



St. Peter Community Hospital

1900 N. Sunrise Drive, St. Peter, MN 56082
(507) 931-2200

Date Revised: August, 2004

Notice of Health Information 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 IT CAREFULLY.

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 and 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 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 health 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:

- ◆ Inspect and receive a copy or a summary of the health information contained in your medical or billing records. We ask that your request be made in writing. We may charge a reasonable fee. There are limited situations in which we may deny your request. Under these situations, we will respond to you in writing, stating why we cannot grant your request. You may obtain a form to request access to your records by contacting the Health Information Management Department at (507) 934-7624.
- ◆ Request an amendment or deletion to your health record. You may request, in writing, that we amend or delete personal information we have about you. We are not required to agree to such a request, but if we agree, we will note the amendment in future disclosures of that record, and make reasonable efforts to inform and provide the amendment to persons who have already received the personal information.
- ◆ Obtain an accounting of disclosures of your health information. Your request must be in writing. You may ask for disclosures made up to six years before the date of your request (not including disclosures made prior to April 14, 2003).

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- ◆ Confidential communications. You may request that we correspond with you by reasonable confidential means, such as by sending letters to you at a different address. We ask that your request be made in writing. While we are not required to agree with your request, we will make efforts to accommodate reasonable requests.
- ◆ Request a restriction on certain uses and disclosures of your information. You may request in writing that St. Peter Community Hospital restrict disclosure of the protected health information we have about you. We are not required to agree to such a request, and we will notify you of our decision. If you are in a health care emergency, we may disclose restricted health information without your authorization.
- ◆ Obtain a paper copy of the Notice of Health Information Privacy Practices upon request.

Responsibilities of the St. Peter Community Hospital

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. We may only use or disclose your health information as we have described in this Notice. We are required to abide by the terms of this Notice. We reserve the right to change our practices and the terms of this Notice, and to make the new provisions effective for all protected health information we maintain. We will post a revised notice on the hospital web site at www.stpeterhealth.org, and have additional paper copies available at the hospital.

Who Will Follow This Notice

- ◆ Any healthcare professional authorized to enter information into your medical record.
- ◆ Any member of a volunteer group we allow to help you while you are in our care.
- ◆ All employees, staff, health care students and other personnel in all departments or units of our organization.
- ◆ All members of the Medical Staff of the St. Peter Community Hospital.
- ◆ St. Peter Community Hospital.

All these entities follow the terms of this Notice. In addition, for the purposes of care provided within the Hospital, they may share medical information as needed with each other for treatment, payment, or healthcare operations purposes as described in this Notice.

How We May Use and Disclose Health Information About You

There are a number of purposes for which it may be necessary for us to use or disclose your health information. For some of these purposes, we are required to obtain your consent. In other specific instances, we may be required to obtain your individual authorization. In a limited number of circumstances, we will be authorized by law to disclose your health information without your consent or authorization. Following is a description of these uses and disclosures.

Uses and Disclosures of Your Health Information for Purposes of Treatment, Payment and Health Care Operations. For some of these disclosures of health information, we are required by Minnesota laws to obtain a written consent from you, unless the disclosure is authorized by law:

Health Care 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/her treatment plan for your care. 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 or nursing home, or after you have been seen in the Emergency Department or other outpatient department.

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Payment. For example: A bill may be sent to a third party payer, such as Medicare or other insurance company. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used. In some cases, additional reports from your medical record may be requested for payment.

Health Care Operations. For example: Members of the medical staff, the 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 health care and service we provide.

Business Associates. There are some services provided in our organization through contracts with business associates. Examples include physician services in the Emergency Department and Radiology, 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've asked them to do and bill you or your third party payer for services rendered. So that your health information is protected, however, we require the business associate to appropriately safeguard your information.

Appointment Reminders and Other Contacts. We may use your health information to contact you to remind you of an appointment for treatment, or to follow-up and see how you are doing after treatment. We also may describe or recommend treatment alternatives to you, or furnish information about health-related benefits and services that may be of interest to you.

Fund Raising. We may contact you as part of a fund-raising effort, or use certain health information for purposes of raising funds for the facility and its operations. For example, we may provide health statistics or data to agencies that award grants or fellowships.

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.

Uses and Disclosures of Your Health Information that Require Your Opportunity to Agree or

Object. In the following instances we will provide you with the opportunity to agree or object to our use or disclosure of your health information:

Facility Directory. We may 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.

Persons Involved in Your Care. We may, using our best judgment, disclose to a family member, other relative, close personal friend or any other person identified by you, health information relevant to that *person's involvement in your care or payment related to your care.*

Notification to Others. We may, in some instances, disclose health information about you to a family member, a personal representative, or another person responsible for your care, in order to notify such person about your current location or general condition.

Uses and Disclosures Authorized by Law. Under certain circumstances we are authorized by law to use or disclose your health information without obtaining a consent or authorization from you. These may include when the use or disclosure is:

Required by Law. We will disclose your health information when such disclosure is required by federal, state, or local laws.

Necessary for Public Health Activities. We may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability, including child abuse and neglect. For example, we are required to report certain communicable diseases to the Minnesota Department of Health. We will also report birth and death information to the State Department of Health.

Related to Victims of Abuse, Neglect, or Domestic Violence. We may disclose your health information to appropriate governmental agencies, such as adult protective or social service agencies, if we reasonably believe you are a victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

For Health Oversight Activities. We may disclose health information for health care oversight agencies' activities authorized by law, such as audits, investigations, and inspections. For example, the hospital may submit information about the care our patients receive to the Minnesota Department of Health.

For Organ Donation Purposes. 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.

For Law Enforcement Purposes. We may disclose health information for law enforcement purposes as required by law. These circumstances may include reporting of certain types of wounds, such as gunshot wounds, reporting limited information concerning identification and location at the request of a law enforcement official, reporting death, crimes on our premises, or crimes in emergencies.

For Legal Proceedings. We may disclose health information in response to requests made during judicial and administrative proceedings, such as court orders or subpoenas.

To a Funeral Director, Coroner, and Medical Examiner. We may provide funeral directors, coroners and medical examiners with health information to allow them to carry out their job duties.

To the Food and Drug Administration (FDA). We may disclose to the FDA health information 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.

Related to Workers' Compensation. We may disclose health information as authorized by and as necessary to comply with laws relating to workers' compensation or other similar programs established by law.

Related to Correctional Institutions. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose medical information about you to the correctional institution or law enforcement official if necessary for your health, or the health and safety of other individuals.

To Avert a Serious Threat to Public Health or Safety. We may disclose or use health information when it is our good faith belief, consistent with ethical and legal standards, that it is necessary to prevent or lessen a serious and imminent threat or is necessary to identify or apprehend an individual.

Related to Specialized Government Functions. Subject to certain requirements, we may disclose or use health information for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of State, or for government programs providing public benefits.

Uses and Disclosures of Your Health Information that Require Your Authorization.

Other uses and disclosures of your health information not covered in this Notice will be made only with your written authorization. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any uses or disclosures permitted by your authorization while it was in effect.

For More Information or to Report a Problem: If you want more information about our privacy practices or have questions or concerns, please contact our Privacy Officer. If you are concerned that your privacy rights have been violated, you may file a complaint with our Privacy Officer, or with the Administrator. 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 complaint with us or with the U.S. Department of Health and Human Services.

ATTN: Privacy Officer
 St. Peter Community Hospital
 1900 N. Sunrise Drive
 St. Peter, MN 56082
 Phone: (507) 934-7612

ATTN: Administrator
 St. Peter Community Hospital
 1900 N. Sunrise Drive
 St. Peter, MN 56082
 Phone: (507) 934-7602

Office for Civil Rights
 U.S. Department of Health and Human Services
 233 N. Michigan Ave., Suite 240
 Chicago, IL 60601
 Phone: (312) 886-2359

Effective Date of This Notice: August 9, 2004.

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