



## 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.**

**Understanding Your Health Record/Information:** When you are admitted to Missouri Slope, a health record is made containing, but not limited to, your demographic information (i.e. name, address, birthdate, email address, etc.), medical history, diagnoses, medications, and billing information. The information in your health record serves as a basis for planning your ongoing care and treatment. Your health record is a means of communication among the many health care professionals who contribute to your care and serves to support the billing of services you received.

We are required by law to:

- Maintain the privacy of your health information,
- Provide to you this Notice of our legal duties and privacy practices concerning your health information, and
- Abide by the terms of this Notice that are currently in effect.

### **Uses or Disclosures of Your Health Information for Treatment, Payment, and Health Care Operations**

- **Treatment.** We may use and disclose your health information in providing you with treatment and services. We may also disclose your health information to other health care providers involved in your treatment. For example, a nurse caring for you will report changes in your condition to your physician. We may also disclose health information to individuals or entities who may be involved in your care after you leave our facility.
- **Payment.** We may use and disclose your health information to bill and obtain payment for the treatment and services that we provide to you. For example, we may contact Medicare or your health plan to confirm your coverage or request prior approval for a proposed treatment or service. We may send your health information along with a claim and obtain payment from your insurance company or other company that pays the cost of your health care.
- **Healthcare Operations.** We may use and disclose your health information for our health care operations. Health care operations include internal administration, planning, and activities that improve the quality and cost effectiveness of the care that we deliver to you. For example, we may use health information to evaluate our facility's services, including the performance of our staff. Health care students may review your health information as part of their clinical practice with us. We may disclose health information for purposes of health care operations to other health care providers involved in your care.

### **Uses or Disclosures of Your Health Information for Other Specific Purposes**

Privacy laws allow or require us to share your health information in other ways. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

- Personal Representatives. In circumstances where an individual has the authority under applicable law to act on behalf of a Missouri Slope resident in making decisions related to health care, we may treat such person as a personal representative of the resident and may share the resident's health information with such personal representative.
- Individuals Involved in Your Care. Unless you object, we may provide verbal updates to a family member or other individual who is involved in your care. Such disclosures shall be limited to information directly relevant to the individual's involvement in your care.
- Facility Directory: We may include your name and room number in our facility directory. This information may be provided to other people who ask for you by name. We may post this directory in a public location in our buildings. If you would prefer not to be listed in the facility directory, you may opt out of this directory listing by contacting our Business Office.
- Business Associates. There are some services provided at Missouri Slope through contract with business associates. When these health care services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do. The business associate is also required by law to safeguard your health information.
- Fundraising. Missouri Slope may use certain information (name, address, telephone number or email information, age, date of birth, gender, health insurance status, dates of service, department of service information, treating physician information or outcome information) to contact you for the purpose of raising money for Missouri Slope. You may opt out of receiving fundraising communications by contacting our Missouri Slope Foundation office, and your decision will have no impact on your treatment or payment for services at Missouri Slope.
- Law Enforcement and Legal Actions. We may disclose your health information to the police or other law enforcement officials as required or permitted by law, or in compliance with a court order or a grand jury or administrative subpoena. We may disclose your health information during a judicial or administrative proceeding in response to a legal order or other lawful process.
- Public Health Activities or To Avert a Serious Threat to Health or Safety. We may disclose your health information to public health authorities for the purpose of preventing or controlling disease, injury or disability and to the U.S. Food and Drug Administration for the purpose of reporting information about products and services. We may use and disclose your health information to prevent or lessen a serious and imminent threat to a resident's or the public's health or safety.
- Specific Government Functions. We may use or disclose your health information to specific functions of the government, such as the U.S. Military or the U.S. Department of State, under certain circumstances.
- Workers' Compensation. We may disclose your health information in order to comply with the Workers' Compensation State Laws.
- Health Oversight Agencies. We may disclose your health information to a health oversight agency that oversees the health care system and is responsible for ensuring compliance with the rules of government health programs such as Medicare or Medicaid.
- Funeral Directors, Coroners/Medical Examiners, Organ Procurement Agencies. We may disclose your health information to a funeral director, coroner, or medical examiner. If you are an organ donor, we may disclose your health information to an organization involved in the donation of organs and tissue.

- Victims of Abuse, Neglect or Domestic Violence. If we reasonably believe you are a victim of abuse, neglect or domestic violence, we may disclose your health information to a governmental agency, including a social services or protective services agency, authorized by law to receive reports of such abuse, neglect or domestic violence.
- Research. We may allow health information of residents from our facility to be used or disclosed for research purposes provided that the researcher adheres to certain privacy protections.
- Marketing. We may use your health information to notify you of treatment alternatives or other health-related benefits and services offered by Missouri Slope that may be of interest to you. We will not sell your health information.
- Health Information Organizations/Exchanges. We may participate in a regional arrangement of health care organizations who have agreed to work with each other to facilitate access to health information that may be relevant to your care. As permitted by North Dakota law, your health information may be shared with this organization/exchange in order to provide better coordination of care and to assist health care providers in making informed decisions regarding your care.
- As Required by Law. We may use and disclose your health information when we are required to do so by any other law not already referred to in this section.

#### **Your Authorization is Required for Other Uses of Health Information**

- For any purpose other than those described in this Notice, we may only use or disclose your health information with your written authorization. For example, you will need to sign an authorization form before we can send your health information to your attorney if you are involved in litigation.
- Photographs/Video. We will request authorization to use your photograph as a means of identification in our electronic health record and for other care-related purposes. Your authorization is also required for non-health care related uses, such as our internal bulletin boards, newsletters, or social media posts. Electronic monitoring is permitted by North Dakota state law, in accordance with facility policies and procedures.

#### **Your Health Information Rights**

- Requesting Restrictions. You have the right to request a restriction or limitation on your health information that we use or disclose about you for treatment, payment, or health care operations, and/or to a particular family member, other relative, or close friend. Such requests must be submitted in writing. By law, we are not required to agree to restriction requests but will make reasonable efforts to honor reasonable requests. Exception: You have the right to restrict our use or disclosure of health information for services for which you have paid in full (i.e., no insurance or government payment source was included), and we must honor any such request.
- Receiving Confidential Communication of Health Information. You have the right to ask that we send health information to you at an alternate address (for example, sending information to your work address rather than your home address) or by alternate means (for example, faxing or secure email instead of regular mail). We may ask you to submit your request in writing. We will attempt to accommodate all reasonable requests.
- Inspecting and Copying Your Health Information. You may request to inspect and/or obtain copies of your health information. Under limited circumstances, we may deny you access to a portion of your health information. You may request that we provide your health information in

electronic form (e.g., a PDF file). We may ask you to submit your request in writing. We may charge a reasonable cost-based fee for providing copies.

- Amending Your Health Information. If you believe that any health information in your health record is incorrect, you may request that we correct the existing health information or add the missing health information (amend). Such requests must be submitted in writing and must provide a reason to support the amendment. We will comply with your request unless we believe that your existing health information is accurate and complete or other special circumstances apply.
- Accounting of Disclosures. You may request an accounting of certain disclosures we made of your health information. Such requests must be submitted in writing. By law, the requested accounting time frame may be no more than 6 years prior to the date of your request. If you request an accounting more than once during a 12-month period, a reasonable fee will be charged.
- Revoking an Authorization. You may revoke any authorizations that you have signed to use or disclose your health information, except to the extent that action has already been taken.
- Notice of a Breach. We are required to notify you if a breach occurs that may have compromised the privacy or security of your information.
- Copy of This Notice. Upon request, you have the right to obtain a paper or electronic copy of this Notice.
- To exercise any of these rights, please contact the Privacy Officer as instructed below.

**Changes to This Notice**

We reserve the right to change this Notice and make the revised or new Notice provisions effective for all health information maintained by Missouri Slope. This may include any information created or received before issuing the new Notice. Should our Notice change, we will post the updated Notice in public areas of our facility, as well as on our web site, [www.missourislope.com](http://www.missourislope.com).

**Further Information or Complaints**

If you would like further information about your privacy rights, are concerned that we have violated your privacy rights, or disagree with a decision that we made about access to your health information, you may contact the Privacy Officer at Missouri Slope. We may request that you submit your complaint in writing. You may also register a complaint with the Office for Civil Rights at the Department of Health & Human Services. We will not retaliate against you if you file a complaint with us or the Office for Civil Rights.

<b>You may contact our Privacy Officer at:</b>	<b>You may contact the Office for Civil Rights at:</b>
Missouri Slope 4916 N. Washington St. Bismarck, ND 58503 Telephone: 701-223-9407 Fax: 701-222-6328	Centralized Case Management Operations U.S. Department of Health and Human Services 200 Independence Avenue, S.W. Room 509F HHH Bldg. Washington, D.C. 20201 Phone: 877-696-6775 <a href="http://www.hhs.gov/ocr/privacy/hipaa/complaints">www.hhs.gov/ocr/privacy/hipaa/complaints</a>

Effective Date of Notice: 4/1/03  
 Revised: 5/31/07; 8/21/13; 4/6/22; 8/7/2023