



# 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, YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION, HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION. YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH US. PLEASE FIND THE CONTACT INFORMATION ON THE LAST PAGE OF THIS NOTICE. PLEASE REVIEW IT CAREFULLY.**

## OUR PLEDGE REGARDING HEALTH INFORMATION

"Health information" means any information, whether oral, electronic or paper, which is created or received by EBCH and is related to your health care or payment for the provision of medical services. We understand that health information about you and your health care is personal. We are committed to protecting the privacy of your health information by complying with all applicable federal and state privacy laws. We are required by law to maintain the privacy of your protected health information, provide you with this Notice of Privacy Practices ("Notice") describing our legal obligations and privacy practices and notify you if there is a breach of your unsecured protected health information. If you would like to receive this Notice in a different language or in a different format, please use the Contact Information at the end of this Notice to contact us for assistance.

## HEALTH INFORMATION COVERED BY THIS NOTICE

Protected health information ("PHI") is individually identifiable information that we create or receive and relates to your past, present or future physical or mental health or condition; the provision of health care to you; or the past,

present or future payment for health care furnished to you.

*A patient may provide a single consent for all future uses or disclosures for purposes of treatment, payment, and health care operations. EBCH will make uses and disclosures not described herein only with the patient's written consent, which the patient may revoke in accordance with 42 C.F.R. §§ 2.31 and 2.35. Specifically, the patient may revoke their consent in writing except to the extent the lawful holder has acted in reliance on it for a general, single consent. If participation in a SUD program is a condition of a criminal proceeding, the revocation must occur upon a specified, ascertainable event no later than the final disposition or other action in connection with which consent was given.*

*Records or testimony relating the content of such records shall not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against the patient unless based on specific written consent or a court order. Records shall only be used or disclosed based on a court order after notice and an opportunity to be heard is provided to the patient or the holder of the record where required by 42 U.S.C. § 290dd-2 and this part. A court order authorizing use or disclosure must be accompanied by a subpoena or other similar legal*

*mandate compelling disclosure before the record is used or disclosed.*

## HOW WE MAY USE AND DISCLOSE PHI

We may use and disclose your PHI:

*Do not require prior written consent:*

- For Research Purposes such as research related to the evaluation of certain treatments or to learn new or better ways to diagnose and treat illnesses. Any research must meet all privacy law requirements applicable to research.
- For Health Oversight Activities to a health oversight agency for activities authorized by law, such as licensure, governmental audits, and fraud and abuse investigations.
- For Public Health Activities such as reporting or preventing disease outbreaks.
- For Judicial or Administrative Proceedings such as responding to a court order, subpoena, discovery request or other lawful process.
- To Avoid Serious Threat to Health and Safety to you, another person or the public. For example, we may disclose information to public health agencies or law enforcement authorities in the event of an emergency or natural disaster.
- For Reporting Victims of Abuse, Neglect or Domestic Violence to government authorities that are authorized by law to receive such information, including social service or protective service agency. Restrictions on use and disclosure of SUD PHI do not apply to reporting child abuse or neglect under state and local law, but the restrictions remain in place regarding the records' use in any judicial proceedings arising from those reports.

*Require prior written consent:*

- For Treatment or the coordination of your care. To treat you properly we may need to share your health information with doctors, nurses and other staff taking care of you.
- For Payment of services provided to you. For example, we may provide your health plan with information about treatment you received so your health plan will pay us or reimburse you for the treatment.
- For Health Care Operations necessary to operate our facility and make sure that all

of our patients receive quality care. For example, we may use and disclose your PHI to conduct quality assessment and improvement activities, to engage in care coordination or case management or to manage our business.

- To Individuals Involved in Your Care or those who help pay for your care (such as a family member) when you are incapacitated, in an emergency or when you agree or fail to object when given the opportunity. If you are unavailable or unable to object, we will use our best judgment to decide if a disclosure is in your best interest.
- For Fundraising Purposes on behalf of Ely Bloomenson Community Hospital. Only a limited amount of your PHI can be used for this purpose, including contact information and treatment dates. You can choose not to be contacted for fundraising by following the opt-out instructions contained in any fundraising communications, or by contacting us using the information in the Contact Information section below.
- To Business Associates that perform functions on our behalf or provide us with services, provided PHI is necessary for such functions or services. Our business associates are required to enter into contracts with us that require them to provide the privacy of your PHI and prohibit them from using your PHI for any purpose other than that specified in our contract with them.
- As Required by Law. We will disclose your health information when required to do so by federal, state or local law.
- For Law Enforcement Purposes permitted or required by law such as responding to requests from administrative agencies, responding to requests to locate missing persons, reporting criminal activity or providing information about victims of crime.
- To Provide Information Regarding Decedents to a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also disclose information to funeral directors as necessary to carry out their activities.

- For Organ Procurement Purposes to entities that handle procurement, banking or transplantation of organs, eyes or tissue to facilitate donation and transplantation.
- For Special Government Functions such as national security and intelligence activities, protective services for the President and others, and military and veteran activities (if you are a member of the Armed Forces). If you are an inmate at a correctional institution, we may use or disclose your PHI to provide health care to you or to protect your health and safety or that of others or the security of the correctional institution.
- For Workers' Compensation as authorized by, or to the extent necessary to comply with, state workers' compensation laws that govern job-related injuries or illness.

We Will Not Use or Disclose Your PHI Without Your Authorization:

- For Marketing Purposes unless it is specifically permitted under law, such as interacting with you in person or providing you with a gift of nominal value.
- As Part of a Sale to a Third Party unless the transaction is permitted under law, such as the sale of an entire business operation.
- Where Your PHI is Psychotherapy Notes unless the use and disclosure is related to treatment, payment, healthcare operations or is otherwise required by law.
- For Any Other Purpose not identified in this Notice.

Minnesota law requires your authorization for most disclosures of your PHI, except for your treatment by providers within related health care entities, during emergencies, or as otherwise authorized by law. If you provide us with an authorization, you may revoke that authorization at any time by submitting a written revocation to the address listed in the Contact Section of this Notice. Please keep in mind we will be unable to take back any disclosures we have already made with your authorization.

*Records disclosed to a Part 2 program, covered entity, or business associate pursuant to a patient's written consent for treatment, payment, and health care operations may be further disclosed by the Part 2 program, covered entity or business associate without the patient's written consent to*

*the extent HIPAA regulations permit such disclosure.*

## YOUR RIGHTS REGARDING YOUR PHI

To exercise any of your rights below please submit your request in writing using the information in the Contact Information section of this Notice.

- You have the right to look at and get a copy of your PHI. If you request a copy, we may charge a fee to cover the costs of copying, mailing and other supplies. If we maintain an electronic record of your PHI, when and if we are required by law, you will have the right to request that we send your PHI in electronic format. We may deny your request to access your PHI in very limited circumstances. If we deny your request, you may be entitled to a review of that denial.
- You have the right to request that we amend the PHI we have on record for you if you believe the information is wrong or incomplete. We may deny your request in certain instances, and if we do so, we will provide you a written explanation. You may respond with a statement of disagreement to be included in our records.
- You have the right to receive a list of disclosures we have made of your PHI for such time period you request, but not more than six years prior to your request. The list of disclosures will not include disclosure made for (a) for treatment, payment, or health care operations; (b) to you or as authorized by you; (c) to correctional institutions or law enforcement officials; and (d) for certain other purposes which the law does not require us to provide an accounting. If you request a list of disclosures more than once in a 12-month period, we may charge you a reasonable fee.
- You have the right to an accounting of disclosures of electronic records under Part 2 for the past 3 years and a right to an accounting of disclosures that meet the requirements of 45 C.F.R. § 164.528(a)(2) and (b) through (d) for all other disclosures made with consent.
- You have a right to a list of disclosures made by an intermediary for the past 3 years.

- *You have the right to request that we place restrictions on disclosures made with prior consent for purposes of treatment, payment, and health care operations. We are not required to agree to agree to your request.*
- *You have the right to request that we place restrictions on uses of disclosures of your PHI for treatment, payment, or health care operations. *You have the right to obtain restrictions on disclosures of records to your health plan for services for which you have paid in full.* You also have the right to request restrictions on disclosures to family members or others who are involved in your health care or payment of your health care. We are not required to agree to your request, less the request is to restrict disclosures to your health plan for services which have been paid in full and such disclosure is not otherwise required by law.*
- *You have the right to request that we communicate with you in confidence by communicating with you about your PHI in a certain manner or at a certain location (for example, by sending information to a P.O. Box instead of your home address). We will accommodate all reasonable requests.*
- *You have the right to discuss this Notice with a designated contact person or office. The designated contact person is named at the end 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. To obtain a paper copy of this Notice, you may submit a request to the address included in the Contact Section of this Notice.*

## CHANGES TO THIS NOTICE

We are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change our privacy practices and the terms of this Notice at any time, and to have those changes be effective for all PHI that we have, including PHI we created or received before the effective date of the new notice. Except when required by law, any significant change in our privacy practices will not be implemented prior to the effective date of the new notice. We will post a copy of the current notice in our facility and on our website at [www.ebch.org](http://www.ebch.org). Paper copies will be available at our facility.

## FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you want more information about our privacy practices, have questions, concerns or would like to file a complaint, please contact us using the information in the Contact Information Section below. Complaints may also be submitted to the U.S. Department of Health and Human Services. We will not retaliate in any way if you choose to file a complaint.

## CONTACT INFORMATION

Ely Bloomenson Community Hospital  
 Chief Operating Officer  
 328 West Conan Street  
 Ely, MN 55731  
 218-365-8779  
[jkoehler@ebch.org](mailto:jkoehler@ebch.org)