

ELY BLOOMENSON COMMUNITY HOSPITAL & NURSING HOME

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 are admitted to our hospital or nursing home, a record of your visit is made. Typically this record contains your symptoms, examination, test results, diagnoses, treatment and a plan for future care of treatment. This is often referred to as your medical record and serves as a:

- Basis for planning your care and treatment;
- Means of communication among health professionals who take care of you;
- Legal document that describes the care you receive;
- Verification that services we bill for are actually provided;
- Tool to educate health professionals;
- Source of data for medical research;
- Source of information for public health officials who work to improve the health of the nation;
- A source of data for facility planning and marketing, and;
- A tool we use to work to improve the care we provide and outcomes we achieve.

By your knowing what is in your medical record and how information is used helps you to:

- Ensure its accuracy;
- Better understand who, what, when, where and why others have access to your health records, and;
- Make more informed decision about authorizing others to receive your information.

What Right You have Regarding Your Health Information

Your medical record is the property of Ely Bloomenson Community Hospital & Nursing Home but the information belongs to you. You have the right to:

- Request restrictions on how we use and disclose your information, though we are not required to agree to the requested restriction;
- Obtain a paper copy of e-mail of this notice;
- Request to see and get copies of your information;

- Request a change or addition to your information;
- Ask for a list of disclosures we made for up to six years beginning April 14, 2003 (see exceptions below);
- Request to receive your information at alternate locations by alternate means, and;
- Revoke your authorization to use or disclose information.

We may ask you to make requests in writing. If you request copies of information, we may charge a reasonable fee to cover the cost of generating copies. If you request an amendment to your information, or request restrictions on how we use or disclose your information, we are not required to grant all requests.

Exceptions to accounting of disclosures:

We are not required to give you a list of disclosures made:

- To carry out treatment, payment, and health care operations;
- To you as the subject of the information;
- To our facility director;
- When you specifically authorize release of information, and;
- To doctors and other health care professionals involved in your care.

Our Responsibilities

Ely Bloomenson Community Hospital & Nursing Home is required to:

- Maintain privacy of your health information;
- Provide you with this notice of our legal duties and privacy practices;
- Abide by the terms of this notice;
- Notify you if are unable to agree to requested restriction;
- Accommodate reasonable requests that you make for communicating your information by alternate means or alternate locations, and;
- Provide a timely response to your written request to access or copy records within 4 days and to amend your records within 30 days.

We have the right to change our privacy practices or make new provisions for information we maintain. These changes will apply to the health information we already have. Before we make any important change to our policies, we will promptly change this notice and post a new notice in our admissions areas. You can also request a copy from the Compliance Office by calling 218-365-8765 or view changes on our website (www.ebch.org).

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

How You Can Obtain More Information or Report a Problem

If you have questions and would like more information, contact the Compliance Officer by calling 218-365-8765.

If you think that we have violated your privacy rights or if you disagree with a decision we made about access to your health information, you have several options.

- File a complaint with the Compliance Officer at 218-365-8765
- Send a written complaint to the Secretary of Health and Human Services:
Region V, Office for Civil Rights
U.S. Department of Health & Human Services
233 N Michigan Ave, Suite 240
Chicago, IL 60601
Phone: 312-886-2359
FAX: 312-886-1807
E-mail: OCRCComplaint@hhs.gov
- File a complaint with the Minnesota Department of Health
Office of Health Facility Complaints
85 East 7th Place, Suite 300
PO Box 64970
St. Paul, MN 55164
Phone: 1-800-369-7994
FAX: 651-215-8702

There will be no retaliation for filing a complaint.

Examples of Uses and Disclosures That Do Not Require Your Authorization

- **For treatment**

For example: Information obtained by a nurse, doctor, or other health professional will be recorded in your record and used to determine the course of treatment that would work best for you. Your doctor will document his or her expectations of the other members of the health care team. Health professionals will then record actions they take and their observations. That way, your doctor will know how you are responding to treatment.

We will also provide your doctor or a subsequent health care provider with copies of reports that will assist in continuing to treatment you once you are discharged.

- **For payment**

For example: A bill may be sent to you, to your health plan or to a company that processes claims on behalf of your health plan. The information on the bill and/or information accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.

- **For health care operations**

We may disclose your health information in order to operate this hospital. For example, we may use your information in order to evaluate the quality of health care services that you receive or to evaluate the performance of the health care professionals who provide health care services to you. We may also provide your health information to our accountants, attorneys, consultants and other in order to make sure we're complying with the laws that affect us.

There are other circumstances in which we may use and disclose your health information without your authorization:

Business Associates: some services that we provide for our patients are through contracts that we call "business associates." Examples include,

but are not limited to, emergency room physicians, radiologists, and pathologists. When we contract for these services, we may disclose your health information to our business associates so that they can perform the job that we've asked them to do. They then bill you and your health plan for the services they provide. To protect your health information, we require that they appropriately safeguard your health information.

Directory: Unless you tell us that you object, we may disclose your name, room number, general condition and religious affiliation for directory purposes. Directory information may be provided to members of the clergy and, and with the exception of religious affiliation, to other people who ask for you my name.

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

Communication with family: using their best judgment, health care professionals may disclose your health information to a family member, other relative, close personal friend or any other person you identify who is involved in your care or payment related to your care.

Funeral Directors: We may disclose health information to funeral directors so that they can carry out their duties as consistent with applicable law.

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

Marketing: 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.

Development: We may contact you as part of community-wide efforts to raise funds for various projects at the hospital and nursing home.

Food and Drug Administration (FDA): We may disclose to the FDA health information related to adverse events with respect to food, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs or replacement.

Workers' compensation: We may disclose health information to the extent authorized and necessary by workers' compensation laws.

Public health: As required by law, we may disclose your health information to public health or legal authorities charge with preventing or controlling disease, injury or disability. In Minnesota, this includes the Minnesota Department of Health Cancer Surveillance Registry and the Injury and Violence Protection Unit.

Correctional institution: Should you be an inmate of a correctional institution, we may disclose to the institution or its agents, health information necessary for your health and the health and safety of others.

Law enforcement: We may disclose health information for law enforcement purposes as required by law in response to a valid subpoena.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney if a work force member or business associated believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

Effective date of this notice: April 14, 2003
Reviewed annually April 2, 2007