

# What is HIPAA?



**The Health Insurance Portability & Accountability Act (HIPAA) is a federal law that sets rules for health care providers about who can look at and receive health information.**



# NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR PERSONAL MEDICAL INFORMATION  
MAY BE USED AND DISCLOSED AND  
HOW YOU CAN GET ACCESS TO THIS INFORMATION.  
PLEASE REVIEW IT CAREFULLY.

## 1. Understanding Your Protected Health Information:

- a. When you are admitted to Missouri Slope Lutheran Care Center (MSLCC), a personal health record is made containing, but not limited to, your demographic information (i.e. name, address, birthdate, etc.), medical history, diagnoses, medications, and billing information. This is called your protected health information (PHI).

## 2. Our Privacy Responsibilities:

- a. The HIPAA Law requires us to maintain the privacy of your PHI, provide this Notice of Privacy Practices (called Notice) of our legal duties and privacy practices concerning your PHI, and abide by the terms of this Notice.
- b. We may change the terms of this Notice at any time and may make the terms of the new Notice effective for all PHI that we maintain. This may include any information created or received before issuing the new Notice.
- c. We will post the new Notice in the waiting area across from the Social Services Coordinator's Office, in the hallway by Door #2, and on our Internet site at [www.mslcc.com](http://www.mslcc.com). You may also obtain any new Notice by contacting the Privacy Officer.
- d. We will not sell your PHI.
- e. We will notify you of a breach of your unsecured PHI.

## 3. Uses or Disclosures of Your PHI Without Your Written Authorization:

- a. Treatment. We may use and disclose your PHI to provide treatment. This information may be necessary to diagnose and treat your illness. We may also disclose your PHI to other health care providers involved in your treatment.
- b. Payment. We may use and disclose your PHI in order to obtain payment for services that we provide to you. We may send your PHI along with a claim and obtain payment from your insurance company or other company that pays the cost of your health care.
- c. Healthcare Operations. We may use and disclose your PHI 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. Health care students may review your PHI as part of their clinical practice with us.

d. Facility and Clergy Directory

i. 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. This directory is posted in a public location in our building. We may include your religious affiliation in our clergy directory, which is provided to members of the clergy. This directory is not posted in our building.

ii. If you would prefer not to be listed in the facility or clergy directory, document this on the Consent Form.

e. Law Enforcement. We may disclose your PHI 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.

f. Health or Safety. We may use and disclose your PHI to prevent or lessen a serious and imminent threat to a resident's or the public's health or safety.

g. Specific Government Functions. We may use or disclose your PHI to specific functions of the government, such as the U.S. Military or the U.S. Department of State, under certain circumstances.

h. Workers' Compensation. We may disclose your PHI in order to comply with the Workers' Compensation State Laws.

i. Public Health Activities. We may disclose your PHI 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.

j. Health Oversight Agencies. We may disclose your PHI 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.

k. Decedents. We may disclose your PHI to a coroner or a funeral director.

l. 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 PHI 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.

- m. Judicial and Administrative Proceedings. We may disclose your PHI during a judicial or administrative proceeding in response to a legal order or other lawful process.
- n. As Required by Law. We may use and disclose your PHI when we are required to do so by any other law not already referred to in the preceding section.

#### 4. Uses or Disclosures of Your PHI With Your Authorization:

- a. Uses or Disclosures of Your PHI With Your Authorization. For any purpose other than the ones described in Section 1 of this Notice, we may only use or disclose your PHI when you grant us your permission on our Authorization for Release of Information form. For example, you will need to sign an authorization form before we can send your PHI to your attorney if you are involved in litigation.

#### 5. Your Rights:

- a. Requesting Restrictions. You have the right to request a restriction or limitation on your PHI that we use or disclose about you. *However, we are not required to agree to your request.* We encourage you to discuss any restriction you wish to request with your health care practitioner.
- b. Receiving Confidential Communication of PHI. You have the right to ask that we send PHI 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 instead of regular mail). We will attempt to accommodate all reasonable requests.
- c. Inspecting and Copying Your PHI. You may request to inspect and/or obtain copies of your PHI. Under limited circumstances, we may deny you access to a portion of your PHI.
- d. Amending Your PHI. If you believe that any PHI in your health record is incorrect, you may request that we correct the existing PHI or add the missing PHI (amend). Such requests must provide a reason to support the amendment. We will comply with your request unless we believe that your existing PHI is accurate and complete or other special circumstances apply.
- e. Accounting of Disclosures. Upon request, you may obtain an accounting of certain disclosures we made of your PHI. This applies to any period of time before the date of your request up to a maximum of six years. This does not apply to disclosures made before April 14, 2003. If you request an accounting more than once during a 12-month period, a reasonable fee will be charged.
- f. Revoking an Authorization. You may revoke any authorizations that you have signed to use or disclose your PHI, except to the extent that action has already been taken.

- g. Copy of This Notice. Upon request, you have the right to obtain a paper or electronic copy of this Notice.

*To exercise any of your rights, please contact the Privacy Officer as instructed below.*

**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 PHI, you may contact the Privacy Officer at MSLCC or the Office of Civil Rights at the Department of Health & Human Services.

Our Complaint Form (MSLCC) may be obtained from the Privacy Officer or the Nurses' Stations; return the completed form to the Privacy Officer.

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.

You may contact the Privacy Officer at:

Missouri Slope Lutheran Care Center  
2425 Hillview Avenue  
Bismarck, ND 58501  
Telephone Number: 701-221-9407  
Fax Number: 701-223-2091

You may contact the Office for Civil Rights at:

Office for Civil Rights  
Department of Health & Human Services  
999 18<sup>th</sup> Street - Suite 417  
Denver, Colorado 80202  
(303) 844-2024  
(303) 844-2025 FAX  
(303) 844-3439 TDD  
<http://www.hhs.gov/ocr>