

**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.**

#### **Who Will Follow This Notice:**

This notice describes our facility's practices and all employees, staff and other personnel will follow the terms of this notice.

#### **Our Pledge Regarding Your Protected Health information:**

We understand that health information about you and your health is personal. We are committed to protecting the privacy of your information.

This notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or healthcare operations and for other purposes that are permitted or required by law. It also describes your rights and our duties regarding the use and disclosure of your PHI. "Protected Health information" is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services.

#### **Use and Disclosure of your Protected Health Information Without your Authorization:**

The following categories describe different ways that we use and disclose your protected health information without your authorization. Each category will be explained but not every use or disclosure will be listed. However, all the ways we are permitted to use and disclose information without your authorization will fall within one of the categories.

**For treatment:** We may use health information about you to provide you with medical and/or chemical dependency services. We may disclose your protected health information (PHI) to doctors,

nurses, and other healthcare personnel who are involved in providing and coordinating your care. For example, your PHI will be shared among members of your treatment team. Treatment also includes the following uses:

- **Appointment Reminders and/or Follow up Call by the Needs Assessment**

**Department:** We may use your PHI to contact you as a reminder that you have an appointment or we may contact you following your hospital services to inquire how you are doing.

- **Treatment Aftercare Alternatives:** We may use and disclose your PHI when coordinating possible treatment aftercare options that will benefit you.

**For Payment:** We may use and disclose your PHI in order to bill and obtain payment for your medical treatment and/or service. For example, we may need to give your health insurance plan information before it approves the services we recommend for you such as making a determination of your coverage for benefits, reviewing services to be provided to determine medical necessity, and undertaking utilization review activities.

**Health Care Operations:** We use and disclose your PHI in the course of operating our programs and clinics. For example, we may use your information in evaluating the quality of services we provide.

**Business Associates:** We may also disclose your PHI to our business associates to enable them to perform services for us or on our behalf relating to our operations. For example, the pharmacy and lab we contract with, or an external billing company.

**Affiliated Covered Entity:** PrairieCare and PrairieCare Medical Group have elected to be treated as affiliated covered entities as defined in 45 CFR 164.105. Your PHI may be disclosed freely between entities for legitimate purposes, such as those listed above.

**Exceptions:** For uses and disclosures beyond treatment, payment and operation purposes, we are required to have your written authorization, unless the disclosure falls within in one of the exceptions described below.

**As required by Law:** We may disclose PHI when required to do so by federal, state, or local law. For example, reports regarding suspected abuse, neglect, domestic violence, or relating to suspected criminal activity or in response to a court order.

**Public Health Risks:** We may disclose information about you to public health authorities that receive information to: prevent or control disease, injury or disability.

**Health Oversight Activities:** We may disclose PHI to agencies responsible for monitoring the health care system as required by law. Examples of these oversight activities include: audits, investigations, and inspections.

**Lawsuits and Disputes:** If you are involved in a lawsuit or dispute, we may disclose information about you in response to a court or administrative tribunal. We will make reasonable efforts to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement:** We may disclose your PHI for law enforcement purposes. For example, in the event that a crime occurs on the premises, or suspicion that a death has occurred as a result of criminal conduct.

**To Avert Threat to Health or Safety:** We may use or disclose your PHI to prevent a serious threat to your health and safety, or the public's or another person's. Any disclosure would be to law enforcement or others who can reasonably prevent or lessen the threat of harm.

**For specific Government Functions:** We may disclose PHI of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government programs relating to

eligibility and enrollment, and for national security reasons.

**Workers Compensation:** We may use or disclose your PHI for workers' compensation or similar programs. State and federal laws control the disclosure of such information.

**Medical Examiners:** We may disclose your PHI to a medical examiner. This may be necessary to identify a deceased person.

**Research:** Under certain circumstances, we may use and disclose minimally necessary medical information about you for research purposes. All research projects are subject to a special approval process. Before we can use or disclose your PHI for research, you must sign an outcomes consent form.

**Department of Health and Human Services:** We may disclose your PHI to the Department of HHS to investigate or determine our compliance with the requirements for 164.500. et.seq.

**Use and Disclosure of your Protected Health Information With your Authorization: Other uses and disclosures of information about your health information that are not described in this notice or are not otherwise permitted by law will be made only with your written authorization. You may revoke such authorization as described in this notice.**

#### **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION:**

You have the following rights regarding your protected health information we maintain about you, which you may exercise by submitting your request in writing to a social worker, registration staff, your clinician, or the medical record department.

**Right to Revoke Authorization:** You may revoke your authorization that allows us to use or disclose your health information that is not otherwise covered by this notice or applicable law at any time, except to the extent that we have already undertaken an action in reliance upon your authorization.

**Right to Inspect and Receive Copies of Your PHI:** You have the right to inspect and receive copies of information used to make decisions about your care. Usually this includes medical and billing records, but does not include psychotherapy notes. We will respond to your request within 30 days. If we need to deny your request, we will provide you with written reasons for the denial and explain how to have the denial reviewed.

If you request a copy of the information, there will be a charge associated with the request.

**Right to Amend Your PHI:** If you feel that any of your PHI is incorrect or incomplete, you may ask us to amend the information. We will respond to your request within 60 days. If your request is denied, we will state the reason(s) for the denial and your options.

#### **Right to an Accounting of Disclosures:**

You have the right to request an accounting of disclosures of your PHI. Your request may not include dates prior to April 14, 2003. There is no charge for up to one list each year. There will be a charge for more than one list.

#### **Right to Request Confidential**

**Communication:** You have the right to request that we communicate with you at an alternative address or by alternative means. For example, you may ask that we only contact you at home or by US mail.

We will not ask you the reason for the request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Copy of This Notice:** You have the right to a copy of this notice at any time.

**Right to Request Restrictions:** Even though we disclose the minimal information necessary for stated purposes, you have the right to request a restriction or limitation on the information we use or disclose about you for treatment, payment, or health care operations. We will consider your request

but we are not required to agree to the restriction. To the extent that we do agree to any restrictions on our use or disclosure of your PHI, we will put the agreement in writing and abide by it except in emergency situations.

#### **OUR DUTIES REGARDING YOUR PROTECTED HEALTH INFORMATION:**

##### **We are required by law to:**

- Assure that health information that identifies you is kept private.
- Provide you with this notice of our duties and privacy practices with respect to your protected health information.
- Follow the terms of the notice that is currently in effect.

**PHI and CD Services:** Patients receiving Chemical Dependency services will need to provide consent or authorization for the use and disclosure of their chemical dependency information. Federal laws exist regarding the use and disclosure of CD information.

**Changes to This Notice:** We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have for you about you as well as any information we receive in the future. The most current version of our Privacy Practices will be posted on our web site [www.prairie-care.com](http://www.prairie-care.com) and includes the effective date.

**Additional information and Complaints:** If you have questions or would like additional information please contact the Privacy Officer. If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer or the Secretary of the Department of Health and Human Services. We will not retaliate against you for filing a complaint.

PrairieCare ATTN: Privacy Officer  
7616 Currell Blvd., Suite 100  
Woodbury, MN 55125

Phone 888-9-PRAIRIE

This notice was published and became effective on April 1, 2009.