



# St. Aloisius Medical Center

*SMP Health System*

## NOTICE OF PRIVACY PRACTICES

### **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**

St. Aloisius Medical Center is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information.

#### **How St. Aloisius Medical Center may Use or Disclose Your Health Information**

St. Aloisius Medical Center collects health information from you and stores it in a chart and on a computer. This is your medical record. The medical record is the property of St. Aloisius Medical Center, but the information in the medical record belongs to you. St. Aloisius Medical Center protects the privacy of your health information. The following notice describes the information privacy practices of St. Aloisius Medical Center including:

- Any healthcare professional authorized to enter information into your medical record
- All departments and services of the facility
- All employees, medical staff and other hospital personnel, including students
- Medical Center nursing facilities

All of these entities, sites and locations may share medical information with each other when necessary for the purpose of treatment, payment or healthcare operations as described in the notice. The law permits St. Aloisius Medical Center to use and disclose your health information for the following purposes:

**1. Treatment:** Information obtained by nurse, doctor or other members of your healthcare team will be recorded in your medical record and used to determine the course of treatment that should work best for you. Your doctor will document, in your record, his/her expectations of the member 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.

Example: A doctor treating you for a broken leg may need to know if you have diabetes because that may slow the healing process. In addition, the doctor may need to tell the dietitian so that we can arrange for appropriate meals. We may also disclose medical information about you to people outside the medical facility who may be involved in your medical care after you leave the hospital, such as family members.

**2. Payment:** We may use and disclose medical information 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.

Example: We may give your health plan specific documentation regarding physical therapy visits to obtain prior approval or to determine if your plan will cover treatment. A bill may be sent to you or a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.

**3. Regular Health Care Operations:** We may use and disclose medical information about you for medical center operations. These uses and disclosures are necessary to run the medical center and insure that all our patients receive quality care.

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 hospital patients to decide what additional services the medical center should offer, what services are not needed and whether certain treatments are effective.

**4. Directory:** We may list your name, where you are located in our facilities, your general medical condition and your religious affiliation in our directory. This information may be provided to members of the clergy. This information,

except your religious affiliation, may be provided to other people who ask for you by name. If you do not want us to list this information in our directory and provide it to clergy and others, you must tell us that you object.

**5. Notification and communication with family:** We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

**6. Required by law:** As required by law, we may use and disclose your health information.

**7. Public health:** As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.

**8. Health oversight activities:** We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.

**9. Judicial and administrative proceedings:** We may disclose your health information in the course of any administrative or judicial proceeding.

**10. Law enforcement:** We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.

**11. Deceased person information:** We may disclose your health information to coroners, medical examiners and funeral directors.

**12. Organ donation:** We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.

**13. Research:** We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board or St. Aloisius Medical Center privacy board.

**14. Public safety:** We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

**15. Workforce Safety and Insurance:** We may disclose your information as necessary to comply with workforce safety laws.

**16. Marketing:** We may contact you to provide appointment reminders or to give you information about other treatments or health-related benefits and services that may be of interest to you.

**17. Fund-raising:** We may contact you to participate in fund-raising activities for St. Aloisius Medical Center.

**18. Business Associate:** There are some services provided in our organization through contracts with business associates.

Example: Doctor services in the ER and radiology, certain lab tests and a release of information service we use to help us organize the release of medical information to our business associate so they can perform the job we asked them to do and bill you or your third party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

## **II. When St. Aloisius Medical Center May Not Use or Disclose Your Health Information**

Except as described in this Notice of Privacy Practices, St. Aloisius Medical Center will not use or disclose your health information without your written authorization. If you do authorize St. Aloisius Medical Center to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

## **III. Your Health Information Rights**

1. You have the right to request restrictions on certain uses and disclosures of your health information. St. Aloisius Medical Center is not required to agree to the restriction that you requested.
2. You have the right to receive your health information through a reasonable alternative means or at an alternative location. Forms to apply for this are available through the Privacy Officer. Payment for method may apply.
3. You have the right to inspect and copy your health information.

4. You have a right to request that St. Aloisius Medical Center amend your health information that is incorrect or incomplete. St. Aloisius Medical Center is not required to change your health information and will provide you with information about St. Aloisius Medical Center denial and how you can disagree with the denial.
5. You have a right to receive an accounting of disclosures of your health information made by St. Aloisius Medical Center, except that St. Aloisius Medical Center does not have to account for the disclosures described in parts 1 (treatment), 2 (payment), 3 (health care operations), 4 (directory listings) of this Notice of Privacy Practices.
6. You have a right to a paper copy of this Notice of Privacy Practices.

#### **IV. Changes to this Notice of Privacy Practices**

St. Aloisius Medical Center reserves the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made, St. Aloisius Medical Center is required by law to comply with this Notice.

At which time the Notice of Privacy Practices are amended; which result in further disclosure of your personal health information, we will post the updated Notice of Privacy Practices.

#### **V. Complaints/Questions**

Complaints about this Notice of Privacy Practices or how St. Aloisius Medical Center handles your health information should be directed to:

**Privacy Officer  
St. Aloisius Medical Center  
325 E Brewster St.  
Harvey, ND 58341  
701-324-4651**

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

**Department of Health and Human Services  
Office of Civil Rights  
Hubert H. Humphrey Bldg.  
200 Independence Avenue, S.W.  
Room 509F HHH Building  
Washington, DC 20201**

**Effective Date of this Notice:  
June 1, 2006**