

## **NOTICE OF PRIVACY PRACTICES**

**PURPOSE:** Pursuant to the Healthcare Insurance Portability & Accountability Act (HIPAA), St. Alexius Medical Center has developed a "Notice of Privacy Practices." This Notice will provide our patients with a description and explanation of how the Medical Center uses and discloses the patient's Protected Health Information (PHI).

**POLICY:** Each patient shall have access and be entitled to a copy of our Notice of Privacy Practices.

**PROCEDURE:**

1. The Notice of Privacy Practices shall comply with the federal privacy regulations (HIPAA).
2. Effective April 14, 2003 each patient shall be notified of our Notice, prior to treatment or service.
3. Copies of the Notice shall be available to patients at all registration sites, as well as posted on the Medical Center's web site. Patients may download and/or print the Notice from the Medical Center's web site.
4. If changes are made to the Notice, the effective date shall be amended on the Notice.
5. All versions of the Notice shall be maintained by the Privacy Officer for a minimum of seven years.
6. A signed Acknowledgment shall be evidence that the patient has been notified and offered a copy of the Notice.
7. Except in emergency situations or patient incapacity, St. Alexius Medical Center shall make a good faith effort to obtain a written Acknowledgment from the patient or the patient's legal representative. If not obtained, staff shall document the attempts made and reason why Acknowledgment was not obtained.
8. In emergency situations, when obtaining a signed Acknowledgment would interfere with patient care, staff shall attempt to obtain the Acknowledgment as soon as possible.
9. The Acknowledgment shall be filed and maintained as part of the permanent medical record.

**REFERENCES:**

- A. Federal Register, Vol. 65, No. 250, December 28, 2000, Standards for Privacy of Individually Identifiable Health Information; Final Rule.
- B. Federal Register, Vol. 67, No. 157, August 14, 2002, Standards for Privacy of Individually Identifiable Health Information; Final Rule.

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## ST. ALEXIUS MEDICAL CENTER NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**OUR PLEDGE TO YOU:** We understand that medical information about you and your health is personal and we are committed to protecting privacy while providing quality care. This Notice of Privacy Practices applies to all records generated by St. Alexius Medical Center, including departments, medical staff, clinics, employees, volunteers, and affiliated programs and services.

We are legally required to protect the privacy of your health information. We call this information “protected health information,” or (PHI) and it includes information that can be used to identify you that we have created or received about your past, present, or future health or condition, the provision of health care to you, or the payment for health care services. We must provide you with this notice about our privacy practices that explains how, when, and why we use and disclose your PHI. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure.

We reserve the right to change the terms of this notice and our privacy policies. Any changes will apply to the PHI which is currently in our possession as well as any information we receive in the future. Before we make an important change to our policies, we will promptly change this notice and post a new notice in our main reception areas. The Notice of Privacy Practices will contain the current “Effective Date”. You can also request a copy of this notice from our Privacy Officer, (701)530-8605, or you may obtain a copy of the notice from our Web site at [www.st.alexius.org](http://www.st.alexius.org).

### **HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION.**

We use and disclose PHI for many different reasons. For some of these uses or disclosures, we need your written authorization. Below, we describe the different categories of our uses and disclosures and give you some examples of each category.

#### **Uses and Disclosures Which Do Not Require Your Authorization**

We may use and disclose your PHI without your authorization for the following reasons:

**For Treatment.** We may disclose your PHI to physicians, nurses, medical students, and other health care personnel who provide you with health care services or are involved in your care. For example, if you are being treated for a knee injury, we may disclose your PHI to the physical rehabilitation department in order to coordinate your care.

**For Payment.** We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you. For example, we may provide portions of your PHI to our billing department and your health plan to get paid for the health care services we provided to you.

**For Health Care Operations.** We may disclose your PHI in order to operate this Medical Center. For example, we may use your PHI in order to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided health care services to you. We may also provide your PHI to our accountants, attorneys, consultants, and others in order to make sure we are complying with the laws that affect us.

**As Required by Law.** When a disclosure is required by federal, state or local law, judicial or administrative proceedings, or law enforcement. For example, we make disclosures when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence; when dealing with gunshot or other wounds; or when ordered in a judicial or administrative proceeding.

**For Public Health Activities.** For example, we report information about births, deaths, and various diseases, to government officials in charge of collecting that information. We may provide coroners, medical examiners, and funeral directors necessary information relating to an individual's death.

**For Health Oversight Activities.** For example, we will provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.

**For Purposes of Organ Donation.** We may notify organ procurement organizations to assist them in organ, eye, or tissue donation or transplants.

**For Research Purposes.** In certain circumstances, we may obtain, create, and/or disclose PHI in order to conduct medical research.

**To Avoid Harm.** In order to avoid a serious threat to the health or safety of a person or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.

**For Specific Government Functions.** We may disclose PHI of military personnel and veterans in certain situations. And we may disclose PHI for national security purposes, such as protecting the president of the United States or conducting intelligence operations.

**For Workers' Compensation Purposes.** We may provide PHI to workers' compensation or similar agencies to determine if you are eligible for a work related injury or illness benefit.

**Appointment Reminders and Health-Related Benefits or Services.** We may use PHI to provide appointment reminders or give you information about treatment alternatives, or other health care services or benefits we offer.

**Fund-Raising Activities.** We may use PHI to raise funds for our organization. The money raised through these activities is used to expand and support the health care services and educational programs we provide to the community. If you do not wish to be contacted as part of our fund-raising efforts, please contact our Foundation Office at 530-7065.

### **Two Uses and Disclosures Require You to Have the Opportunity to Object**

**Patient Directories.** If you are admitted to the Medical Center, we may include your name, location in the Medical Center, general condition, and religious affiliation, in our patient directory for use by clergy and visitors who ask for you by name, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

**Disclosures to Family, Friends, or Others.** We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment of your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

### **Other Uses of Health Information**

In any other situation, not described in this notice, we will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke that authorization in writing to stop any future uses and disclosures (to the extent that we have not taken any action relying on the authorization).

## **WHAT RIGHTS YOU HAVE REGARDING YOUR PHI**

You have the following rights with respect to your PHI:

**The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask that we limit how we use and disclose your PHI. We will consider your request but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.

**The Right to Choose How We Send PHI to You.** You have the right to ask that we send information to alternate address (for example, sending information to your work address rather than your home address) or by alternate means (for example, e-mail instead of regular mail). We must agree to your request as long as we can reasonably provide it in the format you requested.

**The Right to Inspect and Copy Your PHI.** In most cases, you have the right to look at or get copies of your PHI that we have, but you must make the request in writing. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies and services associated with your request. In certain situations, we may deny your request. If we do, we will tell you, in writing, what our reasons are for the denial and explain your right to have the denial reviewed.

**The Right to Get a List of the Disclosures We Have Made.** You have the right to get a list of instances in which we have disclosed your PHI. The list will not include uses or disclosures for:

- treatment, payment or healthcare operations;
- information which you have authorized us to disclose;
- national security;
- law enforcement as required by state or federal law;
- information released prior to April 1, 2003.

We will provide the list to you at no charge, but if you make more than one request in the same year, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time, before any costs are incurred. To request this list, or accounting, you must submit your request on our designated form.

**The Right to Correct or Update Your PHI.** If you believe that medical information we have about you is incorrect or incomplete, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. We will respond within 60 days of receiving your request. We may deny your request in writing if the PHI is (1) correct and complete, (2) not created by us, (3) not allowed to be disclosed, or (4) not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. Your rights allow you to have your request and our denial attached to all future disclosures of your PHI. If we approve your request, we will make the change to your PHI, tell you that we have done it, and tell others that need to know about the change to your PHI.

**The Right to a Copy of this Notice.** You have the right to a paper copy of this notice, at any time, even if you have agreed to receive the notice electronically.

## **FOR MORE INFORMATION OR TO REPORT A PROBLEM**

If you have questions and/or would like additional information regarding any rights included in this Notice of Privacy Practices or wish to make a complaint about our privacy practices, you may contact the Medical Center's Privacy Officer at (701) 530-8605 or by writing to St. Alexius Medical Center, Privacy Officer, 900 East Broadway, Bismarck, ND 58501.

You may also contact the Office for Civil Rights, U. S. Department of Health and Human Services, 1961 Stout Street—Room 1185 FOB, Denver, CO 80294-3538. Telephone 303-844-2024. FAX 303-844-2025. TDD 303-844-3439. We will not retaliate against you for filing a complaint.

**EFFECTIVE DATE OF THIS NOTICE. April 14, 2003**