

*Tri-County Hospital  
is committed to  
protecting your  
medical information.*



# Notice of Privacy Practices

Effective April 14, 2003

**Tri-County  
Hospital**

415 Jefferson Street North  
Wadena, MN 56482

**218-631-3510 or 1-800-631-1811**

[www.tricountyhospital.org](http://www.tricountyhospital.org)

Tri-County Hospital is an equal opportunity  
employer and provider.

# TRI-COUNTY HOSPITAL/CLINICS

## Joint Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

The terms of this Notice of Privacy Practices apply to Tri-County Hospital operating as a clinically integrated organized health care arrangement composed of: Tri-County Hospital, its Medical Staff, the physicians and other licensed professionals seeing and treating patients at Wadena Medical Center, Bertha Medical Clinic, Henning Medical Clinic, Ottertail Area Medical Clinic, Sebeka Medical Clinic and Tri-County Hospital Home Health Care/Hospice. The members of this clinically integrated organized health care arrangement work and practice at Tri-County Hospital. All of the entities and persons listed will share personal health information of our patients as necessary to carry out treatment, payment and healthcare operations as permitted by law.

### Understanding Your Health Record/Information

Each time you visit a hospital, physician or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination, test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third party payer can verify that services billed were actually provided
- A tool in educating health professionals;
- A source of data for medical research;
- A source of information for public health officials charged with improving the health of the state and nation;
- A source of data for facility planning and marketing and
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy
- Better understand who, what, when, where and why others may access your health information
- Make more informed decisions when authorizing disclosure to others

### Your Health Information Rights:

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- **Access your personal health information.**
- **Request a restriction or limitation on certain uses and disclosures of your information for treatment, payment or healthcare operations.** You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the Health Information Management Department. In your request, you must tell us what

information you want to limit, whether you want to limit our use, disclosure or both; and to whom you want the limits to apply.

- **Obtain a paper copy of the joint notice of the clinically integrated organized health care arrangement's privacy practices upon request.**
- **Inspect and copy your health record that may be used to make decisions about your care.** Usually, this includes medical and billing records. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Health Information Management Department. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or for other supplies associated with your request as deemed necessary. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed healthcare professional chosen by the hospital will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- **Amend your health record.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the site. To request an amendment, your request must be made in writing and submitted to the Health Information Management Department. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
  - was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
  - is not part of the medical information kept by or for the facility;
  - is not part of the information which you would be permitted to inspect or copy; or
  - is accurate and complete.
- **Obtain an accounting of disclosures of your health information.** This is a list of the disclosures we made of medical information about you. To request the list of accounting of disclosures, you must submit your request in writing to the Health Information Management Department. Your request must state a time period that may not be longer than six years or may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at the time before any costs are incurred.
- **Request communications of your health information by alternative means or at alternative locations.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will not request an explanation from you about the reason for your request. We will accommodate reasonable requests. We may condition the accommodation by asking you for information about how payment will be handled, or ask you to specify an alternate address or other method of contact. Please make any request for alternate communications in writing to the Health Information Management Department.
- **Revoke your authorization to use or disclose health information except to the extent that action has already been taken.**

### **Our Responsibilities:**

This organization is required to:

- Maintain the privacy of your health information
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice

- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, it will be posted at our registration/admitting areas of our facilities and on our website, or, you may request a copy at any time. We will not use or disclose your health information without your authorization, except as described in this notice, or as authorized by law.

### **For More Information or to Report a Problem**

If have questions and would like additional information, you may contact the Tri-County Hospital Health Information Management Manager at (218) 631-7504. If you believe your privacy rights have been violated, you can file a complaint with the Manager of Health Information Management in writing. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in writing within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

### **Examples of Disclosures for Treatment, Payment and Health Operations**

***We will use your health information for treatment.*** We will make uses and disclosures of your personal health information as necessary for your treatment. *For example:* Information obtained by a nurse, physician or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that, way the physician will know how you are responding to treatment. We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him/her in treating you once you are discharged from this hospital.

***We will use your health information for payment.*** We will make uses and disclosures of your personal health information as necessary for the payment purposes of those health professionals and facilities that have treated you or provided services to you. *For example:* A bill may be sent to you or a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.

***We will use your health information for regular healthcare operations.*** We will use and disclose your personal health information as necessary, and as permitted by law, for our healthcare operations, which include clinical improvement, professional peer review, business management, accreditation and licensing, etc. *For example:* Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

### **Other Uses or Disclosures**

In addition to using and disclosing your medical information for treatment, payment, and health care operations, we may use and disclose medical information for the following purposes:

***Business Associates:*** There are some services provided in our organization through contacts with business associates. Examples include certain laboratory tests and a copy service we use when making copies of your health record. When these 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 and bill

you or your third party payer for services rendered. However, we require the business associate to appropriately safeguard your information so that your health information is protected.

**Facility Directory:** Unless you notify us that you object, we will use your name, location in the facility, general condition and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name.

**Notification:** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your location, and general condition.

**Communication with Family:** Health professionals, using their best judgment, may disclose to a family member, other relative, close friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care. If you are unavailable, incapacitated, or facing an emergency medical situation and we determine that a limited disclosure may be in your best interest, we may share limited personal health information with such individuals without your approval. We will do this in compliance with Minn. Stat. § 144.341 et seq., consent of minors for health services. We may also disclose limited personal health information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you.

**Health Products and Services:** We may from time to time use your personal health information to communicate with you about health products and services necessary for your treatment, to advise you of new products and services we offer, and to provide general health and wellness information.

**Research:** We may disclose information to researchers when their research has been approved by an Institutional Review Board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

**Funeral Director/Coroner/Medical Examiner:** We may disclose health information to coroners, medical examiners and/or funeral directors consistent with applicable law to carry out their duties.

**Organ Procurement Organizations:** Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs for the purpose of tissue donation and transplant.

**Marketing:** We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

**Fund Raising:** We may contact you as part of a fundraising effort. You have the right to "opt-out" of receiving fundraising materials/communications and may do so by sending your name and address to Tri-County Hospital Foundation, 415 N. Jefferson St., Wadena, MN 56482 together with a statement that you do not wish to receive fundraising materials or communications from us.

**Food and Drug Administration (FDA):** We may disclose health information to the FDA relative to adverse events with respect to food, supplements, product and product defects or post marketing surveillance information to enable product recalls, repairs or replacement.

**Workers Compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law. We may release your personal health information to your employer when we have

provided health care to you at the request of your employer to determine workplace-related illness or injury.

**Public Health:** As required by law, we may disclose your health information such as reporting of disease, injury, birth and death, and for required public health, investigations to public health or legal authorities charged with preventing or controlling disease, injury or disability.

**Correctional Institution:** Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof, health information necessary for your health, and the health and safety of other individuals.

**Law Enforcement:** We may disclose health information for law enforcement purposes as required by law, or in response to a valid subpoena.

**National Security and Intelligence Activities:** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective Services for the President and Others:** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

**Abuse/Neglect/Domestic Violence:** We may release your personal health information as required by law if we suspect abuse or neglect; we may also release your personal health information as required by law if we believe you to be a victim of abuse, neglect or domestic violence.

**Government Agency:** We may release your personal health information if required by law to a government oversight agency conducting audits, investigations or civil or criminal proceedings.

**Threat to Health or Safety:** We may release your personal health information in limited instances if we suspect a serious threat to health or safety.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a workforce member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

**Acknowledgement of Receipt of Notice:** You will be asked to sign an acknowledgment form that you received this Notice of Privacy Practices.

**Effective Date:** This Notice of Privacy Practices is effective April 14, 2003.



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