



Public Health
Prevent. Promote. Protect.

Rolette County Public Health Distr

Rolette County Public Health District

Notice of Privacy Practice

Rolette County Public Health is required by law to maintain the privacy of protected health information and to provide you with notice of its duties and privacy practices. Rolette County Public Health must abide by the terms of the notice currently in effect. Rolette County Public Health may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by mail or hand delivery.

This Notice of Privacy Practices describes how we, our Business Associates, and their subcontractors may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected Health Information" (PHI) 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.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

The following section describes different ways that we use and disclose medical information. We will not use or disclose your medical information for any purpose not listed below, without your specific authorization. Any specific written authorization you provide may be revoked at any time by writing to us.

Treatment - We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes any coordination or management of your health care with other agencies that have your permission to have access to your protected health information. This may include family members and other caregivers who are part of your plan of care.

Payment - Your protected health information will be used as needed to obtain payment for your health care services. This may include your insurance company, self-funded or third party health plan, Medicare, Medicaid, or any other person or entity that may be responsible for paying or processing for payment any portion of your bill for services.

Healthcare Operations - We may use or disclose, as needed, your protected health information in order to support the business activities of Rolette County Public Health and to comply with regulations affecting this agency's operations. These activities include but are not limited to: quality assessment, employee review, licensing accrediting bodies and training activities. We may also call you by name in the waiting room when your health care professional is ready to see you. We may contact you to remind you of appointments or inform you of other health activities we provide. If we use or disclose your protected health information for fundraising activities, we will provide you the choice to opt out of those activities. You may also choose to opt back in.

Required by law - We may use or disclose your protected health information to the extent that law requires the use or disclosure. The use of disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

Public Health - We may disclose your protected health information to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury, or disability. The disclosure may be made to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, to enable product recalls, repairs or replacements to track products, or to conduct activities required by the Food and Drug Administration. We may also disclose your protected health information, if authorized by law, to the person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Abuse and neglect - We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. We may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the government entity or agency authorized to receive such information.

Health oversight - We may disclose protected health information to an agency providing health oversight for oversight activities authorized by law, including audits, licensure, inspections and investigations.

Legal proceedings - We may disclose health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal, subpoena discovery request or other lawful process.

Law Enforcement - We may disclose protected health information to a law enforcement official concerning the medical information of a suspect, fugitive, material witness, crime victim or missing person, and we may share the medical

information of an inmate or other person in lawful custody with a law enforcement official or correctional institution under certain circumstances.

Coroners, Funeral Directors and Organ Donations – We may disclose protected health information to a coroner or medical examiner for identification purposes for determination of death or for the coroner or medical examiner to perform other duties authorized by law. We may disclose information to a funeral director as authorized by law, in order to permit them to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaver organ, eye or tissue donation purposes.

Criminal activity - We may disclose your protected health information if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Military Activity and National Security – When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel:

1. For activities deemed necessary by appropriate military command authorities.
2. For the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits. To foreign military authority if you are a member of that foreign military service.
3. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or other legally authorized.

Workers Compensation - Your protected health information may be disclosed as authorized to comply with workers compensation laws and other similar programs.

Research – We may disclose your protected health 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 protected health information.

Opportunity to agree to or prohibit – This agency is permitted to use or disclose information about you without consent or authorization provided you are informed in advance and given the opportunity to agree to or prohibit the disclosure in the following circumstances. If you are not present or able to agree or object to the use or disclosure, then your health care provider may, using professional judgment, determine whether the disclosure is in your best interest.

- The use of a directory of individuals served by Rolette County Public Health.
- To a family member, relative, friend, or other identified person, the information relevant to such person's involvement in your care or payment for care.
- Disaster relief – we may disclose medical information about you to an entity assisting in disaster relief.

Uses and Disclosures of Protected Health Information Based on Your Written Authorization – Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing except in limited situations. Without your authorization, we are prohibited to use or disclose your protected health information for marketing purposes. We may not sell your protected health information without your authorization. We may not use or disclose most psychotherapy notes contained in your protected health information. We will not use or disclose any of your protected health information that contains genetic information, that will be used for underwriting purposes. You may revoke the authorization at any time in writing, except to the extent that the agency has taken action in reliance on the use or disclosure indicated in the authorization.

YOUR RIGHTS AND HOW TO EXERCISE THEM

You have the *right to access, to inspect and copy your Protected Health Information (fees may apply)*. Upon written request, you have the right to inspect or copy your protected health information whether in paper or electronic format. This request must be in writing and include records in the "Designated Record Set". The Designated Record Set consists of your medical and billing file. This information may be given to you in summary form. *According to N.D. CENT. CODE SECTION 23-12-14*, upon request for medical records with the signed authorization of the patient, a health care provider shall provide medical records at a charge of no more than:

\$20 for the first 25 pages

\$.75 per page after 25

This charge includes any administration fee, retrieval fee, and postage expense.

You have the right to request a restriction of your Protected Health Information. You may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may request that any part of your information not be disclosed to family members or friends who may be involved in your care or for notification purposes.