

**Jacobson Memorial Hospital Care Center  
Elgin Community Clinic  
Glen Ullin Family Medical Center**

**Elgin, North Dakota  
Glen Ullin, North Dakota**

**NOTICE OF PRIVACY PRACTICES**

*Effective as of July 6, 2017*

*This Notice describes how health information about you may be used and/or disclosed and how you can get access to this information.*

**PLEASE REVIEW IT CAREFULLY  
The privacy of your health information is important to us.**

*If you have any questions about this notice, please contact the JMHCC Privacy Compliance Officer by calling (701) 584-2792.*

Each time you visit the JMHCC hospital, clinic, or other service/program, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and plan for future care or treatment, and billing related information. This notice applies to all the records of your care generated by JMHCC, whether made by JMHCC personnel, agents of JMHCC, or your personal JMHCC physician/practitioner.

**Our Responsibilities**

We are required by law to maintain the privacy of your health information and provide you a description of our privacy practices. We are also required by law to notify you of any breach of unsecure protected health information that may affect you. We will abide by the terms of this notice and notify you if we cannot agree to a requested restriction. We will accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

**Uses and Disclosures**

The following categories describe examples of the way we use and disclose medical information about you:

1. **For Treatment:** We may use medical information about you to provide treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other hospital/clinic personnel who are involved in taking care of you at JMHCC. For example if your physician orders Physical Therapy, the nursing staff will need to discuss your care and treatment with the Physical Therapist. Different departments of JMHCC also may share medical

information about you in order to coordinate the different things you may need, such as prescriptions, labs, meals, and x-rays. We may also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him/her in treating you once you are discharged from JMHCC.

2. **For Payment:** We may use and disclose medical information about your treatment and services to bill and collect payment from you, your insurance company or a third party payer. For example, we may need to give your insurance company information about your surgery so they will pay us or reimburse you for the treatment. We may also tell your health plan about treatment you are going to receive to determine whether your plan will cover it.
3. **For Health Care Operations:** We may use or disclose your protected health information to perform certain functions within JMHCC should these uses or disclosures become necessary to operate JMHCC and to ensure that you and others we provide care and services to continue to receive quality care and services. We may combine medical information about many patient/residents to evaluate the need for new services, treatment, or equipment. We may disclose information to physicians, mid-level providers, nurses, and other medical students for educational purposes.
4. **For Fundraising Activities:** We may use a limited amount of your protected health information when raising money for JMHCC and its operations. We may also disclose this information to a foundation related to JMHCC so that the foundation may contact you to raise money on behalf of JMHCC. The information we may use will be limited to your name, address, telephone number, and dates for which you received treatment or services at JMHCC. If you do not wish to be contacted for participation in fundraising activities or have this information provided to our affiliated foundation, you must provide us with a written notification. The name of the person to contact and the method of contacting him/her are listed on the last page of this notice. You may use our *Request to Restrict the Use and Disclosure of Protected Health Information* form to submit your request to us. Copies of this form are available from the Privacy Compliance Officer.
5. **To Business Associates:** There are some services provided in our organization through contracts with business associates. Examples may include physician services in the emergency department, radiology, certain outside laboratories, or a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do, and to bill you or your third party for services rendered. To protect your health information we require the business associate to appropriately safeguard your information.
6. **Directory:** We may include certain limited information about you in the Facility Directory while you are here. The information may include your name, location in the facility, your general condition (ex. fair, stable etc.) and your religious affiliation. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name. If you would like to opt out of being in the Facility Directory, you may indicate so on the authorization form at admission.
7. **Individuals Involved in your Care or Payment for your Care:** We may release medical information about you to a friend or family member who is involved in your medical care or who helps you pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

8. **Organized Health Care Arrangement:** JMHCC participates in an Organized Health Care Arrangement (OHCA) under the Health Insurance Portability and Accountability Act. An OHCA is an arrangement that allows JMHCC entities to share protected health information about their patients to promote the joint operations of the participating entities. JMHCC and its medical staff members have organized and are presenting you this document as a joint notice. Information will be shared as necessary to carry out treatment, payment, and health care operations. Physicians and caregivers may have access to protected health information in their offices to assist in reviewing past treatment as it may affect treatment in the present time. This notice applies to the following JMHCC entities and health care practice sites:
  - a. Jacobson Memorial Hospital
  - b. Elgin Community Clinic
  - c. Glen Ullin Family Medical Center

### **Uses and Disclosures That Do Not Require Your Consent or Authorization**

State and federal laws and regulations either require or permit us to use and disclose your protected health information without your consent or authorization. The uses and disclosures that we may make without your consent or authorization include the following:

1. **When Required by Law:** We may disclose your protected health information when a federal, state, or local law requires that we report information about suspected abuse, neglect, or domestic violence, reporting adverse reactions to medication or injury from a health care product, or in response to a court order or subpoena.
2. **For Public Health Activities to Prevent or Control Disease, Injury or Disability:** We may disclose your protected health information when we are required to collect information about diseases or injuries (e.g., your exposure to a disease or your risk for spreading or contracting a communicable disease or condition, product recalls, or to report vital statistics [e.g., births/deaths] to the public health authority).
3. **For Health Oversight Activities:** We may disclose your protected health information to a health oversight agency such as a protections and advocacy agency, the state agency responsible for inspecting JMHCC or to other agencies responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents or to ensure that we are in compliance with applicable state and federal laws and regulations and civil rights issues.
4. **To Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations or Tissue Banks:** We may disclose your protected health information to a coroner or medical examiner for the purpose of identifying a deceased individual or to determine the cause of death. We may also disclose your health information to a funeral director for the purposes of carrying out your wishes and/or for the funeral director to perform his/her necessary duties. If you are an organ donor, we may disclose your protected health information to the organization that will handle your organ, eye or tissue donation for the purposes of facilitating your organ or tissue donation or transplantation.
5. **To Avert a Serious Threat to Health or Safety:** We may disclose your protected health information to avoid a serious threat to your health or safety or to the health or safety of others. When such disclosure is necessary, information will only be released to those law enforcement agencies or individuals who have the ability or authority to prevent or lessen the threat of harm.

6. **Workers Compensation:** We may disclose protected health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.
7. **Correctional Institutions:** Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof, protected health information necessary for your health, and the health and safety of other individuals.
8. **Violations:** Federal Law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a workforce member or business associate 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 patient/residents, workers or the public.

### **Your Health Information Rights**

Although your health record is the physical property of JMHCC or the healthcare practitioner that compiled it, you have the Right to:

1. **Inspect and Copy:** You have the right to inspect and copy your health information, such as your medical and billing records that we use to make decisions about your care and services. In order to inspect and/or copy your health information, you must submit a written request to us. If you request a copy of your medical information, we may charge you a reasonable fee for the paper, labor, mailing, and/or retrieval costs involved in filing your requests. We will provide you with information concerning the cost of copying your health information prior to performing such service. The name, address, and telephone number of the person to whom you may file your request is listed on the last page of this document. You may submit your requests on our *Request for Inspection/Copy of Protected Health Information* form. Copies of this form are available from the Privacy Compliance Officer.

We will respond within thirty (30) days of receipt of such requests. Should we deny your request to inspect and/or copy your health information, we will provide you with written notice or our reasons of the denial and your rights for requesting a review of our denial. If such review is granted or is required by law, we will select a licensed health care professional not involved in the original denial process to review your request and our reasons for denial. We will abide by the reviewer's decision concerning your inspection/copy requests. You may submit your denial review requests on our *Denial of Inspection/Copy of Protected Health Information* form. Copies of this form are available from the Privacy Compliance Officer.

2. **Amend:** If you feel that the medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by JMHCC. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.
3. **An Accounting of Disclosures:** You have the right to request an accounting of disclosures. This is a list of the disclosures we make of medical information about you. This accounting will not include any information we have made for the purposes of treatment, payment, or health care operations or information released to you, your family, or the JMHCC directory, disclosures made for national security purposes, or any releases pursuant to your authorization.

4. **Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or payment for your care, such as a family member or friend. This request must be submitted in writing to the Privacy Compliance Officer. In a health plan restriction, a covered entity must agree to the request of an individual to restrict disclosure of protected health information about the individual to a health plan if the disclosure is for the purposes of carrying out payment or health care operations and not otherwise required by law; and the protected health information pertains solely to a health care item or service for which the individual, or person other than the health plan on behalf of the individual, has paid the covered entity in full.
5. **Request Confidential Communications:** You have the right to request that we communicate about medical matters in a certain way or at a certain location. We will agree to the request to the extent that it is reasonable for us to do so.
6. **A Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website: [www.jacobsonhospital.org](http://www.jacobsonhospital.org).
7. **Be Made Aware of Our Participation in Health Information Exchanges:** We may participate in certain health information exchanges whereby we may disclose your health information, as permitted by law, to other health care providers or entities for treatment, payment, or health care operation purposes. A full list of these arrangements can be obtained by calling the Privacy Compliance Officer at 701-584-2792.

*To exercise any of your rights, please obtain the required forms from the Privacy Compliance Officer and submit your request in writing.*

### **Changes To This Notice**

We reserve the right to change this notice and the revised or changed notice will be effective for information we already have about you, as well as any information we receive in the future. The current notice will be posted in JMHCC and include the effective date. In addition, each time you register at or are admitted to the JMHCC hospital for treatment or health care services, we will offer you a copy of the current notice in effect. A copy of this Notice is available to all clinic patients upon request.

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with JMHCC by contacting 701-584-2792 and asking for the Privacy Compliance Office. Complaints may also be filed with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. *You will not be penalized for filing a complaint.*

**Contact Information:**

JMHCC Privacy Compliance Officer  
Jacobson Memorial Hospital  
601 East Street North  
Elgin, ND 58533  
Phone: (701) 584-2792

Office for Civil Rights  
U.S Department of Health and Human Services  
1961 Stout Street – Room 1426  
Denver, CO 80294  
Phone: (303) 844-2024  
TDD: (303) 844-2025

Implementation/Revision Date: \_\_\_\_\_

Authorized By: \_\_\_\_\_