



# Notice of Health Information Practices

Effective April 14, 2003

**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.**

Olmsted Medical Center provides healthcare at several locations. So that we can better serve patients, Olmsted Medical Center's Hospital, Rochester Southeast Clinic, and all of its affiliated clinics will share information as needed to provide care and conduct business operations. The terms of this Notice of Health Information Practices will apply to services provided at all of these locations.

## **Understanding Your Health Information:**

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is generated. Most commonly, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future treatment. This health information is often referred to as your medical record or chart. The health information contained in your medical record serves as a:

- basis for planning your care and treatment
- means of communication among the healthcare providers who contribute to your care
- legal document describing the care you received
- means by which you or your insurance company can verify that services billed were provided
- tool for educating healthcare providers
- source of data for medical research
- source of information for public health officials which can be used to improve the health of our nation
- tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your medical record and how your health information is used will help you:

- ensure its accuracy
- better understand who, what, when, where, and why others may access your health information
- make more informed decisions when authorizing disclosures to others

## **Your Health Information Rights:**

Although your medical record is the physical property of the healthcare facility that compiled it, the information belongs to you. You have the right to:

- Request limits on uses and disclosure of your health information. Olmsted Medical Center is not required to agree to your request. To request limits on disclosure, you must make a written request to the privacy officer informing Olmsted Medical Center of
  1. What information you want to limit
  2. Whether the limit applies to uses, disclosures, or both; and
  3. To whom you want these limits to apply (e.g., other physicians, insurance, etc.).
- Obtain a paper copy of this Notice of Health Information Practices upon request.
- Look at and obtain copies of your medical record. You must submit your request in writing to an Olmsted Medical Center employee. If you request a copy of your record, Olmsted Medical Center may charge you a fee for the costs, to the extent permitted by state and federal law.

- Request a correction or update to your health information if you believe it is incorrect or incomplete. To request an amendment to your record, you must submit your request in writing to your healthcare provider, nurse, or Olmsted Medical Center's privacy officer, and provide a reason that supports your request. Olmsted Medical Center may deny your request in some instances, including cases where we determine that the information is accurate and complete.
- Obtain an accounting of disclosures of your health information. The accounting will not include disclosures made for treatment, payment, or healthcare operations purposes; disclosures that you have authorized or that were made to you; disclosures made before April 14, 2003; and certain other disclosures. To request an accounting, you must submit your request in writing to Olmsted Medical Center's privacy officer. Your request must state the time period for which you would like the accounting, and the request must not go back further than six years from the date of your request. You may receive one free accounting in a 12-month period. Olmsted Medical Center may charge you for additional accountings.
- Right to request confidential communication to you of your health information. You may request that we correspond with you in a certain way (e.g., by telephone), or at a certain location (e.g., work, not home). To request confidential communications, you must make your request in writing to Olmsted Medical Center's privacy officer. Your request must specify how and where you wish to be contacted, and Olmsted Medical Center may require that you provide information about how payment will be handled. We will accommodate all reasonable requests for confidential communications.
- To revoke your authorization to use or disclose health information except to the extent that action has already been taken.

### **Olmsted Medical Center's Responsibilities:**

Our organization is required to:

- Maintain the privacy of your health information
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provision effective for all protected health information we maintain. Should our information practices change, we will promptly change this notice and post the revised notice on our web site ([www.olmstedmedicalcenter.org](http://www.olmstedmedicalcenter.org)).

### **How We May Use and Disclose Your Health Information:**

We use and disclose health information from your health record for many different reasons. Below, we described the different categories of our uses and disclosures and give you some examples of each category.

#### **I. Treatment.**

We may use and disclose your health information to healthcare providers, nurses, medical students, and other healthcare personnel who provide you with healthcare services or are involved in your care. We will obtain your general written consent prior to making disclosures outside Olmsted Medical Center for treatment purposes, except in emergency situations.

**For example:** If you are being treated with a knee injury, we will disclose your health information to the Rehabilitation Services department in order to coordinate your care.

#### **II. Payment.**

We may use and disclose your health information in order to bill and collect payment for the treatment and services provided to you. We will obtain your general written consent prior to making disclosures for payment purposes.

**For example:** A bill may be sent to your insurance company. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

### III. Healthcare Operations.

We may use and disclose your health information for regular healthcare operations. We will get your general written consent prior to making disclosures outside Olmsted Medical Center for these purposes.

**For example:** Members of the medical staff or members of quality improvement teams may use information in your medical record to assess the care and outcomes in your case and others like it. The information will then be used in an effort to continually improve the quality and effectiveness of the healthcare services we provide.

### Uses and Disclosures That Do Not Require Your Consent:

We may use and disclose your health information without your consent or authorization for the following reasons:

- I. **When required by Federal, State, or Local Law; judicial or administrative proceedings; or law enforcement.** We make disclosures when a law requires that we report information to government agencies or law enforcement personnel. For example, we must report suspected child abuse, gun shot wounds, etc. We must also disclose information in response to a court order or warrant.
- II. **For Public Health Activities.** We report information about births, deaths, and various diseases to government officials in charge of collecting that information.
- III. **Records of Deceased Individuals.** In relationship to an individual's death, we provide necessary information to coroners and medical examiners for certain types of death, and we must disclose health records upon the request of a coroner or medical examiner. We may release fact of death, and certain demographic information about you to funeral directors, as necessary to carry out their duties. Other disclosures from the health record will require the consent of a surviving spouse, parent, person appointed in writing, or a legally authorized representative.
- IV. **For Health Oversight Activities.** We will provide information to assist the government when it conducts an investigation or inspection of a healthcare provider or organization, as legally authorized. Minnesota law requires that patient-identifying information be removed from most disclosures for these purposes, unless you have provided Olmsted Medical Center with written consent for the disclosure.
- V. **For Purposes of Organ Donation.** We may notify organ procurement organizations to assist them in organ, eye, or tissue donation. Information that may be disclosed is limited to the information necessary to make a transplant possible.
- VI. **For Research Purposes.** Federal law permits Olmsted Medical Center to use and disclose medical information about you for research purposes, either with your specific written authorization, or when the study has been reviewed for privacy protection by an Institutional Review Board or Privacy Board before the research begins. In some cases, researchers may be permitted to use information in a limited way to determine whether the study or the potential participants are appropriate. Minnesota law generally requires that we get your general consent before disclosing your health information to an outside researcher. We will make a good faith effort to obtain your consent or refusal to participate in any research study, as required by law, prior to releasing any identifiable information about you to outside researchers.
- VII. **To Avoid Harm.** To avoid a serious threat to the health or safety of a person or the public, we may provide health information to law enforcement personnel or persons able to prevent or lessen such harm. Minnesota law generally does not permit these disclosures unless we have your written consent to do so or when the disclosure is specifically required by law, including situations in which Olmsted Medical Center professionals have a "duty to warn."

- VIII. **For Specific Government Functions.** We may disclose health information of military personnel and veterans in certain situations as required by law or with your written consent. And we may disclose health information for national security and intelligence purposes, if required to do so by law, or if we have your written consent.
- IX. **For Workers' Compensation Purposes.** We may provide health information in order to comply with Workers' Compensation laws. We are permitted to disclose workers' compensation information to the parties involved in a workers' compensation claim without specific consent, so long as the information disclosed is related to the claim.
- X. **Appointment Reminders and Health-Related Benefits or Services.** We may use health information to provide appointment reminders or to give you information about treatment alternative, or other healthcare services or benefits we offer.
- XI. **Fundraising Activities.** We may use a limited amount of your information (name, address, dates of service) as part of a fund-raising effort.

**Two Uses and Disclosures that You have the Opportunity to Object to:**

- I. **Patient Directories.** We may include your name, location in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to clergy and other people who ask for you by name. The directory information, except religious affiliation, may be disclosed to those who ask about you by name. Your religious affiliation may be given to a member of the clergy, even if they do not ask for you by name. If you would prefer that Olmsted Medical Center not make these disclosures, please notify the Admissions Department and/or nursing staff.
- II. **Communication with family, friends, and others.** Olmsted Medical Center will only disclose medical information to those taking care of you, helping to pay your bills, or other close family members or friends if these people need to know this information to help you, and then only to the extent permitted by law. We may, for example, provide limited medical information to allow a family member to pick up a prescription for you. Generally we will get your written consent prior to making disclosures about you to family or friends. If you are able to make your own healthcare decisions, Olmsted Medical Center will ask your permission before disclosing your medical information for these purposes. If you are unable to make healthcare decisions, Olmsted Medical Center will disclose relevant medical information to family members or other responsible people if we feel it is in your best interest to do so, including in emergency situations.

**Other Uses and Disclosure:**

Except as described above, Olmsted Medical Center will not use or disclose your information without a specific written authorization from you or your legally authorized representative. If you provide Olmsted Medical Center with an authorization, you may revoke it in writing, and we will no longer use or disclose medical information about you pursuant to that authorization, except to the extent that we have already taken action in reliance upon it.

**For More Information or to Report a Problem:**

**If you have questions and would like additional information, you may contact Olmsted Medical Center's privacy officer at 507.287.2754 or 507.529.6575.**

**If you believe your privacy rights have been violated, you can file a complaint with Olmsted Medical Center's privacy officer or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.**