

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

OAHS is dedicated to protecting your medical information. We would like to know about, and understand any privacy questions or concerns that you may have. To help accomplish this we have a Chief Privacy Officer working for you and available to you. Please contact our Chief Privacy Officer if you have any concerns or if you have questions about this notice to include the desire for more information.

Privacy Officer: John Thomas
Mailing Address: 450 Eastvold Ave. Ortonville MN, 56278
Telephone: 320-839-4265
Fax: 320-839-3851
Email: john.thomas@oahs.us

About This Notice:

We are required by law to maintain the privacy of Protected Health Information and to provide you with this notice explaining our privacy practices with regard to that information. You have certain rights and we have certain legal obligations regarding the privacy of your Protected Health Information. This notice also explains your rights and our obligations. OAHS is required to abide by the terms of the current version of this notice. 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.

What is Protected Health Information:

“Protected Health Information” is information that individually identifies you and that we create or get from you or from another health care provider, health plan, your employer, or a health care clearinghouse and that relates to (1) your past, present, or future physical or mental health or conditions, (2) the provision of health care to you, or (3) the past, present, or future payment for your health care.

How We May Use and Disclose your Protected Health Information:

We will use and/or disclose your health 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 or disclose your Protected Health Information to give you medical treatment or services and to manage and coordinate your medical care. For example, your Protected Health Information may be provided to a physician or other health care provider (e.g., a specialist or laboratory) to whom you have been referred to ensure that the physician or other health care provider has the necessary information to diagnose or treat you or provide you with a service.
 - b. Payment. We may use or disclose your Protected Health Information so that we can bill for the treatment and services you received from us and can collect payment from you, a health plan, or a third party. This use and disclosure may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you, such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, we may need to give your health plan information about your treatment in order for your health plan to agree to pay for that treatment. We may also disclose your health information to other healthcare provider for their payment purposes.
 - c. Health Care Operations. We may use and disclose Protected Health Information for our health care operations. For example, we may use your Protected Health Information to internally review the quality of the treatment and services you received and to evaluate the performance of our team members in caring for you.



We also may disclose information to physicians, nurses, medical technicians, medical students, and other authorized personnel for educational and learning purposes.

2. Appointment Reminders/Treatment Alternatives/Health-Related Benefits and Services. We may use and disclose Protected Health Information to contact you to remind you that you have an appointment for medical care, or to contact you to tell you about possible treatment options or alternative or health related benefits and services that may be of interest to you.
3. Minors. We may disclose the Protected Health Information of minor children to their parent or guardians unless such disclosure is otherwise prohibited by law.
4. Research. We may use and disclose your Protected Health Information for research purposes, but we will only do that if the research has been specially approved by an authorized institutional review board or a privacy board that has reviewed the research proposal and has set up protocols to ensure the privacy of your Protected Health Information. Even without that special approval, we may permit researchers to look at Protected Health Information to help them prepare for research; for example, to allow them to identify patients who may be included in their research project, as long as they do not remove, or take a copy of, any Protected Health Information. We may use and disclose a limited data set that does not contain specific, readily identifiable information about you for research. However, we will only disclose the limited data set if we enter into a data use agreement with the recipient who must agree to (1) use the data set only for the purposes for which it was provided, (2) ensure the confidentiality and security of the data, and (3) not identify the information or use it to contact any individual.
5. As Required by Law. We will disclose Protected Health Information about you when required to do so by international, federal, state, or local law.
6. To Avert a Serious Threat to Health or Safety. We may use and disclose Protected Health Information when necessary to prevent a serious threat to your health or safety or to the health or safety of others. But we will only disclose the information to someone who may be able to help prevent the threat.
7. Business Associates. We may disclose Protected Health Information to our business associates who perform functions on our behalf or provide us with services if the Protected Health Information is necessary for those functions or services. For example, we may use another company to do our release of information, or to provide transcription or consulting services for us. All of our business associates are obligated, under contract with us, to protect the privacy and ensure the security of your Protected Health Information.
8. Organ and Tissue Donation. If you are an organ or tissue donor, we may use or disclose your Protected Health Information to organizations that handle organ procurement or transplantation.
9. Military and Veterans. If you are a member of the armed forces, we may disclose Protected Health Information as required by military command authorities. We also may disclose Protected Health Information to the appropriate foreign military authority if you are a member of a foreign military.
10. Workers' Compensation. We may use or disclose Protected Health Information for workers' compensation or similar programs that provide benefits for work-related injuries or illness.
11. Public Health Risks. We may disclose Protected Health Information for public health activities. This includes disclosures to: (1) a person subject to the jurisdiction of the Food and Drug Administration ("FDA") for purposes related to the quality, safety, or effectiveness of an FDA-regulated product or activity; (2) prevent or control disease, injury or disability; (3) report births and deaths; (4) report child abuse or neglect; (5) report reaction to medication or problems with products; (6) notify people of recalls of products they may be using; and (7) a person who may have been exposed to a disease or may be at risk for contacting or spreading a disease or condition.
12. Abuse, Neglect, or Domestic Violence. We may disclose Protected Health Information to the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence and the patient agrees or we are required or authorized by law to make the disclosure.
13. Health Oversight Activities. We may disclose Protected Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspection, licensure, and similar activities that are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
14. Data Breach Notification Purposes. We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information
15. Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose Protected Health information in response to a court or administrative order. We may also disclose Protected Health Information in response to a subpoena, discovery request, or other legal process from someone else involved in the dispute, but only if efforts have been made to tell you about the request or to get an order protecting information requested. We may also use or disclose your Protected Health Information to defend ourselves in the event of a lawsuit.
16. Law Enforcement. We may disclose Protected Health Information, so long as applicable legal requirements are met, for law enforcement purposes.



17. Military Activity and National Security. If you are involved with military, national security, intelligence activities, or if you are in law enforcement custody, we may disclose your Protected Health Information to authorized officials so they may carry out their legal duties under the law.
18. Coroner, Medical Examiners, and Funeral Directors. We may disclose Protected Health Information to a coroner, medical examiner, or funeral director so that they can carry out their duties.
19. Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose Protected Health Information to the correctional institution or law enforcement official if the disclosure is necessary (1) for the institution to provide you with healthcare; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

Uses and Disclosures That Require OAHS to Give You an Opportunity to Object and Opt Out:

We may share your health information in the following situation unless you tell us otherwise. If you are not able to tell us your preference, we may go ahead and share your information if we believe it is in your best interest or needed to lessen a serious and imminent threat to health or safety.

1. Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.
2. Disaster Relief. We may disclose your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practicably can do so.
3. Fundraising Activities. We may use or disclose your Protected Health Information, as necessary, in order to contact you for fundraising activities. You have the right to opt out of receiving fundraising communications. If you do not want to receive these materials, please submit a written request to the Privacy Officer.
4. Resident Directory. Unless you object, we may use and disclose in our resident directory your name, your location in the community, your general condition and your religious affiliation. All of this information, except religious affiliation, may be disclosed to people that ask for you by name. Members of the clergy will be told your religious affiliation. You have the opportunity to agree or object to the use or disclosure for all or part of your Protected Health Information. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Your Written Authorization is Required for Other Uses and Disclosures:

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 our Privacy Officer.

Your Rights Regarding Your Protected Health Information:

1. You have the following rights, subject to certain limitation, regarding your Protected Health Information:
 - a. Right to Inspect and Copy. You have the right to inspect and copy Protected Health Information that may be used to make decisions about your care or payment for your care. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have a denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.
 - b. Right to a Summary or Explanation. We can also provide you with a summary of your Protected Health Information, rather than the entire record, or we can provide you with an explanation of the Protected Health Information which has been provided to you, so long as you agree to this alternative form and pay the associated fees.
2. Right to an Electronic Copy of Electronic Medical Records. If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will



make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request, your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. You may be charged a reasonable, cost-based fee for the labor associated with transmitting the electronic medical records.

3. **Right to Get Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured Protected Health Information.
4. **Right to Request Amendments.** If you feel that the Protected Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us. A request for amendment must be made in writing to the Privacy Officer at the address provided at the beginning of this Notice and it must tell us the reason for your request. In certain cases, we may deny your request for an amendment. If we deny your request for an amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.
5. **Right to an Accounting of Disclosures.** You have the right to ask for an “accounting of disclosures,” which is a list of the disclosures we made of your Protected Health Information. This right applies to disclosures for purposes other than treatment, payment, or healthcare operations as described in this notice. It excludes disclosures we may have made to you, for a resident directory, to family members, or friends involved in your care, or for notification purposes. The right to receive this information is subject to certain exceptions, restrictions, and limitations. Additionally, limitations are different for electronic health records. The first accounting of disclosures you request within any twelve month period will be free. For additional requests within the same period, we may charge you for the reasonable cost of providing the accounting. We will notify you of the cost, at which time you may choose to withdraw or modify your request before the costs are incurred.
6. **Right to Request Restrictions.** You have the right to request a restriction of limitation on the Protected Health Information we use or disclose for treatment, payment, or healthcare operations. You also have the right to request a limit on the Protected Health 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. To request a restriction on who may have access to your Protected Health Information, you must submit a written request to the Privacy Officer. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to your request; unless you are asking us to restrict the use and disclosure of you Protected Health Information to a health plan for payment or health care operation purposes, and such information you wish to restrict pertains solely to a health care item or service for which you have paid us “out-of-pocket” in full. If we do agree to the requested restriction, we may not use or disclose your protected Health Information in violation of that restriction unless it is needed to provide emergency treatment.
7. **Out-of-Pocket-Payment.** If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.
8. **Right to Request Confidential Communications.** You have the right to request that we communicate with you only in certain ways to preserve your privacy. For example, you may request that we contact you by mail at a specific address or call you only at your work number. You must make any such request in writing and you must specify how or where we are to contact you. We will accommodate all reasonable requests. We will not ask you the reason for your request.
9. **Choose Someone to Act for You.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
10. **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice, even if you have agreed to receive this notice electronically. You may request copy of this notice at any time.

How to Exercise Your Rights:

To exercise your rights described in this notice, send your request, in writing, to our Privacy Officer at the address listed at the beginning of this notice. We may ask you to fill out a form that we will supply. To exercise your right to inspect and copy your Protected Health Information, you may also contact our Health Information department directly. To get a paper copy of this notice, contact our Privacy Officer by phone or mail.



Changes to This Notice:

OAHS reserves the right to change this notice. We reserve the right to make the changed notice effective for Protected Health Information we already have as well as for an Protected Health Information we create or receive in the future. A copy of our current notice is posted in our office and on our website and will be available upon request.

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. All complaints must be made in writing and should be submitted within 180 days of when you knew or should have known of the suspected violation. 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
200 Independence Ave., S.W.
Washington, D.C. 20201
Phone: 202-619-0257
Toll Free: 877-696-6775
www.hhs.gov/ocr/hipaa/

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 Therapies, Inc.
- 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 September 23, 2013.

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 questions, concerns or would like additional information please contact:

Ortonville Area Health Services
Privacy Officer
450 Eastvold Avenue
Ortonville, MN 56278
Phone: 320-839-4265
Email: john.thomas@oahs.us

