

PEMBINA COUNTY PUBLIC HEALTH
301 DAKOTA STREET WEST, #2
CAVALIER, ND 58220-4100
PHONE – 701.265.4248
FAX – 701.265.5193



Pembina County Public Health

Protect. Promote. Prevent.

Notice of Privacy Practices

This notice describes how medical information about you may be used, disclosed, and how you can get access to this information. Please read it carefully.

If you have questions or comments regarding this notice, please contact Pembina County Public Health at the above-mentioned address or telephone number. All requests, notifications, and complaints should be submitted to the privacy officers.

Why do we publish this notice?

As health professionals, we understand that information about you and your health is sensitive and personal. We are also required by law to maintain the privacy of information that we gather and use about you, all of the patients we serve. We also will provide you with notices of our legal duties and privacy practices with respect to your information.

We are committed to the privacy of your client's information. However, in order to serve you, we need to obtain, secure and utilize your records. We occasionally need to share health information with other health-care, insurance, and billing providers.

This notice is also to inform you about certain legal rights you have with respect to the information we secure. You have the right to review and copy information in your records. You may also request that we amend these records, and may ask us to account for certain disclosures.

When Does This Notice Become Effective?

We are required to comply with the terms of this notice while it is in effect. We reserve the right to change the terms of this notice and to make the new terms effective for all information to which this notice applies. This notice will be in effect from April 14, 2003, until the date we publish an amended notice. If we do publish an amended notice, we will notify you of the amendment at your next appointment at Pembina County Public Health. We will publish this information on our website at:

www.pembinacountynd.gov.

A copy may be requested by contacting us at the above telephone number or address.

What Information Does This Notice Cover?

This notice covers all information in our written or electronic records which concern you, your healthcare and payment for services we provide for your care. This notice also covers information we have shared with other organizations to help us provide care to you, or to manage our administrative operations.

Uses and Disclosures of Protected Health Information. How We May Use and Disclose Medical Information About You:

In order for us to provide you healthcare, we are permitted to use or disclose your health information for the following purposes:

1. **Treatment.** We may use or disclose information about you for treatment purposes. This information may be communicated to doctors, nurses, technicians, nursing students, or other individuals who work in our practice who are involved in providing your healthcare. We may also disclose information about you to organizations and individuals involved in your care who are outside of our practice, such as consulting physicians, laboratories social

workers, and other persons in the medical profession. For example, if we refer you to a physician or clinic we will provide all information which might be necessary or helpful to assist in your case. If it is necessary to send a sample of your blood to a laboratory for analysis, we will provide the laboratory with the information they need to analyze your blood correctly.

2. **Payment.** We may use or disclose information about you for payment purposes to our staff involved in billing and claims payment. We may also disclose such information to your health plan or other third party financially responsible for your care, or to claims and billing services if necessary. For example, If you are covered by a health plan such as ND Medicaid we cannot get paid for the services provided to you unless a claim is submitted. This is only an example. There may be other ways we may use or disclose information about you in connection with reimbursement for your care.
3. **Health Care Operations.** We may use or disclose information about you in connection with the operation of our practice. The activities may include: quality improvement, training of students, medical or legal review, and business planning or administration our services. For example, to deliver quality care to you, we may wish to review the quality of care you receive. These are only examples, and we may use or disclose information about you for healthcare operations in many other ways.

Other Permitted Disclosures.

We may also disclose information about you without your consent for the following purposes:

1. We may use or disclose your protected health information (PHI) to other public health or agencies that are allowed to receive this information such as the ND

Department of Health. We may disclose vital statistics, communicable diseases, or information about product recalls.

2. We may disclose your PHI to agencies authorized to receive reports of suspected child abuse, neglect, or domestic violence. Disclosure will be consistent with state and federal laws.
3. We may disclose your PHI if we believe you have been a victim of abuse, neglect, or domestic violence.
4. We may disclose your PHI to a health oversight agency for activities authorized by a regulatory, licensing, and other legal purposes that are necessary for healthcare system government programs, and civil rights laws.
5. We may disclose PHI in judicial or administrative proceedings, in response to a court order, and in certain cases in response to a subpoena, discovery request, or other legal purpose.
6. We may disclose PHI under certain conditions to law enforcement agencies, subject to applicable legal requirements and limitations.
7. We may disclose PHI under certain conditions to your authorized superiors or other authorized federal officials, if you are in the United States military, national security, intelligence, or Foreign Service.
8. We may disclose PHI to coroners, funeral directors, and organ donation organizations, for purposes allowed by law such as identification or determining cause of death.
9. We may disclose your PHI to researchers when their research has been approved by an institutional review board or privacy board, and the board has determined that

the research meets certain requirements for protections of that information.

Reminders, Marketing and Research.

We may send you information to support your healthcare, including appointment reminders, information about alternative treatments, and health related services, which may be of interest to you. Please advise us if you do not wish to receive such communications. If you do not wish to receive this type of communication, you must advise us in writing.

What Legal Rights Do You Have in Connection to Your Health Information?

By law, you are entitled to:

1. **Request a restriction.** Ask us to further restrict our use and disclosure of information about you. We are not required to grant such a request, but if we do grant our request, we must abide by it.
2. **Confidential communications.** You have a right to request that we communicate with you about health matters in a certain way or at a certain location.
3. **Review our medical record.** You have a right to review your personal medical records.
4. **Obtain a copy of your medical record.** You have a right to obtain a copy of all or any part of your medical information. We may charge you a reasonable fee for copying materials.
5. **Request an amendment.** You have a right to request an amendment to your medical records. If you believe that the medical information about you is incorrect or incomplete, you may request an amendment in writing and provide a reason to support your request. We are not required to make such an amendment. You

are entitled to request in writing a written statement of disagreement, which will be included in your medical record. If you choose to make such a statement, we are entitled to submit a statement of explanation, or response to your appeal, which will be placed in our medical record.

6. **Right to obtain accounting of disclosures.** You have the right to receive an accounting of disclosures we have made and to obtain an accounting of disclosures. You have a right to receive specific information about disclosures that were made after April 13, 2003. This does not include disclosures for purposes of treatment, payment, or healthcare operations.
7. **Right to revoke consent for treatment/payment and healthcare operations.** If you have provided us with an authorization for any purpose, you may revoke it at any time. You may revoke an authorization by giving us written notice at our contact address mentioned below. Your revocation will be effective as of the time we receive it, and will not apply to any uses or disclosures which occur before we have received such a request.
8. **Right to file a complaint.** If you believe we have violated your privacy rights, you may forward a written complaint to us. You may also file a complaint with the Secretary of the United States department of Health and Human Services. If you do file a complaint, we are legally prohibited from retaliating against you.

Complaints can be submitted to:
Region VIII Office for Civil Rights
U.S. Dept of Health & Human Services
1961 Stout St., Room 1185 FOB
Denver, CO 80294-3538
Phone: 303.844.2025, Fax: 303.844.2025,
TDD: 303.844.3439