

**NORTH DAKOTA VETERANS HOME
NOTICE OF THE PRIVACY PRACTICES**

Form # 17

**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**

*If you have any questions about this Notice please contact:
[Lisa Schwab, RHIT, Privacy Officer- 683-6523]*

This Notice of Privacy Practices describes how we 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" is information about you, including demographic information, that may identify you that relates to your past, present, or future physical or mental health or condition and related health care services.

We are required by law to maintain the privacy of your health information and provide you a description of our privacy practices.

We are required to abide by the terms of this Notice of Privacy Practices. We 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 [www.nd.gov/ndvh], calling the office and requesting that a revised copy be sent to you in the mail, or asking for one at the time.

1. Uses and Disclosures of Protected Health Information:

Normal Uses

Treatment: We may use medical information about you to provide treatment for services to you. We may disclose medical information about you to (doctors, nurses, technicians, other facility personnel) who are involved in taking care of you.

* Example: Different services needed to coordinate things you may need such as prescriptions, lab work, meals, x-rays.

* Example: Provide your doctor or a subsequent healthcare provider with copies of reports to assist in treating you.

For example your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may disclose your protected health information from time-to-time to another physician or healthcare provider (i.e., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your healthcare diagnosis or treatment to your physician.

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Payment: We may use and disclose medical information about your treatment and services to bill and collect payment from you, your insurance company, or a third-party payer.

* Example: Give insurance company information about your care so they will pay us or reimburse you for the treatment.

* Example: We may tell your health plan (VA, Medicare Supplement, Medicaid etc.) about care you are going to receive to determine whether your plan will cover it.

Healthcare Operations: Members of the staff may use information in your record to assess the quality of care and outcomes in your case and others like it. These activities include, but are not limited to, quality assessment activities, infection control, safety, pain management, and licensing.

We may also use and disclose medical information:

- To business associates we have contracted with to perform the agreed upon service and billing for it;
- To remind you that you have an appointment for medical care;
- To assess your satisfaction with our services;
- To tell you possible treatment alternatives;
- To tell you about health-related benefits or services;
- To contact you as a part of fund raising efforts;
- For population based activities relating to improving health or reducing health care costs;
- For conducting training programs and reviewing competence of health care professionals;
- As required by state or federal law.

Business Associates: We will share your protected health information with third party “business associates” that perform various activities (i.e., Consultants, Computer Software Vendor, etc.) for the NDVH. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information. Business Associates are held directly liable for compliance with privacy and security requirements and must maintain reasonable and appropriate safeguards regarding your protected health information.

Facility Directories: Unless you object, we will use and disclose in our facility directory your name, the location at which you are receiving care, your condition (in general terms), and your religious affiliation. All of this information, except religious affiliation, will be disclosed to people that ask for you by name. Members of the clergy will be told your religious affiliation.

Emergencies: We may use or disclose your protected health information in an emergency treatment situation.

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Individuals Involved in Your Care or Payment for Your Care: Unless you object we may release medical information about you to a friend or family member who is involved in your medical care or who helps pay for your care. In addition, we may disclose medical information about you to an organization assisting in disaster relief effort so that your family can be notified about your condition, status, and location.

Research: The NDVH will assure that an authorization for use of (Protected Health Information) – (PHI) is obtained by the covered entity performing the research. A copy of the authorization must be on file prior to any release of PHI.

Future Communications: We may communicate to you via newsletters, mailouts, or other means.

Marketing: The NDVH does not market to current residents. The NDVH however may attempt to utilize current residents for purposes of marketing the facility. In order to utilize a current resident, an authorization would need to be obtained before their inclusion in a marketing attempt.

Fund Raising: The NDVH may use, or disclose to a business associate or to an institutionally related foundation, the following protected health information for the purpose of raising funds for its own benefit, without an authorization:

- a. Demographic information relating to an individual; and
- b. Dates of health care provided to an individual.
- c. Department of Service
- d. Treating Physician.
- e. Outcome information.
- f. Health insurance status.

You have the right to opt out of receiving fundraising materials by contacting the NDVH.

2. REQUIRED BY LAW: We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, if required by law, of any such uses or disclosures.

Communicable Diseases: We may disclose your protected health information, if authorized by law to a 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 or 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. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

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Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Food and Drug Administration: We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

Public Health: We may disclose your protected health information for public health activities and purposes 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.

Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceedings, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to subpoena, discovery request, or other lawful process.

Law Enforcement: We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that a death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on the NDVH's premises) and it is likely that a crime has occurred.

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

Criminal Activity: Consistent with applicable federal and state laws, 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. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

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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 the appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. 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 others legally authorized.

Workers' Compensation: Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs.

FEDERAL LAW: Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a workforce member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more residents, workers, or the public.

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 permission. 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. 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 provide you.

The NDVH must obtain your authorization to release information related to:

1. Psychotherapy notes.
2. Marketing.
3. Sale of PHI.

3. Your Health Information Rights: Although your health record is the physical property of the healthcare practitioner or facility that compiled it, you have the **Right to:**

Inspect and Copy: You have the right to 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. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the NDVH 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.

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Amend: If you feel 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 our facility. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.

An Accounting of Disclosures: You have the right to request an accounting of disclosures. This is a list of the disclosures we make of medical information about you.

An accounting will include disclosures made for six years prior to the date you ask. The list will not include instances where we have provided health information to you, to other treatment providers, for payment purposes, for healthcare operations, or disclosures you have given authorization. If health information has been shared electronically, the accounting will be for three years and will include disclosures made for treatment, payment, and healthcare operations. One accounting will be provided without charge for any 12 month period of time. A fee will be charged if you request more than one accounting in a 12 month period of time and we will notify you in advance of the fee.

Request Restrictions: You have the right to request a restriction or limitations on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or 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. **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. Please make this request in writing to our Privacy Officer.

Restrictions on Disclosures to Health Plans: You may request that the NDVH not submit services rendered to your healthcare plan when you pay for this service in full “out of pocket.” The NDVH must grant this request if disclosure is not otherwise required by law.

Request Confidential Communications: You have the right to request that we communicate about medical matters in a certain way or at a certain location. We will agree to the request to the extent that it is reasonable for us to do so. For example, you can ask that we use an alternative address for billing purposes. Please make this request in writing to our privacy contact.

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 at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

Right to Request Electronic Copy: You have the right to request access to your healthcare record in the electronic form and format if available. If the requested format is not readily producible, the NDVH and you the individual can agree on an alternate “machine readable” electronic format – as long as it is an electronic format. If you are unable to accept any electronic formats that are readily producible, the NDVH may satisfy the requirement by providing a “hard copy” of the record.

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You may obtain a copy of this notice at our website www.nd.gov/ndvh

4. Our Duties:

The NDVH is strictly prohibited from selling your Protected Health Information in exchange for compensation.

The NDVH will notify you of any breach of unsecured protected health information.

We reserve the right to change the terms of this Privacy Notice and to make the new notice provisions effective for all protected health information that the NDVH maintains.

If the NDVH changes our policies and procedures, the NDVH will revise the Notice, post a copy of the revised Notice on the NDVH's website, www.nd.gov/ndvh, and provide a copy of the revised Notice to you within 60 days of the change. For more information about our privacy practices, contact the person listed at the end of this Notice.

We will abide by the terms of this Notice and notify you if we cannot agree to a request of the restriction, we will accommodate reasonable requests.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice and the revised or changed notice will be effective for information we already have about you as well as any information we receive in the future. The current notice will be posted in the NDVH and include the effective date. In addition, each time you will be offered a copy of the current notice in effect.

COMPLAINTS:

You have the right to file a complaint with NDVH or Secretary of the Department of Health and Human Services (DHHS) if you believe that your privacy rights have been violated. Any complaints to NDVH should be made in writing to Privacy Officer, 1600 Veterans Drive, Lisbon, ND 58054.

You may receive information on how to file a federal complaint by contacting the Regional Manager, Office for Civil Rights, U.S. Department of Health and Human Services, 1961 Stout Street [Room 1185FOB], Denver, CO 80294-3538, Phone (303)844-2024, FAX (303)844-2025, or the Office for Civil Rights, US Department of Health and Human Services, 200 Independence Avenue, SW., Room 515F HHH Bldg., Washington, D.C. 20201.

NDVH will not retaliate against YOU for filing a complaint.

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NDVH PRIVACY CONTACT:

NDVH has designated a Privacy Officer as its contact person for all issues regarding resident privacy and your privacy rights. If you have any questions about NDVH privacy policy or your privacy rights, please submit a written request to:

NDVH Privacy Officer, 1600 Veterans Drive, P.O. Box 673, Lisbon, ND 58054. or call (701)683-6523.

You may also obtain a copy of the current version of the NDVH Privacy Notice at our website - www.nd.gov/ndvh.

EFFECTIVE DATE: This Notice is effective **April 14, 2003**. Revised October 22, 2013.