



Notice of Privacy Practices

Effective April 14, 2003

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 the Avera Marshall Regional Medical Center Privacy Officer at 507-532-9661 or Carol.Overby@averamarshall.org.

Each time you receive health care from Avera Marshall Regional Medical Center (this includes Home Health, Long Term Care and hospital based services), information is recorded in your health care record. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment and billing related information.

The terms of this notice apply to Avera Marshall Regional Medical Center, and also to the physicians and other health care providers on the medical staff, and to providers under contract to provide services at Avera Marshall Regional Medical Center, when those physicians or providers provide health care services to hospital patients. Avera Marshall Regional Medical Center will share your health information with these providers as necessary for treatment, payment, or health care operation purposes.

Our Responsibilities: We are required by the Health Insurance Portability and Accountability Act (HIPAA law) to maintain the privacy of your health information and provide you with a description of our privacy practices. 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.

For Treatment: We use and disclose medical information about you to provide treatment or services. Physicians, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you will use medical information about you. For example, a doctor treating you for a broken leg would need to know if you have diabetes because diabetes may slow the healing process. Different departments will also share medical information about you to coordinate the care you need, such as prescriptions, lab work, meals, and x-rays. We may also provide your physician or a subsequent health care provider with copies of your medical information that would assist him or her in treating you after you're discharged from care at Avera Marshall Regional Medical Center.

For Payment: We will use and disclose medical information about your care to bill and collect payment from you, your insurance company or other third party payer. For example, we give your insurance company information about your surgery so they will pay Avera Marshall Regional Medical Center for your treatment. We may also tell your health plan about treatment you are going to receive to determine whether your plan will cover it.

For Health Care Operations: Members of the medical staff and/or quality improvement staff may use and disclose information in your health record to assess the care and outcomes in your case and others like it. This is done to continually improve the quality of care for all patients we serve. For example, we may review medical information about you to evaluate the need for new services or treatment, and information may be disclosed to physicians, nurses, and other students for education purposes.

We will also use or disclose information

- to remind you that you have an appointment for medical care.
- to assess your satisfaction with our service.
- to tell you about possible new/alternative services.
- to tell you about health-related benefits or services.
- to contact you as part of our fundraising efforts.
- to comply with any legal requirements related to disclosures of medical information.

Business Associates: Some services in our organization are provided through contracts with business associates. Examples include transcription services for medical records, or the paper shredding service we use for disposal of medical information when it is no longer needed. To protect your health information we require these business associates to appropriately safeguard your information.

Directory: Unless you object, we will include limited information about you in the hospital directory while you are in the hospital. The information includes your name, location in the hospital, your religious affiliation (if you provide it to us) and a general statement about your condition (fair, stable, etc.). The information will be provided to members of the clergy, and information other than religious affiliation may be provided to other people who ask for you by name. We will ask if you want to be in the directory at the time of admission and will honor your request to not be listed in the hospital directory.

Individuals involved in your care or payment for your care: When appropriate, and to the extent permitted by law, we will release medical information about you to a friend or family member who is involved in your medical care or who helps 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. Generally, we will get your written permission before disclosing your medical information for those purposes. If you are unable to make health care decisions, Avera Marshall Regional Medical Center will disclose relevant medical information to family members or other responsible people if we feel it is in your best interests to do so, including in an emergency situation.

Personal representatives/emancipated minors: We recognize that a personal representative or an emancipated minor has rights as an individual covered by this law.

Deceased individuals: Health information of deceased persons will be protected in the same way as when they were living and in accordance with all state laws.

Research: Minnesota law and federal law require a patient authorization to release records for research except in very limited circumstances. Unless that law is changed, you will be contacted if your records are requested for research.

Future Communications: We may communicate to you via newsletters, mail outs or other means regarding treatment options, health related information, disease management programs, wellness programs, or other community based initiatives or activities our facility is participating in.

To Avert a Serious Threat to Health or 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 must be only to someone able to help prevent the threat. In addition, Minnesota law generally does not permit these disclosures unless we have your written consent to do so or when the disclosure is specifically required by law, including the limited circumstances in which Avera Marshall Regional Medical Center health care professionals have a "duty to warn."

Public Health: We may disclose medical information to public health authorities about you for public health activities. These disclosures generally include the following:

- Preventing or controlling disease, injury or disability;
- Reporting births and deaths;
- Reporting child abuse or neglect, or abuse of a vulnerable adult;
- Reporting reactions to medications or problems with products;
- Notifying people of recalls of products they may be using;

- Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or
- Reporting to the FDA as permitted or required by law.

Organ and Tissue Donation: We may release your medical information to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation. The information that Avera Marshall Regional Medical Center may disclose is limited to the information necessary to make a transplant possible.

Military and Veterans: If you are a member of the armed forces, we will release medical information about you as requested by military command authorities if we are required to do so by law, or when we have your written consent. We may also release medical information about foreign military personnel to the appropriate foreign military authority as required by law or with written consent.

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. We are permitted to disclose this information to the parties involved in the claim without any specific consent, so long as the information is related to a workers' compensation claim.

Health Oversight Activities: Avera Marshall Regional Medical Center may disclose medical information to a health oversight agency for health oversight activities that are authorized by law. These oversight activities include, for example, government audits, investigations, inspections, and licensure activities. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws. Minnesota law requires that patient-identifying information (for example, your name, social security number, etc.) be removed from most disclosures for health oversight purposes, unless you have provided us with written consent for the disclosure.

Lawsuits and Disputes: If you are involved in a lawsuit, dispute, or other judicial proceeding, we will disclose medical information about you only in response to a valid court order, administrative order, or a grand jury subpoena, or with your written consent.

Law Enforcement: We may release medical information if asked to do so by a law enforcement official in response to a valid court order, grand jury subpoena, or warrant, or with your written consent. In addition, we are required to report certain types of wounds, such as gunshot wounds and some burns. In most cases, reports will include only the fact of injury, and any additional disclosures would require your consent or a court order.

- We may also release information to law enforcement that is not a part of the health record (in other words, non-medical information) for the following reasons:
- To identify or locate a suspect, fugitive, material witness, or missing person;
- If you are the victim of a crime, if, under certain limited circumstances, we are unable to obtain your agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at our 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 will release medical information to a coroner or medical examiner in the case of certain types of death, and we must disclose health records upon the request of the coroner or medical examiner. This may be necessary, for example, to identify you or determine the cause of death. We may also release the fact of death and certain demographic information about you to funeral directors as necessary to carry out their duties. Other disclosures from your health record will require the consent of a surviving spouse, parent, a person appointed by you in writing, or your legally authorized representative.

National Security and Intelligence Activities: We will release medical information about you to authorized federal officials for intelligence, counter-intelligence, and other national security activities only as required by law or with your written consent.

Protective Services for the President and Others: We will disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or conduct special investigations only as required by law or with your written consent.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we will release medical information about you to the correctional institution or law enforcement official only as required by law or with your written consent.

Your Health Information Rights: Although your health record is the physical property of Avera Marshall Regional Medical Center you have the right to:

Inspect and copy: You have the right to inspect and have copies of the medical information used to make decisions about your health care. This means medical and billing records and excludes any psychotherapy notes that are not part of your record. Whenever possible we will act on your request for access within 30 days. We have a right to a single extension of 30 days.

Denial of access: In very limited circumstances we may deny your request to inspect and copy. In these cases, we may supply the information to a third party who may release the information to you. If you are denied access to medical information you may request that the denial be reviewed. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review. For example, if a licensed health care professional has determined, with his/her professional judgment, that access is reasonably likely to cause harm to another person we would deny you access to your record. Denials will be in written form.

Fees: Avera Marshall Regional Medical Center may impose a reasonable, cost-based fee for copying your record to the extent permitted by state and federal law. The fee will include the cost of supplies, the labor of copying, and postage if you request the copy to be mailed.

Amend: If you feel that 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 as long as the information is kept by or for Avera Marshall Regional Medical Center. Requests must be made in writing to the privacy officer, and you must provide a reason that supports your request.

Denial: In certain cases we may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.

Accounting of Disclosures: You have a right to request an accounting of disclosures we make of medical information about you. This right goes into effect on April 14, 2003. On April 14, 2009 and later disclosures can be requested for the prior six years. Your request must state the time period for which you want the accounting.

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 medical information we disclose to someone who is involved in your care or the payment for your care. For example, you could ask that we not disclose information to another physician about a surgery that you had.

We are not required to agree with your request: If we do agree, we will comply with your request unless the information is needed to provide emergency treatment. We would deny your request, for example, not to tell your insurance company about your surgery if you are not prepared to pay the charges in cash.

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. That request will be honored to the extent that it is reasonable for us to do so. For example, you can ask that we use an alternative address for billing purposes. We may require you to provide information about how payment will be handled.

A Paper Copy of This Notice: You have the right to a paper copy of this notice. Even if you received the notice electronically you are still entitled to a paper copy of the notice. You may obtain a copy of this notice at our web site at www.averamarshall.org.

Exercising Your Rights: To exercise any of your rights please obtain the required forms from the Privacy 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 our places of business and include the effective date. You may request a copy of the current notice at any time or access it via our web site.

COMPLAINTS: If you believe your privacy rights have been violated, you may file a complaint by calling 507.532.9661 and asking for the Privacy Officer. Complaints may also be filed with the Secretary of the Department of Health and Human Services in Washington, DC. 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 will be made only with your written permission. You may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by the previous written authorization. You understand that we are not able to take back any disclosures we may already have made with your permission and that we are required to retain our records of the care that we provided to you.