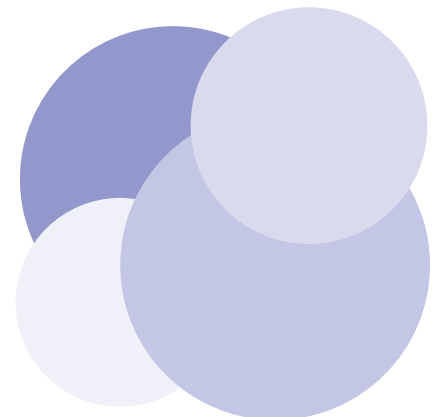


**Effective April 14, 2003**

# **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.

**KENMARE**  
**COMMUNITY HOSPITAL**  
*Affiliated with Trinity Health*



# NOTICE of PRIVACY PRACTICES

Effective April 14, 2003

## WHO WILL FOLLOW THIS NOTICE

This Notice describes our healthcare provider's practices and that of:

- Any healthcare professional authorized to enter information into your healthcare provider's record.
- Any department and unit of the facility.
- Any member of a volunteer group we allow to help you while you are in the facility or after you are discharged.
- All employees, staff and other healthcare provider personnel including all medical staff members while providing services in the facilities.
- This Notice applies to all of the facilities listed at the end of this document. In addition, these entities, sites and locations may share protected health or billing information with each other for treatment, payment or healthcare operations purposes described in this Notice.

## OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We create a record of the care and services you receive at the facility. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by this Covered Entity. Other caregivers, if not employed by Kenmare Community Hospital, may have different policies or notices regarding their use and disclosure of your medical information created in their office or clinic.

This Notice will tell you about the ways in which we may use and disclose information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of information.

We are required by law to:

- make sure that information that identifies you is kept confidential;
- give you this notice of our legal duties and privacy practices with respect to information about you; and

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.

If you have any questions about this notice, please contact our privacy office at 701-385-4296.

- follow the terms of the Notice that is currently in effect.

## HOW WE MAY USE AND DISCLOSE INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For each category we will explain our intent and give an example.

### USE AND DISCLOSURE WITHOUT AUTHORIZATION

Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of these categories.

#### ***Treatment***

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other healthcare personnel who are involved in your care. For example, a doctor treating you for a broken leg may need to know

if you have diabetes because diabetes may slow the healing process. A dietitian would also need to know about the diabetes to arrange for appropriate meals.

We also may disclose medical information about you to people who may be involved in your medical care after you leave the facility, such as a longterm care facility, hospital, home health agency or others that are involved in your continuing care.

### ***For Payment***

We may use and disclose medical information about you so that the treatment and services you receive at Kenmare Community Hospital may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your insurance company information about your treatment so they may process your claim. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

### ***For Healthcare Operations***

We may use and disclose medical information about you for healthcare operations. These uses and disclosures are necessary to operate the facility and make sure that all of our patients receive quality care. For example, we use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes. We may also combine the medical information we have with medical information from other healthcare providers to compare how we are doing and see where we can make improvements in the care and services we offer.

### ***Business Associates***

There are some services provided in our organization through contracts with business associates. We may disclose your health information to our business associate so they can perform the job we've asked them to do. However, we require the business associate to take precautions to protect your medical information.

### ***Appointment Reminders***

We may use medical information to contact you as a

reminder that you have an appointment for treatment or medical care.

### ***Treatment Alternatives***

We may use your medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

### ***Marketing***

We may use your medical information to help us share health-related benefits or services that may be of interest to you.

### ***Fundraising Activities***

We may use medical information about you to contact you in an effort to raise money for the facility and its operations. We would only release contact information, such as your name, address and phone number and the dates you received treatment or services at Kenmare Community Hospital. If you do not want the facility to release information to the Trinity Health Foundation you must notify the Privacy Officer in writing at P.O. Box 697, Kenmare, ND 58746.

### ***Directories***

We may include certain limited information about you in the facility's daily directory while you are a patient. This patient listing may include your name and location in the facility. This information may also be released to people who ask for you by name. This is so your family, friends and clergy can visit you or phone your room. This information may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. If you do not want to be listed in these directories, please advise the admitting office or a member of your healthcare team.

### ***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. If you wish to restrict the medical information we disclose about you to someone who is involved in your care or the payment for your care, please contact the Privacy Officer in writing. We may also tell your

family or friends your condition and that you are in the facility. 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.

### **Research**

Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients/residents who received one medication to those who received another, for the same condition. All research projects are undertaken with patient informed consent approval process.

### **As Required By Law**

We will disclose medical information about you when required to do so by federal, state or local law. For example, we will release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary and mandated by law, to facilitate organ or tissue donation and transplantation.

### **Public Health Safety**

We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the potential threat.

We may also disclose medical information about you for public health activities. Examples may include:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products.

### **Military and Veterans**

If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

### **Workers' Compensation**

We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

### **Health Oversight Activities**

We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

### **Lawsuits and Disputes**

We may disclose medical information about you in response to an order of a court. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process.

### **Law Enforcement**

We may release medical information to a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- To report the victim of abuse, neglect or domestic violence if, under certain limited circumstances, we are unable to obtain the person's agreement;
- To report the victims of other abuse, such as child abuse;
- To report a death we believe may be the result of criminal conduct;
- To report criminal conduct at the facility; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

### **Coroners, Medical Examiners and Funeral Directors**

We may release medical information to a coroner or medical examiner. This may be necessary, for example,

to identify a deceased person or determine the cause of death. We may also release medical information about deceased patients of the facility to funeral directors as necessary to carry out their duties.

### ***National Security and Intelligence Activities***

We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

### ***Protective Services for the President of the United States and Others***

We may disclose medical information about you to authorized federal officials so they may provide protection to the President of the United States, other authorized persons or foreign heads of state or conduct special investigations.

### ***Inmates***

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; and (3) for the safety and security of the correctional institution.

## **YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION**

You have the following rights regarding your medical information:

### ***Right To Revoke***

All other uses and disclosures of your medical information will be made only with your written permission. Once given, you may revoke the authorization by writing to the Privacy Officer, P.O. Box 697, Kenmare, ND 58746. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission,

and that we are required to retain our records of the care we provided you.

### ***Right to Inspect and Copy***

You have the right to inspect and receive a copy of your medical and billing information. However, this does not include psychotherapy notes.

To inspect and receive a copy of your information, you must submit your request in writing to the Privacy Officer, P.O. Box 697, Kenmare, ND 58746. If you request a copy of the information, we may charge a fee for the costs of copying in accordance with North Dakota state law.

We may deny your request to inspect and copy your record in certain limited circumstances. If you are denied access to medical information, you may appeal the denial. Another licensed healthcare professional chosen by the facility will review your request and the denial. We will comply with the outcome of the review.

### ***Right To Amend***

If you feel that medical information we have about you is incorrect or incomplete, you may request to amend the information. You have the right to request an amendment for as long as the information is kept by or for the facility.

To request an amendment, your request must be made in writing and submitted to the Privacy Officer, P.O. Box 697, Kenmare, ND 58746. In addition, you must provide a reason that supports your request.

We may deny your request if you request to amend information that:

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the medical information kept by or for the facility;
- is not part of the information which you would be permitted to inspect and copy; or
- is deemed by the facility to be accurate and complete.

## **Right To An Accounting of Disclosures**

You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical or billing information about you created at this entity. This list will not include disclosures for treatment, payment, healthcare operations or those previously authorized by you.

To request this accounting of disclosures or billing created at this entity, you must submit your request in writing to the Privacy Officer, P.O. Box 697, Kenmare, ND 58746. This list will not include disclosures for treatment, payment or healthcare operations or those previously authorized by you. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or, electronic). The first list you request within a 12 month period will be complimentary. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

## **Right To Request Restrictions**

You have the right to request a restriction or limitation on the medical or billing 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 or billing information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

Under certain conditions we may not comply with your request, for example, your restriction request could be denied if the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the Privacy Officer, P.O. Box 697, Kenmare, ND 58746. In your request, you must explain (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limit to apply, for example, disclosures to your spouse.

## **Right To Request Confidential Communications**

You have the right to request that we communicate with you about medical matters in a certain way or at

a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Privacy Officer, P.O. Box 697, Kenmare, ND 58746. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

## **Right To A Paper Copy Of This Notice**

You have the right to a paper copy of this notice at any time even if you have agreed to receive it electronically. To obtain a paper copy of this notice write to the Privacy Officer, P.O. Box 697, Kenmare, ND 58746.

You may obtain a copy of this notice at our website, [www.trinityhealth.org/privacynotice.html](http://www.trinityhealth.org/privacynotice.html)

## **CHANGES TO THIS NOTICE**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the facility.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with Kenmare Community Hospital’s Privacy Officer or with the Secretary of the Department of Health and Human Services. To file a complaint with the healthcare facility, contact the Privacy Officer at Kenmare Community Hospital. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

## **OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

This Notice applies to the following Covered Entity:

Trinity Kenmare Community Hospital  
317 1st Avenue N.W. • P.O. Box 697  
Kenmare, North Dakota 58746

Trinity Kenmare Health Center  
307 1st Avenue N.W. • P.O. Box 882  
Kenmare, North Dakota 58746

Trinity Kenmare Wellness Center  
115 2nd Street N.W. • P.O. Box 697  
Kenmare, North Dakota 58746