

Northern Plains Surgery Center

NOTICE OF PRIVACY PRACTICES

Effective September 18, 2013

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.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a Federal program that requests that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally are kept property confidential. A new HIPAA Breach Notification Rule was passed in 2009. This rule provided measures to be taken as a result of security breaches. In 2013, The HIPAA/HITECH Final Omnibus Rule was adopted requiring additional measures of security for your protected health information (PHI). HIPAA provides penalties for covered entities that misuse personal health information. This Privacy notice is being provided to you as a requirement of these HIPAA laws and to inform you of your rights relating to your protected health information.

I. Use and Disclosures of Protected Health Information

Our office may use your protected health information for purposes of providing treatment, obtaining payment for treatment, and conducting health care operations. Your protected health information may be used or disclosed only for these purposes unless our office has obtained your authorization, or the use or disclosure is otherwise permitted by the HIPAA privacy regulations or state law.

A. Treatment. We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party for treatment purposes. For example, we may disclose your protected health information to a pharmacy to fill a prescription or a laboratory to order a blood test. We may also disclose protected health information to other physicians who may be treating you or consulting with our surgery center with

respect to your care. For example, we may provide information to an optometrist who is involved with your care.

B. Payment. Your protected health information will be used, as needed, to obtain payment for the services that we provide. Examples of this may include, but are not be limited to, sending your insurance company a bill for our services, confirming your insurance coverage prior to a surgery, billing or collection activities, and providing information to your insurance company for utilization reviews.

C. Operations. We may use or disclose your protected health information, as necessary, for our own health care operations to facilitate the function of our office and to provide quality care to all patients. For example, health care operations may include such activities as: quality assessment and improvement activities, employee review activities, training programs, certification, licensing or credentialing activities, review and auditing

including compliance reviews, medical reviews, legal services, and maintaining compliance programs, and business management and general administrative activities.

D. Other uses and disclosures.

We may also use and disclose your PHI in order to contact you for the following purposes: to remind you of appointments and surgery dates with us, to provide you with information about treatment alternatives or other health-related benefits and services, and to provide fundraising communications, if any, that may be of interest to you. This contact may be made by phone, in writing, a fax, an e-mail, leaving a message on your answering machine, or otherwise which could (potentially) be received or intercepted by others. You do have the right to “opt out” with respect to receiving fundraising communications from us.

We may also create and distribute de-identified health information by removing all reference to

individually identifiable information.

II. Uses and Disclosures Beyond Treatment, Payment, and Health Care Operations Permitted Without Authorization or Opportunity to Object

Federal privacy rules allow us to use or disclose your protected health information without your permission or authorization for a number of reasons including the following:

A. When legally required.

We will disclose your protected health information when we are required to do so by any federal, state or local law.

B. When there are risks to public health.

We may use or disclose your protected health information for public health activities, such as to a public health authority, other government authority allowed to receive this information, or to persons who report to the FDA.

C. To report suspected abuse, neglect or domestic violence.

We may notify government authorities if we believe that a patient is the victim of abuse, neglect or domestic violence. We will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure. Disclosure will be consistent with state and federal laws.

D. To conduct health oversight activities.

We may disclose your protected health information to a health oversight agency for activities authorized by law such as audits, investigations, inspections, licensure or disciplinary actions, or other activities necessary for appropriate oversight.

E. In connection with judicial and administrative proceedings.

We may disclose your protected health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative

tribunal as expressly authorized by such order. In certain circumstances, we may disclose your protected health information in response to a subpoena, discovery request, or other lawful process to the extent authorized by law.

F. For law enforcement

purposes. We may disclose your protected health information under certain conditions to law enforcement pursuant to court orders or other legal process; to identify or locate a suspect, fugitive, missing person or witness; concerning crime victims; about a suspicious death or injury that may have resulted from a crime; about criminal conduct on our premises; and to report a crime in a medical emergency.

G. To coroners, funeral directors, and for organ

donation. We may disclose protected health information to a coroner or medical examiner for identification purposes, to determine cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to funeral directors, as authorized by law, in order to permit the funeral directors to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

H. For research purposes. We may use or disclose your protected health information for research when the use or disclosure for research has been approved by an institutional review board that has reviewed the research proposal and research protocols to address the privacy of your protected health information.

I. In the event of a serious threat to health or safety.

We may, consistent with applicable law and ethical standards of conduct, use or

disclose your protected health information if we believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

J. For specified government functions.

In certain circumstances, federal regulations authorize the facility to use or disclose your protected health information to facilitate specified government functions relating to military and veteran activities, national security and intelligence activities, protective services for the President and others, medical suitability determinations, correctional institutions, and law enforcement custodial situations.

K. For worker's compensation.

Our office may release your health information to comply with worker's compensation laws or similar programs established by law.

III. Other Permitted Uses and Disclosures and Your Opportunity to Object

We may also use and disclose your protected health information in the following instances. You may agree or object to the use or disclosure of all or part of your protected health information for these purposes.

A. Office Scheduling.

Unless you object, we will use certain limited information about you in our schedules while you are a patient at our surgery center. This information may include your name, location in our surgery center, your reason for the appointment (in general terms). This information may also be released to people who ask for you by name. In case of an emergency or if you are incapacitated, we may provide the above information to others, but we will provide you with an opportunity to object when it is practical to do so.

B. Others involved in 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 relates to that person's involvement in your healthcare. For example, we may discuss appointment and surgical scheduling, billing questions and insurance information, with a spouse, parent, son, or daughter, or close friend to assist you in your care. This contact may be in person, by phone, in writing, or otherwise and may involve leaving a message on an answering machine, a fax, an email or otherwise which could (potentially) be received or intercepted by others not noted above.

C. Disaster relief. 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 and location.

IV. Uses and Disclosures Which You Authorize

The following use and disclosures of PHI will only be made pursuant to us receiving a written authorization from you: most uses of psychotherapy notes, uses and disclosures of your PHI for marketing purposes, including subsidized treatment and health care operations, disclosures that constitute a sale of PHI under HIPAA, and other uses and disclosures not described in this notice. You may revoke such authorization in writing at any time in the future. We are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

V. Your Rights

You have the following rights regarding your protected health information.

A. The right to inspect and copy your protected health

information. You may inspect and obtain a copy of your protected health information for as long as we maintain the protected health information. You may also request that we transmit your PHI directly to another person designated by you. You will be required to sign an "Authorization for Release of Medical Records". The authorization must be made in writing, signed by you, and clearly identify the designated person and where to send the copy of your records.

You may request an electronic copy of your PHI, provided that it is maintained electronically, and is readily producible.

Requests for access to records and accountings of disclosures will be acted upon within time frames allowed by HIPPA regulations. The patient may be charged for any copying and mailing costs up to statutory limits.

Please contact our Privacy Officer if you have any questions about access to your medical records.

B. The right to request a restriction on uses and disclosures of your protected health information. You may ask us not to use or disclose certain parts of your protected health information for the purpose of treatment, payment or health care operations. You may also request that we not disclose your health information to family members or friends who may be involved in your care or for notification purposes as described in this Privacy Notice. Your written request must state the specific restriction requested and to whom you want the restrictions to apply.

This office is not required to agree to restrictions that you may request. We will notify you if we deny your request to a restriction.

If our office does 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. Under certain circumstances, we may terminate our agreement to a restriction. To request restrictions, your request must be in writing and addressed to our Privacy Officer.

C. The right to request to receive confidential communications from us by alternative means or at an alternative location.

You have the right to request that we communicate with you in certain ways. We will accommodate reasonable requests. We may condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other methods of contact. We will not require you to provide an explanation for your request. Requests must be made in writing to our Privacy Officer.

D. The right to request amendments to your protected health information.

You may request an amendment of your protected health information about you for as long as we maintain this information. Requests for amendment must be in writing and must be directed to our Privacy Officer, and you must also provide a reason to support the requested amendments. In certain cases, we may deny your request for an amendment. For example, if the information was not created by us and the provider who created it is no longer available to make the amendment, or if the information we have is accurate and complete.

E. The right to receive an accounting.

You have the right to request an accounting of certain disclosures of your protected health information made by our office. This right applies to disclosures for purposes other than

treatment, payment or health care operations as described in this Privacy Notice. We are also not required to account for disclosures that you requested, disclosures that you agreed to by signing an authorization form, disclosures for office scheduling and appointments, disclosures to friends or family members involved in your care, or certain other disclosures we are permitted to make without your authorization. The request for an accounting must be made in writing to our Privacy Officer. The request should specify the time period sought for the accounting. We are not required to provide an accounting for disclosures that take place prior to April 14, 2003.

F. The right to obtain a paper copy of this notice. Upon request, we will provide a separate paper copy of this notice even if you have already received a copy of the notice or have agreed to accept this notice electronically.

G. Out of pocket services. If you have paid for services “out of pocket”, in full, and you request, in writing, that we do not disclose PHI related solely to those services to a health plan, we will accommodate your request, except where we are required by law to make a disclosure.

VI. Duties of Our Surgery Center

This office is required by law to safeguard your Protected Health Information. We are bound by the terms of this Privacy Notice which provides you with the notice of our legal duties and our privacy practices with respect to your PHI. We reserve the right to change the terms of this notice and to make new Notice provision effective for all protected health information that we maintain as internal policies or the laws change.

In compliance with the HIPAA Breach Notification Rule, our

office will take appropriate steps to determine any unauthorized acquisition, access, use, or disclosure of unsecured PHI caused by security breaches. Once a security breach has been determined, our office, through its Privacy and Security Officer, must notify the affected individuals of breaches to their PHI. The Notice of Privacy Practices will be posted within our lobby and copies will be available at the registration area. Or, you may request a copy at any time, by calling our office, or by asking for one at your next appointment.

VII. Complaints

You have the right to express complaints to our office and to the Secretary of the Department of Health and Human Services if you believe that your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint.

VIII. Contact Person

The facility’s contact person for all issues regarding patient privacy and your rights under the federal privacy standards is the Privacy Officer. If you have any questions about this notice, please contact the Privacy Officer at (701) 232-9200 or send a written notice to:

Northern Plains Surgery Center
2829 University Dr. S., Suite 103
Fargo, ND 58103
ATTN: Privacy Officer