



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.

HOW WE USE AND DISCLOSE YOUR HEALTH INFORMATION

We use or share your health information in the following ways: (In Minnesota we will obtain your consent)

Treatment

- We may use your health information to provide care and share it with other professionals who are treating you.
- Example: A doctor treating you may share your health information when consulting with a specialist.

Payment

- We may use and share your health information to bill and obtain payment for the healthcare services you receive.
- Example: We give information about you to your health insurance plan so it will pay for your services.

Healthcare Operations

- We may use and share your health information to run our practice, improve your care, and contact you when necessary.
- Example: We may use your health information to review your treatment and services to evaluate our quality of care, provide medical students and hospital staff education, etc.

We may share your health information in the following situations unless you tell us otherwise.

Friends and Family

- We may disclose to your family and close personal friends any health information directly related to that person's involvement in your care.

Directories

- We may maintain a patient directory that includes your name and location within the facility, religious designation, and general information about your condition (fair, serious, etc.)

Disaster Relief

- We may disclose your health information to disaster relief organizations in an emergency so your family can be notified about your condition and location.

If you are not able to tell us your preference, we may go ahead and share your information if we believe it is in your best interest or needed to lessen a serious and imminent threat to health or safety.

We may share your health information for other reasons with your consent:

Public health and safety

- We can share your health information in certain situations to help prevent disease, assist with product recalls, report adverse reactions to medications, or to prevent a serious threat to anyone’s health or safety.

Research

- We can use or share your information for health research.

Required by law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

Organ and tissue donation

- We can share health information about you with organ procurement organizations.

Medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Workers’ compensation

- We can share information to employers for worker’s compensation claims.

Law enforcement

- We may share information for law enforcement purposes, such as when a crime is committed at our facility or to help locate a suspect, fugitive witness, or missing person.

Correctional institutions

- We can share information with correctional institutions about their inmates.

Health Oversight Agencies

- We may share information with health oversight agencies when authorized by law, and other special government functions such as military, national security, and presidential protective services.

Lawsuits and legal actions

- We may share information about you in response to a court or administrative order, or in response to a subpoena.

In all cases, including those listed above, if we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena.

We may contact you in the following situations:

Appointment reminders: To remind you of appointments with us.

Treatment options: To provide information about treatment alternatives or other health-related services that may be of interest to you

Fundraising: We may contact you about fundraising activities, but you can tell us not to contact you again.

YOUR RIGHTS THAT APPLY TO YOUR HEALTH INFORMATION

When it comes to your health information, you have certain rights.

Get a copy of your medical records

- You can ask to see or get 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, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information that you think is incorrect or incomplete. We may deny your request, but we'll tell you why in writing.
- These requests should be submitted in writing to the contact listed below.

Request confidential communications

- You can ask us to contact you in a specific way (for example, cell or office phone) or to send mail to a different address.
- Reasonable requests will be approved.

Ask us to limit what we use or share

- You can ask us to restrict how we share your health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it could affect your care. If we agree to your request, we may still share this information in the event that you need emergency treatment.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information with your health insurer for the purpose of payment or our operations. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this Notice at any time, even if you have agreed to receive it electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the following contact information:
Privacy Officer
Glacial Ridge Health System
10 Fourth Avenue SE
Glenwood, MN 56334
1-320-634-4521
Amy.lankow@glacialridge.org
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights using the following contact information:
Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
1-877-696-6775
<https://www.hhs.gov/hipaa/filing-a-complaint/index.html>
- We will not retaliate against you for filing a complaint.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- If we have your substance use disorder patient records, subject to 42 CFR part 2, we will give you clear and obvious notice in advance and a choice about whether to receive fundraising communications that use your Part 2 information.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this Notice and offer to give you a copy.
- We will not use or share your information other than as described in this notice unless you tell us we can in writing. You may change your mind at any time by letting us know in writing.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request, in our office, and on our website.

<http://www.glacialridge.org/>

Effective Date

This Notice of Privacy Practices is effective September 23, 2013.

This Notice of Privacy Practices applies to the following organizations.

This Notice of Privacy Practices applies to all Glacial Ridge Health System facilities and services. All entities, sites and locations follow the terms of this Notice. These entities, sites and locations may share medical information with each other for treatment, payment or operations described in this Notice.

Providers that participate in an organized health care arrangement will use and share your personal information as necessary to carry out treatment, payment or for health care operations.