

NOTICE OF PRIVACY PRACTICES

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

During your treatment at North Memorial Health, doctors, nurses, and other caregivers gather information about your medical history and your current health. This notice will explain how such information may be used and shared with others. It will also explain your privacy rights about this kind of information. The terms of this notice apply to health information created or received by North Memorial Health and all health care professionals providing services at North Memorial Health facilities. We are required by law to make sure that medical information that identifies you is kept private, give you this notice of our legal duties and privacy practices with respect to medical information about you, follow the terms of the notice that is currently in effect; and notify you in the event there is a breach of any unsecured protected health information about you.

Your medical information may be used and disclosed for the following purposes:

- **Treatment:** We will use your information to provide, coordinate, and manage your care and treatment. For example, a clinic or hospital doctor may share your medical information with another doctor for a consultation or a referral.
- **Payment:** We may use and disclose medical information about you so that the treatment and services you receive at the hospital may be billed to and payment may be collected from you, an insurance company or another third party. For example, we may need to give your health plan information about surgery you received at the hospital so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to get prior approval or to determine whether your plan will cover the treatment.
- **Health Care Operations:** We may use and disclose medical information about you for North Memorial Health operations. These uses and disclosures are necessary to run North Memorial Health and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff and doctors in caring for you.
- **Hospital Directories:** We may include certain limited information about you in the hospital directory while you are a patient at the hospital. This directory is created so people can visit or contact you in the hospital. This information may include your name, location in the hospital and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. If you would prefer that North Memorial Health not make these disclosures, please notify the Patient Registration Department at 763-581-4474.
- **To family members or friends who will be caring for you or paying your medical bills:** If you are able to make your own health care decisions, we will ask your permission before sharing medical information about you. If you are unable to make health care decisions, North Memorial Health will disclose relevant medical information to family members or to others if we think it is in your best interest to do so. For example, we may provide limited medical information to allow a family member to pick up a prescription or x-ray for you.

These disclosures for treatment, payment and health care operations are described on the Consent for Services that you are asked to sign.

Your medical information may be shared in these special situations:

- **Appointment Reminders and Other Health Information:** We may use your medical information to send you reminders about future appointments, refill reminders, or other communications about your current medications. Your medical information may also be used to give you information about new or alternative treatments or other health care services. However, if we receive any financial remuneration for making such refill or medication communications beyond our costs of making the communication, we will first obtain your written authorization to make such communications.
- **Fundraising:** Occasionally, North Memorial Health, one of its business associates, or its foundation, may use certain information about you (name, address, age, gender, date of birth and other demographic information; dates you received health care from North Memorial Health; department of service information; treating physician; outcome information and health insurance status) to let you know about North Memorial Health fundraising or other charitable events. You have the right to opt out of receiving such fundraising communications. Each fundraising communication you receive will include an opportunity to opt-out of future fundraising communications. Alternatively, you may notify the North Memorial Health Foundation at 763-581-4814 to opt-out of fundraising communications.
- **Research:** Federal law permits North Memorial Health to use and disclose medical information about you for research purposes, either with your authorization or when the study is reviewed for privacy protection by an institutional review board or privacy board before the research begins. In some cases, researchers may be permitted to use information in a limited way to determine whether the study or the potential participants are appropriate. Minnesota law generally requires consent before information can be released to an outside researcher. We will make a good faith effort to obtain your consent or refusal to participate in any research study, as required by law, prior to releasing any identifiable information about you to outside researchers.
- **To Avert a Serious Threat to Health or Safety:** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. In addition, Minnesota law permits disclosures only if specifically required by law or with your written consent. There are limited circumstances in which North Memorial Health professionals have a “duty to warn” potential victims or law enforcement officials of specific threats.
- **Organ and Tissue Donation:** As required by federal law, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Military and Veterans:** If you are a member of the armed forces, we will release medical information about you as required by military command authorities only if required to do so by law or with your written consent. We may also release medical information about foreign military personnel to the appropriate foreign military authority as required by law or with your written consent.
- **Workers’ Compensation:** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness. Minnesota law permits disclosure of your information to the parties involved in the claim without specific consent, if the information is related to a workers’ compensation claim.
- **Public Health:** We may disclose medical information about you to public health authorities for the following types of public health activities:
 - To prevent or control disease, injury or disability;
 - To report births and deaths;

- To report immunizations;
 - To report child abuse or neglect, or abuse of a vulnerable adult;
 - To report reactions to medications or problems with products;
 - To notify people of recalls of products they may be using;
 - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or
 - To the Food and Drug Administration (FDA) as permitted or required by law.
- **Health Oversight Activities:** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor health care programs, and compliance with civil rights laws. Minnesota law requires that patient-identifying information about you, (for example, your name, social security number, etc.) be removed from most disclosures for these purposes, unless you have provided us with written consent.
 - **Lawsuits and Disputes:** If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a court or administrative order or a grand jury subpoena.
 - **Law Enforcement:** We will only release your medical information to law enforcement officials in response to a valid court order, a grand jury subpoena, or warrant, or with your written consent, or as otherwise required by law. We may release non-medical information about you to law enforcement if we are asked by law enforcement for the information, or as may be required by law. In addition, we may release non-medical information about you if you are suspected of committing a crime at the hospital.
 - **Coroners, Medical Examiners, and Funeral Directors:** We will release medical information to a coroner or medical examiner in the case of certain types of death, and must disclose health records upon the request of the coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release the fact of death and certain demographic information to funeral directors as necessary to carry out their duties. Other disclosures will require the consent of a surviving spouse, parent, person appointed by you in writing, or your legally authorized representative.
 - **National Security and Intelligence Activities:** We will release medical information about you to authorized federal officials for intelligence, counter-intelligence, and other national security activities only as required by law or with your written consent.
 - **Protective Services for the President and Others:** We will 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 only as required by law or with your written consent.
 - **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we will release medical information about you to the correctional institution or law enforcement official only as required by law or with your written consent.

Shared Electronic Health Records:

North Memorial Health uses a shared electronic health record that allows care providers within certain facilities (including Maple Grove Hospital and some non-North Memorial Health providers) to access and use your health information as needed when you are seeking care. For example, if you are brought to the hospital in an emergency and cannot tell us about your medical history, we may be able to see your health records from another provider that uses the shared health record. If you receive care from more than one provider who uses the shared electronic health record, your health information will be combined into one record.

North Memorial Health also may access and share your health information electronically through a health information exchange (HIE). A HIE allows the sharing of medical information among care providers who use different electronic health record systems. Information in a HIE will be used as needed to provide care for you.

You have the following rights regarding medical information that we keep about you:

- **Right to Inspect and Copy:** You have the right to inspect and receive a copy of your medical information that may be used to make decisions about you. To get a copy of your hospital medical record you must submit your request in writing to the Health Information Management Department at the hospital. If you need a copy of your home health or clinic medical record, contact the medical records department at Home and Community Services or the North Memorial Health clinic where you were seen. If you need a copy of your medical transportation record, contact North Ambulance Services. If you request a copy, we may charge a fee for the costs of copying, mailing, or other supplies needed to respond to your request, to the extent permitted by state and federal law. If we maintain your health information in an electronic health record, you have the right to receive a copy of your health information in electronic form. You may also direct us to provide your health information (whether in hard copy or in electronic form) directly to an entity or person clearly and specifically designated by you in writing. We may deny your request to inspect and copy in certain very limited circumstances. For example, we may deny access if your doctor believes it will be harmful to your health, or could cause a threat to others. In these cases, we may supply the information to a third party who may release the information to you. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care 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.
- **Right to Request Amendment:** If you think 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 North Memorial Health.

To request an amendment of your hospital or home health record, your request must be made in writing and submitted to the Health Information Management Department or the Patient Representative. To request an amendment of your clinic medical record, contact the clinic manager. To request an amendment of your medical transportation record, contact the North Ambulance Services Billing Department. 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 North Memorial Health;
- Is not part of the information which you would be permitted to inspect and copy; or
- Already is accurate and complete as originally written/printed.

- **Right to an Accounting of Disclosures:** You have the right to request a list of the disclosures we made of your medical information. This list will not include disclosures made for treatment, payment, and health care operations purposes; disclosures you have authorized or that have been made to you; disclosures for facility directories, national security or intelligence purposes; disclosures to correctional institutions or law enforcement with custody of you; or disclosures that took place more than six years prior to the requested accounting. To request this list of disclosures, you must submit your request in writing to our privacy representative in the Health Information Management Department at the hospital. Your request must state a time period which may not be longer than six years. You may receive one free accounting in any 12-month period. We will charge you for additional requests.

- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you. If you pay out-of-pocket in full for an item or service, then you may request that we not disclose information pertaining solely to such item or service to your health plan for purposes of payment or health care operations. We are required to agree with such a request, unless you request a restriction on the information we disclose to a health maintenance organization (“HMO”) and the law prohibits us from accepting payment from you above the cost-sharing amount for the item or service that is the subject of the requested restriction. However we are not required to agree to any other 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 our privacy representative. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosures to specific individuals.

- **Right to Request Specific Handling of Confidential Communications:** 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.

To request specific confidential communications, you must make your request in writing to our privacy representative. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how and where you wish to be contacted, and we may require you to provide information about how payment will be handled.

- **Right to a Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice any time. This notice is on our website, www.northmemorial.com.

CHANGES TO THIS NOTICE

The effective date of this notice is September 23, 2013. We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you, as well as any information we receive in the future. If the terms of this notice are changed, North Memorial Health will give you a revised notice upon request and will post the revised notice on our website and in designated locations at North Memorial Health.

COMPLAINTS

If you believe your privacy rights have been violated please inform the supervisor of the area where you were treated. You may file a complaint with the hospital by contacting the Patient Representative at 763-581-0780. A written complaint may be filed with the Secretary of the Department of Health and Human Services. **You will not be penalized for filing a complaint.**

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written authorization, including uses and disclosures of psychotherapy notes, uses and disclosures for marketing purposes, or disclosures that are considered the sale of protected health information. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization, except to the extent we have already relied on your authorization. We are unable to take back any disclosures we have already made with your permission, and we are required to retain our records of the care that we provided to you.