

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.

OAHS is dedicated to protecting your medical information. We are required by law to maintain the privacy of protected health information and to provide you with this notice of our legal duties and privacy practices with respect to protected health information. OAHS is required by law to abide by the terms of this notice. We reserve the right to change the terms of this notice and to make those changes applicable to all health information that we maintain. We will maintain a posted copy of the most current notice on our website and in our facility. The most current notice will also be available from us upon your request.

USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

We will use and/or disclose your medical information in accordance with federal and state laws. In some circumstances we are permitted or required to use or disclose your protected health information without obtaining your prior authorization and without offering you the opportunity to object. These circumstances include:

1. Uses or disclosures for purposes relating to treatment, payment and health care operations
 - a. Treatment. We may use and/or disclose your protected health information for the purpose of providing, or allowing others to provide treatment to you. An example would be if your primary care physician discloses your protected health information to another doctor for the purposes of a consultation or for that doctor or other doctors to provide further treatment.
 - b. Payment. We may use and/or disclose your protected health information for the purpose of allowing us, as well as other health care entities, to secure payment for the health care services provided to you. An example would be disclosing necessary information to your health insurance company to assist the insurer in processing our claim for health care services provided to you.
 - c. Health Care Operations. We may use and/or disclose your protected health information for the purpose of day-to-day operations and functions. For example, we may compile your protected health information in order to allow a team of our health care professionals to review the information and make suggestions concerning how to improve the quality of care. We may also disclose protected health information to doctors, nurses, technicians, medical students, and other hospital personnel for review and learning purposes.
2. When required by Law.
3. To create material(s) that originally had any identifying information concerning you deleted from the final material(s).
4. Appointment Reminders. We may disclose medical information to provide appointment reminders. An example would be contacting you at the phone number you have provided and leaving a message as an appointment reminder.
5. Treatment Information. We may contact you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. For example, we may contact you to notify you of new tests or services we are offering.
6. Disclosure to Department of Health and Human Services. We may disclose medical information when required by the United States Department of Health and Human Services as part of an investigation or determination of our compliance with relevant laws.
7. Facility Directory. Unless you object, we will include your name, location in OAHS, your condition described in general terms, and your religious affiliation in our directory of individuals. The directory information, except for your religious affiliation, will be released to people who ask for you by name. This directory is maintained by the nursing station and would only apply if you were currently being treated at OAHS; some examples include but are not limited to being treated in the emergency department, surgery, or you have been admitted and someone calls asking about you.
8. Family and Friends. Unless you object, we may disclose your medical information to family members, other relatives or close personal friends when the medical information is directly relevant to that person's involvement in your care.



9. Notification. Unless you object, we may use or disclose your medical information of your location, general condition, or death to notify a family member, a personal representative or another person responsible for your care.
10. Disaster Relief. We may disclose your medical information to a public or private entity, such as the American Red Cross, for the purpose of coordinating disaster relief efforts with that entity.
11. Health Oversight Activities. We may use or disclose your medical information for public health activities including the reporting of disease, injury, vital events and the conduct of public health surveillance, investigation and/or intervention. We may disclose your medical information to a health oversight agency for oversight activities authorized by law including audits, investigations, inspections, licensure or disciplinary actions, administrative and/or legal proceedings.
12. Abuse or Neglect. We may disclose your medical information when it concerns abuse, neglect or violence to you in accordance with federal and state law.
13. Legal Proceedings. We may disclose your medical information in the course of certain judicial or administrative proceedings.
14. Law Enforcement. We may disclose your medical information for law enforcement purposes or other specialized governmental functions.
15. Coroners, Medical Examiners and Funeral Directors. We may disclose your medical information to a coroner, medical examiner or funeral director.
16. Organ donation. If you are an organ donor, we may disclose your medical information to an organ donation and procurement organization.
17. Research. We may use or disclose your medical information for certain research purposes if an institutional review board or a privacy board has altered or waived individual authorization, the review is preparatory to research, or the research is only on the decedent's information.
18. Public Safety. We may use or disclose your medical information to prevent or lessen a serious threat to the health or safety of another person or to the public.
19. Workers' Compensation. We may disclose your medical information as authorized by laws relating to workers' compensation or similar programs.
20. Business Associates. Most health care providers do not carry out all of their activities and functions by themselves, often times the use of other businesses or persons help to carry out some activities (such as but not limited to reading and creating a final report on radiology studies conducted at OAHS or patient satisfaction surveys). We may disclose your health information to a business associate with whom we contract to provide services on our behalf. To protect your health information, we require our business associates to appropriately safeguard the health information of our patients.
21. Organizational. We may ask for your feedback from time to time regarding our services.

We will not use or disclose your medical information for any other purpose without your written authorization. Once given, you may revoke your authorization in writing as provided by §164.508(b)(5), except to the extent that action has already been taken. Your written request for revocation can be sent to:

OAHS
 Attn: Health Information Management
 450 Eastvold Avenue
 Ortonville MN 56278
 Phone: 320-839-6157

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

1. You may ask us to restrict certain uses and disclosures of your medical information as provided by §164.522(a). We are not required to agree with your request, but if we do, we will honor it. To request a restriction, submit a written request to the OAHS Privacy Officer at the address below.
2. You have the right to receive confidential communications of protected health information as provided by §164.522(b). For example, you can designate that we contact you only at work rather than home. To request communication via alternative means or at alternative locations, send a written request to the OAHS Privacy Officer at the address listed below. All reasonable requests will be granted.
3. Generally, you may inspect and copy your medical information as provided by §164.524. This right is subject to certain specific exceptions, and you may be charged a reasonable fee for any copies of your records. To arrange for access to your records or to receive a copy of your records, submit your request to OAHS Health Information Management at the address listed below.



4. You may ask us to amend your medical information as provided by §164.526. We may deny your request for certain specific reasons. If we deny your request, we will provide you with a written explanation for the denial and information regarding further rights you may have at that point. Your request to amend your records must be submitted in writing to the OAHS Privacy Officer at the address listed below.
5. You have the right to receive an accounting of the disclosures of your medical information made by OAHS during the last six years (or following April 14, 2003), except for disclosures for treatment, payment or healthcare operations, disclosures which you authorized and certain other specific disclosure types. Send your written request for your accounting of disclosures to OAHS Health Information Management at the address provided below.
6. You may request a paper copy of this Notice of Privacy Practices for Protected Health Information. To request a copy you may ask anyone at the reception desk or send your written request to the address listed below.

Ortonville Area Health Services
450 Eastvold Avenue
Ortonville, MN 56278

COMPLAINTS

If you believe your privacy rights have been violated, you have the right to file a complaint to OAHS or the United States Department of Health and Human Services. Please send your complaint in writing to OAHS at the address below, or contact the Privacy Officer at the phone number below for more information. If you choose to file a complaint, you will not be retaliated against in any way.

OAHS
Attn: Privacy Officer
450 Eastvold Avenue
Ortonville, MN 56278
Phone: 320-839-4265

Office for Civil Rights
U.S. Department of Health and Human Services
233 N. Michigan Ave., Suite 240
Chicago, IL 60601

ORGANIZED HEALTHCARE ARRANGEMENT

We have established an Organized Health Care Arrangement with the following participants:

- Sanford Health (list of these facilities and their locations at www.sanfordhealth.org/locations/search or call 1-800-325-9402)
- Big Stone Therapy
- Rice Hospice
- Physicians and other Licensed Professionals Treating Patients at OAHS – Example: Outreach Providers
- Ambulance Company
- Prairie Lakes Dialysis
- Northside Medical Center, PLC

EFFECTIVE DATE

This Notice of Privacy Practices is effective April 14, 2003

ACKNOWLEDGMENT OF RECEIPT OF NOTICE

You will be asked to sign an acknowledgment form confirming you received this Notice of Privacy Practices.

CONTACT INFORMATION

If you have question, concerns or would like additional information please contact:

Ortonville Area Health Services
Privacy Officer
450 Eastvold Avenue
Ortonville, MN 56278
Phone: 320-839-4265

