

WE CARE ABOUT YOUR PRIVACY...

At Northfield Hospital, as we care for your health we learn a lot about you. Some of what we learn becomes part of your medical record and billing records. We work hard to protect the privacy of your health information and we have rules for our employees to follow on how to manage this information.

How We Use Your Information...

We use your health information to treat you, to facilitate payment for services, to inform you of helpful services, and to run our business. This can include sharing information with people involved in your care. It may include sharing limited information for development and to conduct research to better serve you. We may also give information to law enforcement and certain government offices, if there is a threat to public health or safety.

Your Rights...

We fully support your right to manage your health information. The “Notice of Privacy Practices” details these rights. These rights are summarized below.

- 1. In general, you can see your health information upon request.**
- 2. You can request restrictions on who sees your health information.**
- 3. You can request corrections to your health information.**
- 4. You can request a list of certain disclosures we have made of your health information.**
- 5. We must get your written permission to share health information for any purpose other than those described above. If you give us permission, you may take it back at any time.**
- 6. You can ask questions about our privacy practices and you can disagree with any decision we make about your rights. You may do so by contacting us directly or contacting the U.S. government.**

You may call us at any time with general questions about your privacy rights. When making specific requests, please write to us at the address listed below. Fulfilling some requests may incur a charge. We will let you know which of these requests will be charged and the approximate amount of such charges before we respond to your request.

We are glad to have you as a patient, and we will work hard to protect your health information.

NOTICE OF PRIVACY PRACTICES

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Our Health Information Duties...

- We have a legal duty to protect the privacy of your health information and to give you this Notice.
- We have a legal duty to abide by the Notice of Privacy Practices that is current.
- We may change the terms of this Notice and make new terms effective for all health information we have. This includes health information we created or received before we made the changes.
- We will make any revised Notice available in hard copy, and by displaying it in our facilities and on our Web site. Also, you can request the revised Notice in-person or by mail.

“Health information” means information about your past or present health status, condition, diagnosis, treatment, prognosis, or payment for health care. (There are some exceptions.)

Who will Follow this Notice?...

This notice describes our facility's practices and that of:

- Any health care worker authorized to enter information into your medical and billing records.
- All departments and units of the facility.
- All residents, medical students, and other trainees.
- All volunteers we let help you while you are in the facility
- All employees, staff and other facility workers

Your Health Information Rights...

Restrictions on Use or Disclosure — This Notice describes some restrictions on how we can use and give out your health information. You may ask us for extra limits on how we use or to whom we give the information. You need to make your request in writing. We are not required to agree to your request. If we do agree, we will follow our agreement, except:

- in an emergency where the information is needed for your treatment
- if you give us written permission to use or give out your information
- if you or we end the restriction, or
- as otherwise required by law.

Alternative Communication — Normally, we will communicate with you at the address and phone you give us. You may ask us to communicate with you by other ways or at another location. Your request needs to explain how you want the information communicated and where. We will agree to your request if it is reasonable. If you restrict us from providing information to your insurer, you also need to explain how you will pay for your treatments.

Patient Access — You may look at or get copies of your health information. (There are some exceptions.) You need to make your request in writing. If you ask for copies in a format other than paper copies, we will give you that other format if practical.

If you ask for copies of X-rays or other images, you will be responsible for the cost of making these copies and for the cost of postage, if the copies are to be mailed. If you ask for copies in another format that we are able to provide, you will be charged a reasonable fee for this service, based on our costs.

If your request is denied, we will send the denial in writing. This will include the reason and describe any right you may have to a review of the denial.

Amendment — You may ask us to change certain health information. You need to make your request in writing. You must explain why the information should be changed. If we accept your change, we will try to inform others (including people you list in writing) of the change. We will include the changes in future releases of your health information. If your request is denied, we will send the denial in writing. This denial will include the reason and describe any steps you may take in response.

Disclosure List — You may receive a free list of disclosures - with some exceptions - made by us or our business associates of your health information. The list does not include:

- disclosures made for treatment, payment or health care operations
- disclosures made before April 14, 2003
- certain other disclosures.

You need to make your request in writing. If you ask for a list more than once in a 12-month period, we may charge you a fee for each extra list. You may withdraw or change your request to reduce or eliminate the charge.

Paper Copy of Notice — You may receive a paper copy of our current Notice of Privacy Practices.

How to Use These Rights — Please contact us at the H.I.S. Office listed on the last page to use any of these rights or receive more information about any related fees.

Uses and Disclosures of Health Information

To provide your care, we have certain reasons we use and disclose health information. **We make all uses and disclosures according to our privacy policies and the law.** We may use and give your health information as follows:

Treatment, Payment, and Health Care Operations — We may use and give your health information for:

- treatment (includes working with another provider)
- payment (such as billing for services provided)
- our health care operations. These are non-treatment and non-payment activities that let us run our business or provide services. These include quality assessment and improvement, reviewing the competence or qualifications of health professionals, and conducting training programs.

Medical Emergency — We may use or give your health information to help you in a medical emergency.

Appointment Reminders; Treatment Alternatives — We may send you appointment reminders, or tell you about treatments and health-related benefits or services that you may find helpful.

Patient Information Directory — We may give the following information to people who ask about you by name:

- your name
- your location in the facility
- your general condition
- your religious affiliation (given only to clergy).

You may choose not to have us give out some or all of this information. (There are some exceptions, such as medical emergencies, if you cannot talk to us until the emergency is over.) For example, if you do not want us to tell people you are in the facility or give out your general condition or location, we will agree to your instructions.

People Involved in Your Care — We may give limited health information to people involved in your care or to help plan your care (such as a family member or emergency contact). If you do not want this information given out, it will not be given. If appropriate, we may allow another person to pick up your prescriptions or medical supplies.

Research — We may use or share your health information for research purposes as allowed by law or if you have given permission.

Death; Organ Donation — We may give certain health information about a deceased person to the next of kin. We may also give this information to a funeral director, coroner, medical examiner, law enforcement official, or organ donation groups.

Health Care Workplace Medical Surveillance / Injury / Illness — If your employer is a health care provider, we may share health information required by state or federal law:

- about work-related illness or injury, or
- for workplace medical surveillance activities.

Law Enforcement — We may give certain health information to law enforcement. This could be :

- about a missing child, or
- when there may have been crime at the facility, or
- when there is a serious threat to the health or safety of another person or people.

Correctional Facility — We may give the health information of an inmate or other person in custody to law enforcement or a correctional institution.

Abuse, Neglect, or Threat — We may give health information to the proper authorities about possible abuse or neglect of a child or a vulnerable adult. If there is a serious threat to a person's health or safety, we may give information to the person or to law enforcement.

Food and Drug Administration (F.D.A.) Regulation. We may give health information to people regulated by the F.D.A. to measure the quality, safety and effectiveness of their products.

Military Authorities/National Security. We may give health information to authorized people from the U.S. military, foreign military, and U.S. national security or protective services.

Public Health Risks. We may give health information about you for public health purposes. These purposes include the following:

- reporting and controlling disease (such as cancer or tuberculosis), injury or disability
- reporting vital events such as births and deaths
- reporting adverse events or surveillance related to food, medications, or problems with health products
- notifying persons of recalls, repairs or replacements of products they may be using
- notifying a person who may have been exposed to a disease or be at risk for catching or spreading a disease or condition.

Health Oversight Activities. We may give health information to government, licensing, auditing and accrediting agencies for actions allowed or required by law.

Required by Other Laws. We may use or give health information as required by other laws. For example:

- We may give health information to the U.S. Department of Health and Human Services during an investigation.
- We may give health information under workers' compensation or similar laws.
- We may give health information:
 - ✓ To social services and other agencies or people allowed to receive information about certain injuries or health conditions for social service, health or law enforcement reasons
 - ✓ About an unemancipated minor or a person who has a legal guardian or conservator about a pending abortion.
 - ✓ About an emancipated minor or a minor receiving confidential services to prevent a serious threat to the health of the minor.

Legal Process. We may give health information in response to a state or federal court order, legal orders, subpoenas, or other legal documents.

Health Records under State Law. Release of health records (such as medical charts or X-rays) by licensed Minnesota providers usually requires the signed permission of a patient or the patient's legal representative. Exceptions include you having a medical emergency, you seeing a related provider for current treatment, and other releases required or allowed by law.

With Your Authorization...

With your authorization, we may use or give health information only with your written permission. (Exceptions are listed above.) If you give written permission, you may take it back at any time by notifying us in writing. This form is available from the Health Information Services (H.I.S.) Office. Your permission will end when we receive the signed form, or when we have acted on your request.

Questions and Complaints...

If you have questions about our privacy practices, please contact us at the H.I.S. Office. If you think your privacy rights have been violated, or if you disagree with a decision about any of your rights, you may file a complaint with us at the office listed below.

You also may send a written complaint to the U.S. Department of Health and Human Services. We will give you the address to file a complaint if you ask for it. We **will not** punish you or retaliate if you choose to file a complaint.

Organizations Covered by this Notice...

This Notice takes effect April 14, 2003. It will remain in effect until we replace it.