

# 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.***

To protect your privacy while we handle your health information, Minnesota Valley Health Center (MVHC) follows applicable laws, rules and procedures. We are required by law to provide you with this Notice of Privacy Practices (“Notice”). This Notice tells you about the ways in which MVHC may use and disclose (share) health information about you. We also describe your rights to the health information we keep about you, and describe our obligations regarding the use and disclosure of your health information.

“Health information” means any information, whether oral, electronic or paper, which is created or received by MVHC 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 health information about you. The information documenting the care and services you receive from MVHC is contained in a medical record, which is the physical property of MVHC. We need this record to provide you with quality care, bill for your care and comply with legal requirements. Typically, your medical record contains your demographic information (such as how we can reach you and your social security number), symptoms, examinations, test results, diagnoses, treatments, care plans and other related information.

## **Who will follow this Notice?**

This Notice applies to all MVHC entities and healthcare practice sites. A list of current MVHC locations is available at [www.essentiahealth.org](http://www.essentiahealth.org).

This Notice applies to all of the records of your care that we maintain, whether made by our staff (such as physicians, nurses, therapists, and other health care providers not employed by MVHC), support staff, volunteers and authorized trainees, or by your personal doctor. If your personal doctor is not an MVHC doctor, he or she may have different policies and notices regarding use and disclosure of your health information created in that doctor's office or clinic.

This Notice describes MVHC's practices and that of all:

- departments, hospitals, clinics and other locations;
- residents, medical students and other trainees affiliated with MVHC;
- volunteers who may assist you; and
- employees, staff and contractors.

## **Federal and State Laws**

Health information may be protected by both federal and state laws and regulations. MVHC is required to follow both sets of rules. Sometimes these rules are different. In those cases, MVHC must follow the rules that provide greater protection of health information and grant our patients greater rights. Where a state law is more stringent, we have listed that in this Notice.

## **Use and Disclosure of Your Health Information**

To provide you with the most comprehensive and high quality care, we will need to use and disclose your health information. When we use and disclose your health information, we follow the law and take steps to protect your 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 (for the provision, coordination and management of care, includes sharing information with non-MVHC providers who are involved in your care);
- payment (such as providing bills, service dates, symptoms and diagnosis to you and your insurance company); and
- our health care operations. Such activities are necessary for us to provide you with services and manage our organization. Examples of such activities include, but are not limited to: quality improvement activities throughout MVHC, evaluating our physicians and staff, conducting training activities, obtaining legal and accounting services, conducting audits, business planning and other management activities.

We may disclose your health information to a non-MVHC provider or entity so that they can provide you with treatment and for continuity of care. For example, you may need services for rehabilitation after a surgery and we will share your information to make such arrangements. We may also disclose your information with non-MVHC providers or entities for them to obtain payment for services provided.

We arrange to provide some services through contracts with business associates. On occasion, we may disclose your health information to business associates acting on our behalf so they can perform the service that we have asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Additional applicable state law requirements: Minnesota law generally requires patient consent for disclosures of health information by Minnesota entities for treatment, payment and health care operation purposes, unless the disclosure is to an MVHC-related entity or consent is not possible due to a medical emergency.

**Appointment Reminders and Treatment Alternatives:** At times we may access your health information to set up or remind you about future appointments, provide information about treatment and health-related benefits or services that may be of interest to you.

**Marketing:** We generally must obtain your written authorization before using your health information for marketing purposes. Without your written authorization, we can provide you with marketing materials in a face-to-face encounter and we may provide you with a promotional gift of very small value, if we so choose. We may also communicate with you about products or services relating to your treatment, to coordinate or manage your care, or provide you with information about different treatments, providers or care settings.

**Facility Directory/Patient Census:** We may include your name, location in a facility, health condition (in general terms, such as "good", "fair") and religious affiliation (should you choose to provide one) in current patient lists for our facilities. This information is maintained for MVHC personnel to assist family members, staff and others in locating you while you are at an MVHC facility. This information (with the exception of religious affiliation) may be provided to people who ask for you by name and to MVHC institutionally-related foundations. This information (including religious affiliation) may be provided to members of the clergy. If you do not wish to have MVHC disclose this information, please inform the person assisting you with registration or admission.

**Relatives, Close Friends and Others Involved In Your Care:** Healthcare professionals, using their best judgment, may disclose to a family member, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care. If family members or friends are present while care is being provided, MVHC will assume your companions may hear the discussion, unless you state otherwise. If you do not want MVHC to disclose your health information to your family members or others who are involved with your care or handling your bills, please inform the person assisting you during registration or admission.

**Disaster Relief:** In the event of a declared disaster, we may disclose your name and location to a public or private entity authorized by law or by its charter to assist in disaster relief efforts (e.g., the Red Cross).

**Fundraising:** We may contact you about supporting our fundraising efforts, programs and events to support our mission. We may use certain information (name, date of birth, address, email address, telephone number, dates of service, age, gender, department of service, treating physician, outcome information and health insurance status) to contact you in the

future to raise money for MVHC. We may also disclose this information to our institutionally-related foundations for the same purposes. We do not sell or rent patient names or contact information to organizations outside the MVHC family without your authorization. If, upon receiving a fundraising communication, you wish to opt-out from receiving further fundraising communications, please refer to the opt-out instructions provided on the letter or form sent to you.

**Medical Research:** Conducting medical research is an important part of MVHC's mission. Federal regulations permit use of health information in medical research, either with your authorization or when the research study at MVHC is reviewed and approved by an Institutional Review Board before any medical research study begins. In some situations, limited information may be used before approval of the research study to allow a researcher to determine whether enough patients exist to make a study scientifically valid.

Additional applicable state law requirements: Minnesota law generally requires patient consent for disclosure of protected health information by MVHC entities to outside researchers for medical research purposes. MVHC will obtain such consent from their patients or refusal to participate in any research study, or will make a good faith effort to obtain such consent or refusal, before releasing any identifiable information to an outside researcher for research purposes.

**Record Locator Services (may also be known as a HIE- Health Information Exchange):** In the event of a medical emergency, we may share your demographic information (name, address, date of birth, gender and location of your health record) with a medical record locator service. This information will help caregivers identify where you have a health record(s) and will assist caregivers to make better decisions about your treatment. For example, if you are admitted to a hospital on an emergency basis and cannot provide important information about your health condition, this service will allow us to make your health information from other participants available to those who need it to treat you at the hospital. When it is needed, ready access to your health information means better care for you.

If you do not want to be included in the record locator service, you may opt-out by completing a written opt-out form. Your opt-out decisions will remain in effect until you notify us in writing that you wish to change these instructions. You can ask for this form at any MVHC registration location, your local MVHC medical records department or contact the Essentia Health Privacy Officer at [compliance@essentiahealth.org](mailto:compliance@essentiahealth.org) or call (218) 786-8376 and ask for the Essentia Health Privacy Officer.

**To Avert a Serious Threat of Harm:** Under certain circumstances, and as permitted by applicable law, we may use and disclose health information about you, when necessary, to prevent a serious and imminent threat to the health and safety of you, another person or the general public.

**Organ and Tissue Donation:** In the event our clinical professionals determine that a patient may be a candidate for organ/tissue donation and consistent with applicable law, we may disclose your health information to organizations or other entities involved in the procurement, banking or transplantation of organs/tissue or to other health care providers as needed to make transplantation possible.

**Military Authorities/National Security:** We may release protected health information to authorized federal officials for military, intelligence, counterintelligence or other national security activities authorized by law. MVHC may also disclose protected health information to authorized federal officials so they may provide protection to the President or other authorized individuals.

Additional applicable state law requirements: Minnesota law generally requires patient consent for disclosures of protected health information by MVHC for military and national security purposes, unless the disclosure is specifically required by federal law.

**Workers' Compensation:** If you are seeking workers' compensation for a work-related illness or injury, we may release health information related to your claim, as permitted or authorized by the state Workers' Compensation program.

**Public Health Activities:** We may disclose health information about you for legally authorized or required public health activities, such as in cases of "mandatory reporting". These may include such things as preventing or controlling disease; injury or disability; reporting births and deaths; reporting reactions to medications or problems with products; notifying people of recalls of products they may be using; and notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

**Health Oversight Activities:** We may disclose health information to a health oversight agency for legally authorized activities, such as audits, investigations, inspections and licensure. Through these activities the government monitors the health care system, government programs, and compliance with applicable laws and regulations, including civil rights laws.

**Law Enforcement Activities:** We may disclose your health information to the police or other law enforcement officials as required or permitted by law, including in response to a court order, subpoena, summons, warrant, or similar process. If we reasonably believe you are a victim of abuse, neglect or domestic violence and the reporting of such information is required or allowed by law, we may disclose your health information to a governmental authority, including a social service or protective services agency. Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals in accordance with state and federal requirements.

**Additional applicable state law requirements:** Minnesota law generally requires patient consent for disclosures of protected health information by MVHC for law enforcement purposes, unless the disclosure is in response to a valid court order or warrant.

**Judicial and Administrative Proceedings:** We may disclose your health information in the course of any judicial or administrative proceeding as required or permitted by law, including in response to a court/administrative order, subpoena or similar process.

**Coroner, Medical Examiners and Funeral Directors:** We may disclose health information to a coroner or medical examiner when necessary to identify the deceased, determine the cause of death or as otherwise authorized by law. MVHC also may release protected health information to a funeral director as necessary to carry out the funeral director's duties, including arrangements in reasonable anticipation of and after death.

**Additional applicable state law requirements:** Minnesota law generally requires the consent of a patient's authorized family or legal representative for disclosures of health information by MVHC to funeral directors.

**Required By Other Laws:** We will use or disclose health information when required by other federal, state or local laws.

**Alcohol & Drug Abuse Records:** If you are a recipient of alcohol or drug abuse treatment, provided by a federally assisted alcohol and drug abuse program, your health information is protected by special federal confidentiality laws (42 CFR Part 2). Your health information will be disclosed to MVHC staff and representatives within the alcohol or drug abuse treatment program and certain organizations providing services to the program that have a need to know your health information to perform their job duties or to medical personnel in the event of a medical emergency.

Your authorization will be obtained prior to disclosing any health information to obtain payment for services rendered to you, such as for example, to your insurance company. On occasion, your health information may be used for health care operations. MVHC will not respond to inquiries about your treatment and will not disclose information revealing that you are a patient of the alcohol or drug abuse treatment program to unauthorized individuals who call MVHC to seek information. Your health information will not be disclosed to a family member, relative or any other person seeking information about your care unless your written authorization is obtained. If you are a minor or have a personal representative (such as a guardian or person authorized under a power of attorney), you will be consulted prior to sharing information with such person. If you refuse to grant permission or are unable to grant permission, information may be shared with your personal representative only to the extent permitted or required by state law. MVHC will comply with federal and state law in reporting your health information for public health activities or health oversight activities. If you disclose information related to child abuse, MVHC may be required to report such information to governmental authorities responsible to investigate such abuse. If you commit a crime on the premises, your health information may be used to report the crime. To the extent possible, MVHC will notify you or seek a protective order prior to disclosing information to a judicial or administrative proceeding.

A violation of these laws is a crime and may be reported to the appropriate authorities.

**Information with Additional Protections:** Certain types of health information may have additional protection under federal or state law. For example, HIV/AIDS and genetic testing results have additional protections under certain state

laws. Psychotherapy notes may carry additional protections as well. To the extent applicable, MVHC would need to obtain your written authorization before disclosing that information to others in many circumstances.

**Uses & Disclosures With Your Authorization:** We may only use or disclose your health information with your written permission except as described in this Notice or specifically required or permitted by law. For example, uses and disclosures made for the purpose of psychotherapy, marketing and the sale of protected health information require your authorization. If you give written permission, you have the right to withdraw your permission for future uses and disclosures by notifying MVHC in writing. A form to revoke your permission is available from the local medical records department or through contacting Essentia Health's Privacy Officer at [compliance@essentiahealth.org](mailto:compliance@essentiahealth.org) or (218) 786-8376. Your permission will end upon receipt of and approval of the signed form.

**Notification of a Breach of Your Information:** MVHC is required by law to maintain the privacy of your information and notify you following a breach of your unsecured protected health information.

## Individual Rights

*This section describes your rights as an MVHC patient related to your health information:*

**Right to Inspect and Copy:** You have the right to request in writing that you see and obtain a copy of the health information that we use to make decisions about your care. You have the right to request that the copy be provided in an electronic form or format (e.g., PDF saved onto a CD). If the form and format are not readily producible, we will work with you to provide it in a reasonable electronic form or format. We may charge a fee for the costs of copying, mailing or other supplies and services associated with your request. If we deny your request to inspect or obtain a copy in certain limited circumstances (for example, we may deny access if your physician believes it will be harmful to your health or could cause a threat to others), you may be able to request that the denial be reviewed (the grounds for denial must be reviewable by law). If such a review is agreed upon, another licensed health care professional chosen by MVHC may review your request, and we will comply with the outcome of that review.

To make such a request, please contact your local MVHC medical records department.

**Additional applicable state law requirements:** Minnesota law requires a written and legally compliant patient consent for disclosures of health information to the patient themselves. Therefore, the proper MVHC form must be completed and received prior to such access being granted.

**Right to Request Alternate Methods of Communication:** You have the right to request, in writing, but without needing to state a reason, that confidential communications about you be made in an alternative manner (such as by phone or secure messaging) or at a certain location. We will accommodate reasonable requests. Your request must specify how or where you wish to be contacted in the future.

To make such a request, please contact your local MVHC medical records department or contact the Essentia Health Privacy Officer at [compliance@essentiahealth.org](mailto:compliance@essentiahealth.org) or (218) 786-8376.

**Right to Request Amendment:** If you believe that health information we have about you is incorrect or incomplete, you may make a written request to ask us to amend information. The request should state the reason for the amendment and specify the information to be amended. Any amendment we make to your health information will be disclosed to those with whom we previously disclosed the amended information.

We may deny your request for an amendment if the request is not in writing or does not state a reason. We may also deny your request if the information to be amended was not created by MVHC (unless the creator of the information is no longer available to amend it), is no longer maintained by MVHC, is not part of the information which you would be permitted to see and copy, or is accurate and complete. We will notify you in a timely manner of our response to your request for amendment. If we deny your request, you may submit a statement disagreeing with our denial, or you may direct that your request for amendment and our denial be included with any future disclosures of the information you requested to amend. If you submit a statement of disagreement, we may prepare and provide you with a copy of a written statement of rebuttal, and your statement of disagreement and our rebuttal will be included in subsequent disclosures of the information.

To make such a request, please contact your local MVHC medical records department or contact the Essentia Health Privacy Officer at [compliance@essentiahealth.org](mailto:compliance@essentiahealth.org) or (218) 786-8376.

**Right to a List of Certain Disclosures:** You have the right to make a written request for a list of disclosures we have made of your health information, except for uses and disclosures for treatment, payment, and healthcare operations, as previously described, and those for which you have authorized disclosure. Your request must state a time period, which may not be longer than six years. The first list requested within a 12-month period shall be provided at no charge. For additional lists requested during the same 12-month period, MVHC may charge for the costs of providing the list.

To make such a request, please contact your local MVHC medical records department or contact the Essentia Health Privacy Officer at [compliance@essentiahealth.org](mailto:compliance@essentiahealth.org) or (218) 786-8376.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use and disclose about you for treatment, payment or health care operations, or to assist others' involvement in your care. Your request must be in writing, state the restrictions that you are requesting, and state to whom the restrictions apply. Please note, because of the integrated nature of MVHC's medical record, MVHC is not generally able to honor most requests, nor, in most cases, is MVHC legally required to do so. MVHC must accept your request for restriction in the case of a disclosure restricted to a health plan if the disclosure is for the purpose of carrying out payment or health care operations, and is not otherwise required by law; and the protected health information pertains solely to a health care item or services for which you, or the person other than the health plan on your behalf, has paid MVHC in full. If we do agree to your restriction request, we will comply with your request unless the restricted information is needed to provide you with emergency treatment or we notify you that we are terminating our agreement to a restriction.

To make such a request, please contact your local MVHC medical records department or contact the Essentia Health Privacy Officer at [compliance@essentiahealth.org](mailto:compliance@essentiahealth.org) or (218) 786-8376.

### Key Information about this Notice

This Notice takes effect September 23, 2013. It will remain in effect until we replace it. We may change this Notice and make the new changes applicable for all health information we created or received before and after we made changes to our Notice. We will make any revised Notice available in hard copy and display it in our locations and on our website. Also, you can request the revised Notice in person or by mail.

If you have any questions, or would like to discuss this Notice in more detail, please contact the Essentia Health Privacy Officer at [compliance@essentiahealth.org](mailto:compliance@essentiahealth.org) or (218) 786-8376.

### Complaints

If you are concerned that your privacy rights may have been violated or you disagree with a decision we make about your health information, please contact the Essentia Health Privacy Officer at [compliance@essentiahealth.org](mailto:compliance@essentiahealth.org) or (218) 786-8376.

You may also send a written complaint to the United States Department of Health & Human Services- Office of Civil Rights. Our Privacy Officer can provide you with information on how to file such a complaint.

Under no circumstances will we ever ask you to waive your rights under this Notice or retaliate against you in any manner for filing a complaint. MVHC reserves the right, however, to take necessary and appropriate action to maintain an environment that serves the best interests of its patients and providers.