

Minnesota Notice of Provider Privacy Practices

Fillmore County Public Health
902 Houston St NW Suite 2
Preston, MN 55965

EFFECTIVE DATE OF THIS NOTICE: OCTOBER 2014

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

OUR PLEDGE AND LEGAL DUTY TO PROTECT HEALTH INFORMATION ABOUT YOU.

The privacy of your health information is important to us. We are required by federal and state laws to protect the privacy of your health information. We must give you notice of our legal duties and privacy practices concerning your health information, including:

- * We must protect information that we have created or received about your past, present, or future health condition, health care we provide to you, or payment for your health care.
- * We must notify you about how we protect your health information
- * We must explain how, when and why we use or disclose your health information
- * We may only use or disclose your health information as we have described in this notice
- * We must abide by the terms of this notice.

We are required to abide by the terms of this notice. We reserve the right to change the terms of this notice and to make new notice provisions effective for all health information that we maintain. We will post a revised notice in our offices, make copies available to you upon request and post the revised notice on our website.

Your Rights

"YOUR RIGHTS" **When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you

Copy of medical records **Receive an electronic or paper copy of your medical record**

- * You can ask to see or copy an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this
- * We will provide a copy or summary of your health information within a reasonable time.
- * *If you ask to see or receive a copy of your record for purposes of reviewing current medical care, we may not charge you a fee. [Minn. Stat. § 144.292 subd. 6]*
- * *If you request copies of your patient records of past medical care, or for certain appeals, we may charge you specified fees [Minn. Stat. § 144.292 subd. 6]*

<p>Request to amend medical record</p>	<p>Ask us to correct your medical record</p> <ul style="list-style-type: none"> * You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this * We may say "no" to your request, but we'll tell you why in writing within 60 days.
<p>Request confidential communications</p>	<p>Request for us to contact you confidentially</p> <ul style="list-style-type: none"> * You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. * We will say "yes" to all reasonable requests.
<p>Request to limit use/sharing of TPO</p>	<p>Ask us to limit what we use or share</p> <ul style="list-style-type: none"> * You can ask us not to use or share certain health information for treatment, payment, or out operations (TPO). We are not required to agree to your request, and we may say "no" if it would affect your care. * If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or out operations with your health insurer. We will say "yes" unless a law requires us to share that information. <p><i>Minnesota Law requires consent for disclosure of treatment, payment or operations information [Minn. Stat. § 144.293 subd. 2]</i></p>
<p>List of those with whom we've shared information</p>	<p>Get a list of those with whom we've shared information</p> <ul style="list-style-type: none"> * You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. * <p>We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as you asked us to make). We'll provide one accounting a year for free but will but will charge a reasonable, cost-based fee if you ask for another one within 12 months.</p>
<p>Copy of this privacy notice</p>	<p>Get a copy of this privacy notice</p> <ul style="list-style-type: none"> * You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
<p>File a complaint</p>	<p>File a complaint if you feel your rights are violated</p> <ul style="list-style-type: none"> * You can complain if you feel we have violated your rights by contacting us using the information on page 1. * You can file a complaint with the U.S. Department of Health and Human Service Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-686-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. * We will not retaliate against you for filing a complaint.

Your Choices

Request us not to share

For certain health information, you can tell us your choice about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us NOT to:

- * Share information with your family, close friends, or other involved in your care
- * Share information in a disaster relief situation
- * Include your information in a hospital directory
- * *If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

Will never share without permission

In these cases we never share your information unless you give us written permission:

- * Marketing purposes
- * Sale of your information
- * Most sharing of psychotherapy notes
- * *Minnesota Law also requires consent for most other sharing purposes*

Fundraising

In the case of fundraising:

- * We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

Uses & disclosures for TPO

How do we typically use or share your health information?

We typically use or share your health information in the following ways. We need your *consent before we disclose protected health information for treatment, payment, and operations purposes, unless the disclosure is to a related entity, or the disclosure is for a medical emergency and we are unable to obtain your consent due to your condition or the nature of the medical emergency. [Minn. Stat. § 144.293, subd. 2 and 5]*

Treat You

We can use your health information and share it with other professionals who are treating you *only if we have your consent. We can only release your health records to health care facilities and providers outside our network without your consent if it is an emergency and you are unable to provide consent due to the nature of the emergency. We may also share your health information with a provider in our network. [Minn. Stat. § 144.293, subd. 2 and 5]*

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Uses & disclosures for TPO	<p style="text-align: center;">Run our organization</p> <p>We can use and share your health information to run our practice, improve your care, and contact you when necessary. <i>We are required to obtain your consent before we release your health records to other providers for their own health care operations. [Minn. Stat. § 144.292, subd. 2 and 5]</i></p> <p>Example: We use health information about you to manage your treatment and services.</p> <p style="text-align: center;">Bill for your services</p> <p>We can use and share your health information to bill and get payment from health plans or other entities <i>only if we obtain your consent. [Minn. Stat. §</i></p> <p>Example: We give information about you to your health insurance plan so it will pay for your services.</p>
Other uses and disclosure	<p style="text-align: center;">How else can we use or share your health information?</p> <p>We are allowed or required to share your information in other ways-- usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.</p> <p>For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.</p>
Public Health and safety	<p style="text-align: center;">Help with public health and safety issues</p> <p>We can share health information about you for certain situations such as:</p> <ul style="list-style-type: none"> * Preventing disease * Helping with product recalls * Reporting adverse reactions to medications * Reporting suspected abuse, neglect, or domestic violence * Preventing or reducing a serious threat to anyone's health or safety
Research	<p style="text-align: center;">Do Research</p> <p>We can use or share your information for health research <i>if you do not object. [Minn. Stat. § 144.295 subd. 2]</i></p>
Comply with the law	<p style="text-align: center;">Comply with the law</p> <p>We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law. [Minn. Stat. § 144.293 subd. 2]</p>
Organ and tissue donation	<p style="text-align: center;">Respond to organ and tissue donation requests</p> <p>We can share health information about you with organ procurement organizations <i>only with your consent. [Minn. Stat. § 525A.14]</i></p>
Medical Examiner	<p style="text-align: center;">Work with a medical examiner or coroner</p> <p>We can share health information about you with a coroner and medical examiner when an individual dies. <i>We need consent to share information with a funeral director. [Minn. Stat. § 390.11 subd. 7 (a)]</i></p>

Workers' comp, law enforcement, government	Address workers' compensation, law enforcement, and other government requests
	<p>We can use or share health information about you:</p> <ul style="list-style-type: none"> * For workers' compensation claims * For law enforcement purposes or <i>with a law enforcement official with your consent, unless required by law. [Minn. Stat. § 144.293, subd. 2]</i> * With health oversight agencies for activities authorized by law * For special government functions such as military, national security, and presidential protective services <i>with your consent, unless required by law. [Minn. Stat. § 144.293, subd. 2]</i>

Respond to legal actions	Respond to lawsuits and legal actions
	<p>We can share health information about you in response to a court or administrative order, or in response to a subpoena. (NOTE TO PROVIDER: Minnesota may require a court order; however, providers should consult with legal counsel upon receipt of these types of documents.) <i>[Minn. Stat. § 144.293 subd. 2]</i></p>

Other State Law	Other State Law
	<p>The Privacy Rule requires you to describe any state or other laws that require greater limits on disclosures. " <i>In Minnesota, we need your consent before we disclose protected health information for treatment, payment, and operations purposes, unless the disclosure is to a related entity, or the disclosure is for a medical emergency and we are unable to obtain your consent.</i>" <i>[Minn. Stat. §§ 13.386, 254A.09]</i></p>

Our Responsibilities

Maintain privacy & security	We are required by law to maintain the privacy and security of your protected health information.
Inform of breach	We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
Follow notice practices	<p>We must follow the duties and privacy practices described in this notice and give you a copy of it.</p> <p>We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.</p> <p>For more information see: www.hhs.gov/ocr/privacy/hippa/understanding/consumers/noticepp.html.</p>

Changes to the Terms of this Notice

Changes to the terms of notice	We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.
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Other Instructions for Notice

Effective Date	Effective Date of this notice Oct-14
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If you want more information about our privacy practices or have questions or concerns, please contact our Privacy Office. If you are concerned that your privacy rights have been violated, you may file a complaint with our Privacy Office. You may also submit a written complaint to the U.S. Department of Health and Human Services. We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a

**Name and contact of
Privacy Official**

Bobbie Vickerman, Coordinator
P.O. Box 466
Preston, MN 55965
507-765-2812
bvickerman@co.fillmore.mn.us

U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
or calling 1-877-696-6775
or visiting: www.hhs.gov/ocr/privacy/hipaa/complaints/

This document is adapted from U.S. Department of Health and Human Services Model Notice of Privacy Practices that includes an overlay of Minnesota's additional legal requirements. *Minnesota's legal requirements* are in *italic text*