

# Cavalier County Health District

## NOTICE OF PRIVACY PRACTICES

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**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.**

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Cavalier County Health District (CCHD) is required by law to maintain the privacy of protected health information and to provide you with notice of its duties and privacy practices. CCHD must abide by the terms of the notice currently in effect. CCHD 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 electronically. You can also access our Notice of Privacy Practices via our website.

### **USES AND DISCLOSURES OF HEALTH INFORMATION**

We use or disclose your personal health information only for the purposes listed below. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose your health information will fall within one of these categories.

**For 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 including the event of your incapacity or in emergency circumstances.

**For 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 and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, and certification, licensing or credentialing activities. We may contact you to provide you with appointment reminders or healthcare information that may be of interest to you.

**For judicial and administrative proceedings:** We may disclose medical information about you in response to a court or administrative order. We may disclose medical information in response to a subpoena, discovery request, or other lawful process

**To Comply with 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.

**For public health activities:** We may use and disclose your medical information for public health activities, including to report births and deaths, or to the FDA concerning product recalls. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others such as communicable disease reporting.

**Abuse, neglect or domestic violence:** We may disclose your protected health information to the appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect or domestic violence or other crimes.

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

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

**For national security and similar government functions:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities.

**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.

**Participation in the North Dakota Health Information Network (NDHIN):** The NDHIN is a health information network for North Dakota Health care providers. It allows other participants to securely access your protected health information from our electronic health record or from other providers for treatment purposes only. You may opt out of participation by completing a form available in our office or at <http://www.ndhin.org>.

**With your authorization:** 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 authorization. If you give us authorization, you may revoke it in writing at any time. Your revocation will not affect any use of disclosures permitted by your authorization while it was in effect.

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## YOUR RIGHTS

**Access:** You have the right to look at or get copies of your health information, with limited exceptions. You must make your request for access to your medical records in writing by using the forms we provide or sending us a letter to the address at the end of this Notice. Reasonable, cost-based fees may apply for obtaining copies

We may deny your request 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, not directly involved in the decision to deny your request, will review your request and the denial. We will abide by the outcome of the review.

**Disclosure accounting:** You have the right to receive a list of disclosures that we or our business associates made of your health information for purposes other than treatment, payment, healthcare operations and certain other activities, for a period of time up to the last six years. If you request this accounting more than once in a 12 month period, we may charge you a reasonable, cost-based fee for providing the list.

**Request restrictions:** You have the right to request that we restrict how we use or disclose your medical information for treatment, payment, or health care operations or the disclosures we make to someone who is involved in your care or the payment for your care, such as a family member or friend. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). You have the right to restrict the disclosure of information regarding services for which you have paid in full or on an out of pocket basis and we are required to honor that request.

**Confidential communication:** You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. You must make your request in writing and you may use the forms we provide. Your request must specify the alternative means or location, and provide satisfactory explanation of how payments will be handled under the alternative means or location you request.

**Amendment:** You have the right to request that we amend your health information. Your request must be in writing, and it must give a reason for your request. We may deny your request if you ask us to amend information that was not created by us, is not part of the information kept by Cavalier County Health District, is not part of the information you would be permitted to inspect and copy, or is accurate and complete. Any denial will be in writing and state the reason for the denial.

**Breach Notification:** We will notify you if your protected health information has been breached.

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## QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights or if you disagree with a decision we made about use or disclosure of your personal health information, you may file a complaint with us using the contact information listed here. The complaint should be filed in writing with Cavalier County Health District and should include specific details in terms of subject, date and other relevant matters. You will not be penalized for filing a complaint. You also may submit a written complaint to the Secretary of the US Department of Health and Human Services.

Privacy Officer, Cavalier County Health District, 901 3<sup>rd</sup> St, Suite #11, Langdon ND, 58249

*Updated 09/24/15*