant, subpoena, summons, administrative agency request, or other authorized process;
- To identify or locate a suspect; fugitive, material witness, or missing person;
- About a crime or suspected crime committed at our office; or
- In response to a medical emergency not occurring at the hospital, if necessary, to report a crime; including the nature of the crime, the location of the crime or the victim, and the identity of the person who committed the crime.

Coroners, Medical Examiners, Funeral Directors: We may disclose PHI to a coroner or medical examiner to identify a deceased person and determine the cause of death. In addition, we may disclose PHI to funeral directors, as authorized by law, so that they may carry out their jobs.

Organ and Tissue Donation: If you are an organ donor, we may use or disclose PHI to organizations that help procure, locate, and transplant organs in order to facilitate an organ, eye or tissue donation and transplantation.

To Avert a Serious Threat to Health or Safety: We may use or disclose PHI about you in limited circumstances when necessary to prevent a threat to the health or safety of a person or to the public. This disclosure can only be made to a person who is able to help prevent the threat.

State-Specific Requirements: Many states have requirements for reporting including population-based activities relating to improving health or reducing health care costs.

Workers' Compensation: We may disclose PHI as authorized by workers' compensation laws or other similar programs that provide benefits for work-related injuries or illnesses.

Disclosures required by HIPAA Privacy Rule: We are required to disclose PHI to the Secretary of the United States Department of Health and Human Services when requested by the Secretary to review our compliance with the HIPAA Privacy Rule. We are also required in certain cases to disclose PHI to you upon your request to access PHI or for an accounting of certain disclosures of PHI about you.

Other Uses and Disclosures of PHI Require Your Authorization

All other uses and disclosures of PHI about you will only be made with your written authorization. This includes the use and disclosure of your PHI for marketing, for the sale of PHI and for the use and disclosure of psychotherapy notes. If you have authorized us to use or disclose PHI about you, you may revoke your authorization at any time, except to the extent we have taken action based on the authorization.

YOUR HEALTH INFORMATION RIGHTS

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

Inspect and Copy: You have the right to inspect and copy medical information that may be used to make decisions about your care. This includes your medical and billing records but does not include psychotherapy notes or information gathered or prepared for a civil, criminal, or administrative proceeding. We may deny your request to inspect and copy only in limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the hospital will review your request and the denial, if reviewable. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review. To inspect and copy PHI please contact our Health Information Office or our Privacy Officer.

Amend: If you feel that medical information we have about you 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 the hospital. Your request must be in writing and you must give us a reason for the request. We may deny your request in certain cases, including if it is not in writing or if you do not give us a reason for the request. To make this type of request, please contact our Health Information Office or our Privacy Officer.

An Accounting of Disclosures: You have the right to request an "accounting" of certain disclosures that we have made of PHI about you. This is a list of the disclosures made by us during a specified period of up to six years other than disclosures made:

- For treatment, payment, and health care operations (permitted disclosures as defined above),
- For use in or related to a facility directory,
- To family members or friends involved in your care,
- To you directly,
- Pursuant to an authorization of you or your personal representative, or for certain notification purposes (including national security, intelligence, correctional, and law enforcement purposes), and
- Disclosures made before April 14, 2003.

If you wish to make such a request, please contact our Privacy Officer. The first list you request in a 12-month period will be free of charge, but we may charge you for our reasonable costs of providing additional lists in the same 12-month period. We will tell you about these costs, and you may choose to cancel your request at any time before costs are incurred.

Request Restrictions: You have the right to request UHD to restrict disclosure of PHI to your health plan if you have paid for the healthcare item or service out-of-pocket. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. **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 you emergency treatment. To request restrictions, you must make your request in writing to our Privacy Officer. In your request, please include the following:

- The information that you want to restrict,
- How you want to restrict the information,
- To whom you want those restrictions to apply.

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. We will agree to the request to the extent that it is reasonable for us to do so. For example, you can ask that we use an alternative address for billing purposes, or you may ask us to contact you at home rather than at work. You must make your request in writing to our Health Information Office or our Privacy Officer.

A Paper Copy of This Notice: You have a right to receive a paper 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 of this notice.

Changes to This Notice

We reserve the right to change this notice and the revised or changed notice will be effective for information we already have about you as well as any information we receive in the future. The current notice will be posted in the hospital and include the effective date. In addition, each time you register at or are admitted to the hospital for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services (DHHS). To file a complaint with our office, please contact the Privacy Officer at the address and number noted below. The DHHS office is also noted below. All complaints must be submitted in writing. **We will not retaliate or take action against you or otherwise penalize you for filing a complaint.**

United Hospital District

HIPAA Privacy Officer

515 South Moore Street
Blue Earth, Minnesota 56013
507-526-3273

Office for Civil Rights

U S. Department of Health and Human Services
200 Independence Avenue S.W.
Room SOYF, HHH Building
Washington, D.C. 20201
OCR Hotline-Voice: 1-800-368-1019