



Notice of Privacy Practices

Bismarck: 701-255-4242

Bowbells: 701-377-6400

McClusky: 701-363-2296

Minot Behavioral Health:
701-852-4605

Minot Medical —701-852-4600

Minot Dental—701-838-3051

Ray—701-568-5600

Rolette—701-246-3391

St. John—701-477-3111

Turtle Lake—701-448-9225

Central Office—701-448-2054

Toll Free—877-609-3577

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 IT CAREFULLY!

The following notice describes the information privacy practices of Northland Health Centers including all employees, medical staff and other NHC personnel, including students and volunteers. All of these locations may share medical information with each other when necessary for the purpose of treatment, payment or healthcare operations as described in this notice.

Our Pledge to you

We understand that medical information about you and your health is personal and we are committed to protecting privacy while providing quality care. This Notice of Privacy Practices applies to all of the records of your care generated by Northland Health Centers. We are legally required to:

- protect the privacy of your health information
- provide you with a notice as to our legal duties and privacy practices with the respect to information we collect and keep 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 be to communicate health information by alternative means or at alternative locations.

Your Health Information Rights

Your health record is the physical property of the healthcare practitioner or facility that compiled it, but the information belong to you. You have the right to:

- request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or healthcare operations. 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.
- obtain a paper copy of this Notice of Information Practices upon request.
- inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.
- correct or update your health record if you feel that medical information we have about you is incorrect or incomplete.
- obtain an accounting of disclosures of your health information. This is a list of the disclosures we made of medical information about you.
- request communications of your health information by alternative means or at alternative locations.

How We May Use and Disclose Medical Information About You

The following categories describe different ways that we use and disclose medical information. Not every use or disclosure in a category can be listed, however, examples are provided to explain some of the categories. All of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment: Information obtained by a nurse, doctor or one 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 doctor will document, in your record, his or her 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 doctor will know how you are responding to treatment.

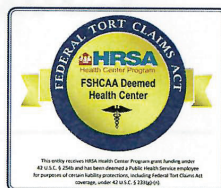
For example: A doctor treating you for a leg injury may need to disclose your health information to the x-ray department to coordinate your care. We will also provide copies of various reports to other healthcare entities caring for you, that should assist them in treating you.

For Payment: We may use and disclose medical information about you so that the treatment and services you receive at NHC may be billed to and payment may be collected from you, an insurance company, or a third party.

For example: We may tell your health plan about a treatment you are going to receive to obtain prior approval or to determine if your plan will cover a treatment. We may also disclose medical information to other health care providers for their payment purposes. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.

For Healthcare Operations: We may use and disclose medical information about you for NHC operations. These uses and disclosures are necessary to run the Health Centers and ensure 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 in caring for you. We may combine medical information about many NHC patients to decide what additional services the Health Centers should offer, what services are needed, and whether certain treatments are effective.



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Business Associates: There are some services provided in our organization through contracts with business associates. Examples: accountants, attorneys, consultants, billing agency, and others in order to make sure we are complying with the laws that affect us. When these services are contracted, we may disclose your health information to our business associate so they can perform the job we have asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information.

As Required by Law: We will disclose medical information about you when required to do so by federal, state or local law, judicial or administrative proceedings, or law enforcement. For example, we make disclosures when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect or domestic violence; when dealing with gunshot or other wounds; or when ordered in a judicial or administrative proceeding.

Communication with Family: Health professionals, using their best judgment, may disclose health information to a family member, other relative, close personal friend or any other person you identify is involved in your medical care. We may also give information to someone who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition and location.

Research: In certain circumstances, we may provide your health information to others to conduct medical research.

Public Health Activities: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability. We may disclose health information to funeral directors, consistent with applicable law, to carry out their duties.

We may release medical information to a coroner or medical examiner; this may be necessary to determine the cause of death.

Appointment Reminder/Treatment Alternatives: 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 fund-raising effort for Northland Health Centers. The money raised through these activities is used to expand and support the health care services and educational programs we provide to the community. If you do not wish to be contacted as part of our fund-raising efforts, please contact NHC Central Office.

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

Worker's Compensation: We may disclose health information about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Correctional Institutions: Should you be an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose to the institution, or agents thereof, health information necessary for your health and the health and safety of other individuals.

Military and Veterans: If you are a member of the armed forces, we may disclose medical information about you as required by military command.

Health Oversight Activities: We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance of civil rights law.

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

Changes to the Notice of Information Practices

We reserve the right to change this notice and our privacy policies. Any changes will apply to the health information which is currently in our possession. Should our information practices change, we will post a copy of the updated notice in our Health Centers.

Other Uses of Health Information

We will not disclose your health information without your written authorization, except as described in this notice. If you provide us with authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. You understand that we are unable to take back any disclosures we have already made with your permission.

For more information contact:
Northland Health Centers
PO Box 535
Turtle Lake, ND 58575
701-448-2054 or 877-609-3577
northlandchc.org

