Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you get access to this information. Please review it carefully. To provide you with the best quality care, we need to use and disclose health information. We safeguard your health information whenever we use or disclose it. We follow this Notice of Privacy Practices, the Health Insurance Portability and Accountability Act (HIPAA), the Minnesota Health Records Act (MHRA), and other applicable laws when we use and disclose health information. We may use and disclose your health information as follows:

Treatment, Payment, and Health Care Operations
We may use and disclose your health information for:

- treatment (includes working with another provider)
- payment (such as billing for services provided), and
- our health care operations. These are non-treatment and non-payment activities that let us run our business or provide services. These include quality assessment and improvement, care management, reviewing the competence or qualifications of health professionals, and conducting training programs.
- Health care operations of a receiving covered entity. We may also disclose your health information to another health care provider who has treated you or to your insurance company if such information is needed for certain health care operations of the health care provider or insurance company, such as quality improvement activities, evaluations of health care professionals and state and federal regulatory reviews.

Medical Emergency
We may use or disclose your health information to help you in a medical emergency.

Appointment Reminders and Treatment Alternatives
We may send you appointment reminders or tell you about treatments and health-related benefits or services that you may find helpful.

Patient Information Directory
We may disclose the following information to people who ask about you by name:

- location in the facility
- general condition
- religious affiliation (given to clergy or representative of church)

You may choose not to have us disclose some or all of this information. For example, if you do not want us to tell people your location, we will agree to your instructions. (In some cases, such as medical emergencies, we may not get your instructions until you can communicate with us.)

People Involved in Your Care
We may disclose limited health information to people involved in your care (for example, a family member or emergency contact) or to help plan your care. If you do not want this information given out, you can request that it not be shared. If appropriate, we may allow another person to pick up your prescriptions, medical supplies, or X-rays.

Foundation / Fundraising
We may contact you or have our foundation contact you about fundraising programs and events. We will use or disclose only your name, how to contact you, demographic information, the dates we served you, and other limited information about your care and services you received and the dates we served you. We may disclose this information to companies that help us with our fundraising programs. You have the right to opt out of fundraising communications. You can opt out of fundraising communications by contacting Glencoe Regional Health's Director of Health Information Management using the contact information in this Notice.

Research
We may use or share your health information for research purposes as allowed by law or if you have given permission.

Death; Organ Donation
We may disclose certain health information about a deceased person to the next of kin. We may also disclose this information to a funeral director, coroner, medical examiner, law enforcement official, or organ donation agency.

Notice of Privacy Practices (2)

Health Care Workplace Medical Surveillance / Injury / Illness:
If your employer is a health care provider, we may share health information required by state or federal law:
- for workplace medical surveillance activities, or about work-related illness or injury.

Law Enforcement
We may disclose certain health information to law enforcement. This could be:
- about a missing child, or when there may have been a crime at the facility, or
- when there is a serious threat to the health or safety of another person or people.

Correctional Facility
We may disclose the health information of an inmate or other person in custody to law enforcement or a correctional institution.

Abuse, Neglect, or Threat
We may disclose health information to the proper authorities about possible abuse or neglect of a child or a vulnerable adult. If there is a serious threat to a person's health or safety, we may disclose information to the person or to law enforcement.

Food and Drug Administration (FDA) Regulation
We may disclose health information to entities regulated by the FDA to measure the quality, safety, and effectiveness of their products.

Military Authorities/National Security
We may disclose health information to authorized people from the U.S. military, foreign military, and U.S. national security or protective services.

Public Health Risks
We may disclose health information about you for public health purposes, such as:
- reporting and controlling disease (such as cancer or tuberculosis), injury, or disability
- reporting vital events such as births and deaths
- reporting adverse events or surveillance related to food, medications, or problems with health products
- notifying persons of recalls, repairs, or replacements of products they may be using, or
- notifying a person who may have been exposed to a disease or may be at risk for catching or spreading a disease or condition.

Health Oversight Activities
We may disclose health information to government, licensing, auditing, and accrediting agencies for actions allowed or required by law.

Required by Other Laws
We may use or disclose health information as required by other laws. For example:
- We may disclose health information to the U.S. Department of Health and Human Services during an investigation.
- We may disclose health information under workers' compensation or similar laws.
- We may disclose health information:
  - to social services and other agencies or people allowed to receive information about certain injuries or health conditions for social service, health, or law enforcement reasons.
  - about an unemancipated minor or a person who has a legal guardian or conservator regarding a pending abortion.
  - about an emancipated minor or a minor receiving confidential services to prevent a serious threat to the health of the minor.

Business Associates
We may disclose your health information with other organizations to provide services on our behalf. In these cases, we will enter into an agreement with the organization explicitly outlining the requirements associated with the protection, use and disclosure of your protected health information.

With Your Authorization
We may use or disclose health information only with your written permission, except as described above. Most uses and disclosures of Psychotherapy Notes (special notes kept by mental health providers for only their own use when treating a patient), health information for marketing purposes and the sale of health information require written authorization from you. If you give written permission, you may withdraw it at any time by notifying us in writing. A form to revoke your permission is available from the Privacy Officer. Your permission will end when we receive the signed form and have acted on your request. However, your decision to revoke the authorization will not affect or undo any use or disclosure of your health information that occurred before you notified us of your decision or any actions that we have taken based upon your authorization.

Notice of Privacy Practices (3)

Notice
We are required to promptly notify you of a breach to your health information.

Legal Process
We may disclose health information in response to a state or federal court order, legal orders, subpoenas, or other legal documents.

Substance Use Disorder (SUD) Records
In addition to the ways in which we may use and disclose your health information, your rights relating to your health information and our duties as described above, SUD records from federally assisted alcohol and drug abuse programs have additional protections, and you have additional rights related to them under the Confidentiality of Substance Use Disorder (SUD) Patient Records regulations at 42 CFR part 2 ("Part 2").

Use and Disclosure
Part 2 allows for a single consent for the use and disclosure of SUD records for Treatment, Payment and Health care operations, as described above. SUD records disclosed under this single consent may no longer be protected by Part 2, and recipients of SUD records may redisclose the information in accordance with standard HIPAA. We must first obtain your authorization before we release SUD counseling notes. SUD records (and related testimony) cannot be used in civil, criminal, administrative or legislative proceedings against a patient without their 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 Part 2. 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.

Rights
You have the right to not receive any fundraising communications, and we will not use or disclose SUD. We follow the confidentiality protections of 42 C.F.R. Part 2 for substance use disorder (SUD) records that are subject to 42 C.F.R. Part 2 (Part 2 SUD Records).

Health Records Under State Law
Release of health records (such as medical charts or X-rays) by licensed Minnesota providers usually requires the signed permission of a patient or the patient's legal representative. Exceptions include you having a medical emergency, you seeing a related provider for current treatment and other releases required or allowed by law.

Your Rights
When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Restrictions on Use or Disclosure
This notice describes some restrictions on how we can use and disclose your health information. You may ask us for extra limits on how we use or to whom we disclose the information including SUD records. You need to make such a request in writing. If you request that information about a service not be sent to your insurer and pay for the service in full, we will agree to this restriction. We are not required to agree to other requests. If we do agree, we will follow the restriction except:

- in an emergency where the information is needed for your treatment
- if you give us written permission to use or disclose your information
- if you decide or we decide to end the restriction, or
- as otherwise required by law.

If you restrict us from providing information to your insurer, you also need to explain how you will pay for your treatments, and you will be responsible for arranging for payment of the bills.

Alternative Communication
Normally, we will communicate with you at the address and phone number you give us. You may ask us to communicate with you in other ways or at another location. You need to make your request in writing. We will agree to your request if it is reasonable.

Notice of Privacy Practices (4)

Patient Access
You may request to look at or get copies of your health information. If you request a copy of your electronic health record or other health information that we keep electronically, we will provide it in an electronic format upon your request. You need to make your request in writing. If you ask for copies, we may charge photocopying fees, the cost of making copies of x-rays or other images and postage if the copies are mailed. If you ask for another format we can provide, we may charge a reasonable fee based on our costs. If your request is denied, we will send the denial in writing. This will include the reason and describe any rights you may have to a review of the denial.

Amendment
You may ask us to change certain health information. You need to make such a request in writing. You must explain why the information should be changed. If we accept your change, we will try to inform prior recipients (including people you list in writing) of the change. We will include the changes in future releases of your health information. If your request is denied, we will send the denial in writing. This denial will include the reason and describe any steps you may take in response.

Disclosure List
You may receive a list of disclosures of your health information – with some exceptions – made by us. The list does not include:

- disclosures made for treatment, payment or health care operations
- disclosures which go back further that six (6) years, and
- other disclosures as allowed by law.

You need to make your request in writing. If you ask for a list more than once in a 12-month period, we may charge you a fee for each extra list. You may withdraw or change your request to reduce or eliminate the charge.

Paper Copy of Notice
You may receive a paper copy of our current Notice of Privacy Practices.

Duties of Glencoe Regional Health

- Glencoe Regional Health is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protect health information.
- Glencoe Regional Health is required to abide by the terms of the notice currently in effect.
- Glencoe Regional Health reserves the right to change the terms of this notice and to make new provisions effective for all protected health information that it maintains.
- We will make any revised Notice available in hard copy and display it in our facilities and on our web site. You can also request the revised Notice in person or by mail.

Complaints
If you believe your privacy rights have been violated, you may submit a complaint by contacting us at 320-864-7774 or submit a complaint in writing and mail to:

Director of Health Information Management
Glencoe Regional Health
1805 Hennepin Avenue North
Glencoe, MN 55336

You may also send a written complaint to the Department of Health and Human Services - Office for Civil Rights. We will give you the address to file a complaint upon request. Please know that you will not be penalized for filing a complaint.

Organizations Covered by this Notice
This Notice applies to the privacy practices of the Glencoe Regional Health hospital, clinics, and its medical staff.

Glencoe REGIONAL HEALTH