

# Notice of Privacy Practices

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

This Notice applies to all Sanford Health entities as well as the physicians and other licensed professionals seeing and treating patients at Sanford Health facilities. For a complete listing of these facilities and locations, go to [www.sanfordhealth.org/locations](http://www.sanfordhealth.org/locations). If you have questions about this Notice, please contact Sanford's Privacy Office at 1-800-600-8422. You may also email your questions to [privacyoffice@sanfordhealth.org](mailto:privacyoffice@sanfordhealth.org).

This Notice describes how we will use and disclose your health information. The terms of this Notice apply to all health information generated or received by Sanford Health, whether recorded in your medical record, billing invoices, paper forms, video, or in other ways.

### **HOW WE USE AND DISCLOSE YOUR HEALTH INFORMATION**

We use or disclose your health information as follows: (In Minnesota we will obtain your prior consent)

- **TREATMENT:** We may use your health information to provide care and share it with others who are treating you. For example, your physician may disclose your health information to a specialist for the purpose of a consultation.
- **PAYMENT:** We may use and share your health information to bill and obtain payment for the healthcare services you receive. For example, we send information about you to your health insurance plan so it will pay for your services. We may also disclose your health information to other healthcare providers for their payment purposes.
- **HEALTHCARE OPERATIONS:** We may use and share your health information for our day-to-day operations, to improve your care, and contact you when necessary. For example, we may use your medical information to review our treatment and services so we can evaluate how to improve our quality of care. We may disclose your information to medical students and other hospital staff for their education. We may also disclose your health information to other healthcare providers for their healthcare operations.

We may share your health information in the following situations unless you tell us otherwise. If you are not able to tell us your preference, we may go ahead and share your information if we believe it is in your best interest or needed to lessen a serious and imminent threat to health or safety:

- **Directories:** We may maintain a patient directory that includes your name and location within the facility, general information about your condition (fair, serious, etc.) and religious designation. We may disclose all but your religious designation to any person who asks for you by name. Members of the clergy may obtain all directory information.
- **Friends and Family:** We may disclose to your family and close personal friends any health information directly related to that person's involvement in your care.
- **Disaster Relief:** We may disclose your health information to disaster relief organizations in an emergency so your family can be notified about your condition and location.

We may also use and share your health information for other reasons without your prior consent:

- **When required by law:** We will share information about you if state or federal law require it, including with the Department of Health and Human services if it wants to see that we're complying with federal privacy law. This may include disclosing information about victims of abuse, neglect, or domestic violence.
- **Law enforcement:** We may share information for law enforcement purposes, such as when a crime is committed at one of our facilities. We may also share information to help locate a suspect, fugitive, missing person or witness.
- **For public health and safety:** We can share information in certain situations to help prevent disease, assist with product recalls, report adverse reactions to medications, and to prevent or reduce a serious threat to anyone's health or safety.
- **Lawsuits and legal actions:** We may share information about you in response to a court or administrative order, or in response to a subpoena.
- **Organ and tissue donation:** We can share information about you with organ procurement organizations.
- **Medical examiner or funeral director:** We can share information with a coroner, medical examiner, or funeral director when an individual dies.
- **Workers' compensation, correctional institutions and other government requests:** We can share information to employers for workers' compensation claims. We also share information with correctional institutions about their inmates. Information may also be shared with health oversight agencies when authorized by law, and other special government functions such as military, national security and presidential protective services.
- **Research:** We can use or share your information for certain research projects that have been evaluated and approved through a process that considers a patient's need for privacy.

We may contact you in the following situations:

- **Appointment reminders:** To remind you of appointments with us.
- **Treatment options:** To provide information about treatment alternatives or other health related benefits or Sanford Health services that may be of interest to you.
- **Fundraising:** We may contact you about fundraising activities, but you can tell us not to contact you again.

## **YOUR RIGHTS THAT APPLY TO YOUR HEALTH INFORMATION**

When it comes to your health information, you have certain rights.

- **Get a copy of your medical record:** You can ask to see or get a paper or electronic copy of your medical record and other health information we have about you. We will provide a copy or summary to you usually within 30 days of your request. We may charge a reasonable, cost-based fee. Access may be denied in some circumstances, such as to psychotherapy notes or when a certain law prohibits your access. In some circumstances you may have this decision reviewed.
- **Ask us to correct your medical record:** You can ask us to correct health information that you think is incorrect or incomplete. We may deny your request, but we'll tell you why in writing. These requests should be submitted in writing to the contact listed below.
- **Request confidential communications:** 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. Reasonable requests will be approved.
- **Ask us to limit what we use or share:** You can ask us to restrict how we share your health information for treatment, payment, or our operations. 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 with your health insurer for the purpose of payment or our operations. We will say "yes" unless a law requires us to share that information.
- **Get a list of those with whom we've shared information:** You can ask for a list (accounting) of the times we've shared your health information for six years prior, who we've shared it with, and why. We will include all disclosures except for those about your treatment, payment, and our health care operations, and certain other disclosures (such as those you asked us to make). We will provide one accounting a year for free, but we will charge a reasonable cost-based fee if you ask for another within 12 months.
- **Get a copy of this privacy notice:** You can ask for a paper copy of this Notice at any time, even if you have agreed to receive it electronically. We will provide you with a paper copy promptly.
- **Choose someone to act for you:** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- **File a complaint if you feel your rights are violated:** You can complain to the U.S. Department of Health and Human Services Office for Civil Rights if you feel we have violated your rights. We can provide you with their address. You can also file a complaint with us by using the contact information below. We will not retaliate against you for filing a complaint.

**Contact Information:**  
Sanford Patient Relations  
PO Box 2010  
Fargo, ND 58122-2204  
(701) 234-5876

## **OUR RESPONSIBILITIES REGARDING YOUR HEALTH INFORMATION**

- We are required by law to maintain the privacy and security of your health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your health information.
- We must follow the duties and privacy practices described in this Notice and offer to give you a copy.
- We will not use or share your information other than as described here unless you tell us to in writing. You may change your mind at any time by letting us know in writing.

## **CHANGES TO THIS NOTICE**

We may 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 and on our website [www.sanfordhealth.org](http://www.sanfordhealth.org).

## **EFFECTIVE DATE**

This Notice of Privacy Practices is effective September 23, 2013.

## **NOTICE OF ORGANIZED HEALTH CARE ARRANGEMENT FOR SANFORD HEALTH**

Sanford Health, its component hospitals, the independent contractor members of the medical staff at those facilities, and other healthcare providers affiliated with Sanford Health have agreed, as permitted by law, to share your health information among themselves for the purposes of treatment, payment, or healthcare operations. This allows us to better address your healthcare needs in a clinically integrated setting. This notice is being provided to you as a supplement to this Notice of Privacy Practices.