



Alomere Health's HIPAA & Minnesota Law Notice of Privacy Practices

Effective February 1, 2020

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 and retain with your important papers.

Purpose of this Notice:

This notice describes the ways in which Alomere Health may use and disclose Protected Health Information (PHI) about you. This notice describes your rights and certain obligations we have regarding the use and disclosure of PHI.

* Specifically under the Health Insurance Portability and Accountability Act (HIPAA), Protected Health Information (PHI) is defined as: Information about (1) your physical/mental health or condition, any healthcare provided to you, or payment of health care provided to you whether past, present or future; (2) that is created by us; and (3) that identifies you or could be used to identify you.

Our Pledge Regarding Protected Health Information:

Alomere Health understands that information about you and your health is personal. We are committed to protecting the privacy of your PHI. We create a record of the care and services you receive to provide you with quality care and to comply with legal requirements. This Notice of Privacy Practices (Notice) applies to all of your PHI generated by the hospital, whether made by hospital staff or your personal doctor. Your personal doctor may have different policies or notices regarding the use and disclosure of your PHI created in the doctor's office or clinic.

We Are Required By Law To:

- Make sure that PHI that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to PHI about you;
- Make good faith efforts to obtain written acknowledgement of receipt of this Notice from you; maintain records of the signed receipts, and document the failure to obtain a receipt.
- Follow the terms of the Notice that is currently in effect;
- Change the Notice in accordance with Federal and State regulations and to suit our facility's administrative needs;
- Provide our internal complaint process for privacy issues to you; and
- Notify you following a breach of unsecured PHI; and
- Make the Notice or any revised Notice available in hard copy, by posting it in our facility, and displaying it on the Alomere Health web site. You can request a Notice in person or by mail.

Who Will Follow This Notice:

This Notice describes Alomere Health's practices and that of:

- Any health care professionals authorized to enter information into your medical and billing records;
- All medical students and other trainees affiliated with the hospital;
- Any member of the Volunteer/Auxiliary that may help you while you are in the hospital;
- All departments, units, employees, staff and other hospital personnel;
- All credentialed medical staff including physicians and other allied health professionals. All entities that *provide a service* to the hospital under contractual agreements. In addition, these medical staff, entities, sites and locations may share PHI with each other for treatment, payment or hospital operations purposes described in this Notice.

Your Rights Regarding Protected Health Information About You

You have the following rights regarding the PHI we maintain about you:

- **Inspect and Copy Your Health Information:** In most cases, you have the right to inspect and obtain a copy of your health care information, when you submit a written request. You have the right to request that the copy be provided in an electronic form or format (e.g., PDF saved onto CD). If the form and format are not readily producible, then the organization will work with you to provide it in a reasonable electronic form or format.

Written requests should be sent to “Alomere Health/Release of Information.” If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. If we deny your request or obtain a copy, you may submit a written request for a review of that decision.

- **Right to Amend:** If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the information by submitting a request in writing that provides your reason for requesting the amendment. We may deny your request for an amendment if the information was not created by us; if it is not part of the medical information maintained by us; or if we determine that the record is accurate. We will notify you in a timely manner of our response to your request for amendment. You may appeal, in writing, a decision by us not to amend a record.
- **Right to an Accounting of Disclosures:** You have the right to request a list of the disclosures we made of your PHI except for uses and disclosures made for treatment, payment, and health care operations, if you submit a written request. Your request must state a time period desired for the accounting which may not be longer than six years and 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 cost of copying, mailing or other supplies associated with your request. We will inform you of the fee before you incur any costs.
- **Right to Request Restrictions:** You may request, in writing, a restriction or limitation on the PHI we use or disclose about you for treatment, payment or healthcare operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had to a specific family member. *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. In your request, you must tell us (1) *what* information you want to limit, and (2) *to whom* you want the limits to apply; for example, disclosures to your spouse, relatives or friends. We will honor a request to restrict disclosure of your information to a health plan if:
 - The disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; AND
 - The information pertains solely to a health care item or service for which you, or someone on your behalf (other than your health plan), has paid us in full.
- **Right to Request Confidential/Alternative Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location, by notifying us in writing. For example, you can ask that we only contact you at work or by mail. We will not ask you the reason

for your request. We will accommodate all reasonable requests. Your request must specify *how or where* you wish to be contacted.

- **Right to a Paper Copy of This Notice:** You have the right to a paper copy of this Notice. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy. You may obtain a copy of this Notice at our website, alomerehealth.com. To obtain a paper copy of this Notice, go to any of the hospital's registration areas or contact the Alomere Health Privacy Officer.
- **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. We will make sure the person has this authority and can act for you before we take any action.

How We May Use and Disclose Protected Health Information About You.

The following categories describe different ways we use and disclose PHI. For each category of uses or disclosures, we will explain what we mean and try to give some examples. However, not every possible use or disclosure in a category will be listed. We will not use or disclose PHI except as described in this Notice or allowed by law without your written authorization for such use or disclosure of your PHI.

- **For Treatment:** We will use PHI about you to provide you with medical treatment or services. We may disclose PHI about you to doctors, nurses, technicians, medical students or other hospital personnel who are involved in taking care of you at the hospital. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. We also may disclose PHI about you to people outside the hospital who may be involved in or have information necessary for your medical care.
- **For Payment:** We may use and disclose PHI 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 a 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 obtain prior approval or to determine whether your plan will cover the treatment.
- **For Health Care Operations:** We may use and disclose PHI about you for hospital operations. These uses and disclosures are necessary to run the hospital and make sure that all of our patients receive quality care. For example, we may use PHI to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also disclose information to doctors, nurses, technicians, medical students, and other hospital personnel for review and learning purposes. We may also combine the PHI we have with PHI from other hospitals to compare how we are doing and see where we can make improvements in the care and

services we offer. We may remove information that identifies you from this set of PHI so others may use it to study health care and health care delivery without learning who the specific patients are.

- **Business Associates:** Some health care administration and operation activities are performed for us by our business associates. Examples of our business associates include our claims administrator, transcription service, or shredding service. We may disclose your PHI to our business associates so they can perform the job we have asked them to do. We require our business associates to appropriately safeguard PHI to follow our privacy practices.
- **Medical Emergencies:** We may use or disclose PHI to help you in a medical emergency.
- **Appointment Reminders:** We may use and disclose PHI to contact you as a reminder that you have an appointment for treatment or medical care at the hospital.
- **Treatment Alternatives:** We may use and disclose PHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services:** We may use and disclose PHI to tell you about health-related benefits or services that may be of interest to you.
- **Hospital Directory:** We may include certain limited information about you in the hospital directory while you are a patient at the hospital, unless you tell us not to do so. This information may include your name, location in the hospital, your general condition (example, fair, stable, etc.) 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. This is so your family, friends, and clergy can visit you in the hospital and generally know how you are doing.
- **Individuals Involved in Your Care or Payment for Your Care:** We may release PHI about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. In addition, we may disclose PHI about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- **As Required By Law:** We will disclose PHI about you when required to do so by Federal, State or local law. When the disclosure of PHI is prohibited or restricted by applicable law, the hospital's disclosure will reflect the more stringent law.
- **To Avert a Serious Threat to Health or Safety:** We may use and disclose PHI 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.
- **Research:** We may use and disclose PHI about you under certain circumstances, such as a chart review to compare outcomes of patients who received different types of treatment. On occasion, researchers contact patients regarding their interest in certain research studies. We will ask for your specific permission if the

researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care. Enrollment in these studies can only occur after you have been informed about the study, had an opportunity to ask questions and indicated your willingness to participate by signing a consent form.

- **Support of Fundraising Efforts:** We would only use information such as your name, address, phone number, age, gender, date of birth, the dates you received treatment, treating physician, outcome information, department of service information, and health insurance status. You have the right to opt out of receiving such communications by contacting the Privacy Officer at the phone number on this notice. Opting out will have no impact on your treatment or payment for your treatment.
- **Pursuant to Your Written Authorization:** We may use and disclose your PHI pursuant to your written authorization. Alomere Health has authorization forms available. A completed form must state the parties to whom the information is to be disclosed, which PHI is to be disclosed, and the duration/purpose of the authorization.

Special Situations – Uses and Disclosures:

- **Organ and Tissue Donation:** If you are an organ donor, we may release PHI 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 may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.
- **Worker is Compensation:** We may release PHI about you for worker's compensation or similar programs as authorized or required by law. These programs provide benefits for work-related injuries or illnesses.
- **Public Health Risks:** We may disclose PHI about you for public health activities. These activities may include:
 - To prevent or control disease (such as cancer or tuberculosis), injury or disability;
 - To make other reports as requested or authorized by applicable law;
 - To report vital events such as births and deaths;
 - 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.

- **Abuse, Neglect or Threat:** We may give PHI to the proper government authorities if we believe a patient has been the victim of abuse, neglect or domestic violence.
- **Health Oversight Activities:** We may disclose PHI 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 the health care system, government programs, and compliance with civil rights laws.
- **Legal Process:** If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.
- **Law Enforcement:** We may release PHI to law enforcement. This could be:
 - In response to a court order, subpoena, warrant, summons or similar process;
 - To identify or locate a suspect, fugitive, material witness or missing person;
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct occurring on our premises; and
 - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Coroners, Medical Examiners and Funeral Directors:** We may release PHI to a 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 PHI about patients of the hospital to funeral directors as necessary to carry out their duties.
- **National Security and Intelligence Activities:** We may release PHI about you to authorized federal officials or foreign heads of state for intelligence, counterintelligence, special investigations, or other national security authorized by law.
- **Correctional Facility:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI about you to the correctional institution or law enforcement official as authorized by law.

Other Uses of Protected Health Information:

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written permission.

Other Uses Include:

- Most uses and disclosures of psychotherapy notes collected by a psychotherapist during a counseling session;
- Uses and disclosures of your information for most marketing purposes;
- Sale of your information; and
- Any other situation not covered by this Notice.

If you provide us permission to use or disclose PHI about you, you may *revoke* that permission, in writing, at any time. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Changes and Revisions:

We reserve the right to change the Notice and make the revised Notice effective for PHI we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in the hospital and on the Alomere Health website: alomerehealth.com and will promptly make any revision available upon request. The Notice will contain the effective date on the first page, in the top right-hand corner. Alomere Health also reserves the right to change its policies, procedures and practices in response to changes in the law or regulations and to suit its administrative needs.

Questions and Complaints:

If you have questions or concerns regarding our privacy practices, please contact Alomere Health Privacy Officer at the address provided below. If you believe your privacy rights have been violated, you may file a written complaint with the hospital. To file a complaint with the hospital, contact Alomere Health's Privacy Officer at 320-762-6177 or privacyofficer@alomerehealth.com. All complaints must be submitted in writing. Finally, you may send a written complaint with the Secretary of the Department of Health and Human Services (DHHS). We will provide you with the DHHS contact information upon request. We support your right to the privacy of your PHI and will not retaliate in any way if you choose to file a complaint with us or with the DHHS.

Please address all written correspondence to:

Alomere Health

Attention: Privacy Officer

111 – 17th Avenue East

Alexandria MN 56308