



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.*

Understanding Your Health Record/Information

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, and a plan for future care or treatment. This information, often referred to as your "health record" or "medical record," may serve 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 actually were provided
- Tool in educating health professionals
- Source of data for medical research
- Source of information for public health officials charged with improving the health of the nation
- Source of data for facility planning and marketing
- 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 disclosure 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. When it comes to your health information, you have certain rights. You have the right to:

- Inspect and copy your health record as provided for in 45 CFR 164.524. You may request to view or copy an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information within a reasonable time.
 - If you ask to see or receive a copy of your record for purposes of reviewing current medical care, we may not charge you a fee. [Minn.Stat. 144.292 subd. 6]
 - If you request copies of patient records of past medical care, or for certain appeals, we may charge you specified fees. [Minn. Stat. 144.292 subd.6]

- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522. We require such requests in writing. Although we will consider your request, please be aware that it is non-mandatory, unless it is a request to prohibit disclosure to your health plan for the purpose of carrying out payment or health care operations and is not otherwise required by law and the information pertains solely to a health care item or service for which you, or a person other than the health plan on behalf of you, has paid us in full.
 - Tell us what you want us to do, and we will follow your written instructions.
 - You have the right and choice to tell us NOT to:
 - Share information with your family, close friends, or others involved in your care
 - Share information in a disaster relief situation
 - Include your information in a directory
 - *If you are unable to tell us your preference, we may share your information if we believe it is in your best interest. We may also share information when needed to lessen a serious or imminent threat to health or safety.*

- Obtain a paper copy of this privacy notice even if you have agreed to receive an electronic copy of this notice. You may obtain a copy of this notice from our Privacy Officer.

- Amend your health record as provided in 45 CFR 164.526. You can ask to correct health information that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days.

- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528. You can ask for this accounting of the times we have shared your health information for six years prior to the date you ask, who we shared it with and why. This accounting does not include disclosures for treatment, payment and health care operations or certain other disclosures (such as any you asked us to make.)We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

- Ask us to contact you confidentially or by alternative means. You can ask us to contact you in a specific way or send mail to a different address or location. We will say yes to all reasonable requests.
- Revoke your written authorization for us to use or disclose your health information except to the extent that action has already been taken, or if the authorization was obtained as a condition of obtaining insurance coverage.

Our Responsibilities

This organization is required to:

- Follow the duties and privacy practices described in this notice
- Maintain the privacy and security of your protected health information
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- 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
- Notify you in writing of breach or potential breach of your unsecured protected health information.
- To use the minimum necessary of protected health information to achieve particular use or disclosure on an individual basis.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. The new notice will be available upon request, in our admissions office and on our website.

We will not use or disclose your health information without your authorization, except as described in this notice.

Disclosures for Treatment, Payment, and Health Care Operations:

We typically use or share your information in the following ways. We need your consent before we disclose protected health information for treatment, payment and operations purposes, unless the disclosure is to a related entity, or the disclosure is for a medical emergency and we are unable to obtain your consent due to your condition or the nature of the medical emergency.

[Minn.Stat. 144.293, subd. 2 and 5]

We will use your health information for treatment. For example: 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. We may share health information with a provider in our network. 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.

We will 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 are discharged from this facility.

We will use your health information for payment. We can use your health information to bill and get payment for health plans or other entities. For example: 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.

We will use your health information for health operations. For example: 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 continue improving the quality and effectiveness of the healthcare and service we provide. *Minnesota Law requires consent for most other sharing purposes.* In these cases we never share your information unless you give us written permission: marketing purposes, sale of your information and most sharing of psychotherapy notes.

How else can we use or share your health information?

Other Uses and Disclosures

We are allowed or required to share your information in other ways-usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

Business associates: Some services in our organization are provided through contacts with business associates. Examples include physician services in the emergency department and radiology, certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we have asked them to do and bill you or your third-party payer for services rendered. So that your health information is protected, however, business associates are required by law to safeguard your information appropriately and comply with HIPPA privacy laws. We enter into a signed agreement with the business associate so that the business associate extends the same degree of privacy protection to your information as we do.

Directory: Unless you notify us that you object, we will use your name, location in the facility, and religious affiliation for directory purposes. We will only provide your religious affiliation to members of the clergy. Information concerning your general condition may be provided to other people who ask for you by name.

Notification: Unless you notify us that you object, we may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, location, and general condition.

Communication with family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care. If appropriate, these communications may also be made after your death, unless you instructed us not to make such communications.

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 if you do not object. [*Minn. Stat. 144.295, subd. 1*]

Funeral director/Medical Examiner: We may disclose to funeral directors health information consistent with applicable law so they can carry out their duties. We can share information with a coroner and medical examiner in the event of a death. [*Minn. Stat. 390.11, subd. 7*]

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

Appointment Reminders: 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. You will be provided an opportunity to opt out of these communications.

Fund-raising: We may contact you as part of a fund-raising effort. You will be provided an opportunity to opt out of these communications. If you do not wish to be contacted for fundraising purposes, please contact our privacy officer in writing.

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 replacement without your consent.

Workers' compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law without your consent.

Public health: As required by law, we may disclose your health information without your consent to public health or legal authorities charged with preventing or controlling disease, injury, or disability to prevent or reduce a serious threat to anyone's health or safety. We may share health information for reporting suspected abuse, neglect, or domestic violence.

Correctional institution: Should you be an inmate of a correctional institution, 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 state and federal law or for special governmental functions such as military, national security, and presidential protective services or in response to a valid subpoena.

We may disclose information to governmental agencies such as the Department of Health and Human Services for regulatory and compliance activities. Governmental functions may include ensuring we are adhering to the privacy practices outlined in the notice.

For More Information or to Report a Problem

If you have questions and would like additional information or to file a complaint if you feel your rights have been violated, you may contact the Director of Health Information Management and Privacy Officer by calling (651) 554-9512, email corpcompliance@southviewacres.com or you may send a letter to 2000 Oakdale Avenue, West St. Paul MN, 55118. We will not retaliate against you.

You can also file a complaint with the U.S. Department of Health and Human Services Office of Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hippa/complaints/.