



NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

North Central Heart Institute
4520 W. 69th Street, Sioux Falls, SD 57108

or

310 S. Penn Street, Suite 203
Aberdeen, SD 57401

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

North Central Heart Institute 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 the health information we collect and maintain about you. This notice is effective April 14, 2003.

North Central Heart reserves the right to amend this Notice at any time. The revised or changed Notice will be effective for medical information we already have about you, as well as any information we receive in the future. We will post a copy of the privacy notice at the Clinic in Sioux Falls and in Aberdeen and make copies of the Notice available upon request. **In addition, the Notice will be posted on our Web site at [.northcentralheart.com](http://northcentralheart.com). If you have any questions or requests, please contact the Privacy Officer at 4520 W. 69th Street, Sioux Falls, SD 57108, 605-977-5000.**

HOW NORTH CENTRAL HEART MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

North Central Heart Institute collects health information from you and stores it in a chart and on the computer. This is your medical record. The medical record is the property of North Central Heart Institute, but the information in the medical record belongs to you. North Central Heart protects the privacy of your health information.

The following categories describe ways that we may use and disclose medical information without your written authorization. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **FOR TREATMENT:** We may use medical information about you to provide you with the medical treatment or services needed to coordinate and manage your care. North Central Heart may obtain information from multiple members of the health care team. They may include but are not limited to the following: Physicians, Nurses, Physician Residents in training, students training to be physicians, nurses, and/or allied health professionals, medical assistants, and other non-health care professionals. Information obtained will be recorded in your record and used to determine the course of treatment that is best for you. Your physician will document in your record his or her expectations of the members of your health care team. Members of your health care team will then record the actions taken and their observations. This allows the physician to know how you are responding to the recommended treatment.

We will also provide your primary care physician or other subsequent health care provider with copies of your health information in order to assist them in treating you. For example if your physician feels you would benefit from dietary counseling, we would provide the dietician with your health information.

- **FOR PAYMENT:** We may use and disclose medical information about you so that the treatment and services you receive at North Central Heart may be billed to, and payment may be collected from you, an

insurance company or a third party. We will submit the required information to your health plan in order for them to pay us. This may include information that identifies you, as well as your diagnosis, procedures performed, and supplies used.

- **FOR HEALTH CARE OPERATIONS:** We may use and disclose medical information about you for the operations of the clinic. These uses and disclosures are necessary to run the clinic and work to provide quality care to our patients. For example, we may use medical information in the following ways:
 - to review our treatment and services and to evaluate the performance of our staff in caring for you
 - to provide training to doctors, nurses, technologists, medical students, physician residents, and other allied health care professionals
 - to compare how we are doing and to make improvements in the care and services we offer
 - to cooperate with outside organizations that assess the quality of the care others and we provide. These organizations may include government agencies or accrediting bodies. For example, we may use or disclose medical information so our testing labs can receive certification.
 - to assist various people who review our activities. For example medical information may be seen and reviewed by our compliance team and physicians to access care and outcomes in your case and others like it.
 - to obtain authorization from your health plan to provide tests and services
 - to provide necessary information for medical reviews, legal services, audits, investigations, inspections, licensure, compliance programs and other proceedings.

- **APPOINTMENT REMINDERS:** We may use and disclose medical information to contact and remind you about appointments. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.

- **YOU CAN OBJECT TO CERTAIN USES AND DISCLOSURES:** Unless you object, we may use or disclose medical information about you in the following circumstances:
 - **Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort (such as the American Red Cross) so that your family can be notified about your condition, status, and location. Please note that even if you object, we may still share information as necessary under emergency circumstances. 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.
 - **Clinic Directory.** A list of patient names and the location in our facility will be kept in the areas providing registration. This information will be provided to those who ask for you by name.

If you would like to object to our use or disclosure of medical information about you in the above circumstances, please call our contact person listed at the end of this Notice.

- **RESEARCH:** We may use and disclose medical information about you for research purposes, for example, in certain circumstances such as chart review to compare outcomes of patients who received different types of treatment. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process. In most circumstances we will ask for your authorization if the researchers will have access to your name, address or other information that reveals who you are, or be involved in your care at the Clinic.

- **ORGAN AND TISSUE DONATION:** If you are an organ donor, we may release medical information to organizations handling the procuring, banking, or transplanting of organs and tissue, as necessary to facilitate the process.
- **AS REQUIRED BY LAW:** We will disclose medical information about you when required to do so by federal, state, local law or judicial or other administrative proceeding, for example, Medicare, Medicaid, or private insurances
- **TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY:** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. For example, we may disclose medical information about you to prevent or lessen a serious or eminent threat to the safety or health of a person or the public.
- **PUBLIC HEALTH:** Subject to the requirements of applicable state law, we may disclose medical information about you for public health activities for purposes related to the following activities: preventing or controlling disease, injury or disability; reposting child abuse or neglect; reporting domestic violence; reposting to the Food and Drug Administration problems with products and reactions to medications; notify people of recalls of products they may be using; and reporting disease or infection exposure.
- **HEALTH OVERSIGHT ACTIVITIES:** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure.
- **LAWSUITS AND DISPUTES:** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court order, or subpoena, provided that all applicable state laws requirements are satisfied.
- **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 Federal or State court order or subpoena and other law enforcement purposes.
 - **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official.
- **CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS:** We may release medical information to a coroner or medical examiner, for example, to identify a deceased person or determine the cause of death.
- **SPECIALIZED GOVERNMENT FUNCTIONS:** If you are a member of the armed forces, we may release medical information about you required by military command authorities.
- **WORKERS' COMPENSATION:** We may release medical information about you for workers' compensation or similar programs that provide benefits for work-related injuries or illness.
- **MARKETING:** We may contact you to provide appointment reminders. We may also send you a NCHI Newsletter or give/send you information about other treatments or health-related benefits and services that may be of interest to you.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

- ***You have the right to inspect and copy your medical information.*** This information may be used to make decisions about your care. It usually includes medical and billing records. You must submit a request in writing to the Medical Records Department.

- ***You have the right to amend your medical information.*** 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 North Central Heart.
You must make your request in writing and submit it to the Medical Records Department. You must provide a reason that supports your request. North Central Heart may deny your request if the amendment is not to information we have created, it is not a part of medical information we would keep about you, it is not part of information which you would be permitted to inspect or copy, or the information is accurate and complete.
- ***You have the right to an accounting of disclosures.*** You have the right to request a list of the disclosures we have made of medical information about you. To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer or the Medical Records Office. You may ask for disclosures made up to six (6) years before your request (not including disclosures made prior to April 14, 2003). We are not required to include disclosures for your treatment, for billing and collection of payment for your treatment, for health care operations, requests by you, that you authorized or which are made to individuals involved in your care, and allowed by law.
- ***You have the right to request restrictions.*** You have the right to request restrictions on the medical information we use or disclose about you for treatment, payment, or health care operations. You may also limit information given someone involved in your care or the payment for your care.
- ***You have the right to receive confidential communications from us by alternative means or at an alternative location.*** Your request must be submitted in writing. You may contact the Medical Record Department to receive the “Authorization for the Use and Disclosure of Protected Health Information” form to sign. The signed request must be returned to our office prior to the release of the information.
- ***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. To request restrictions, you must make your request in writing to the Privacy Officer or the Medical Record Department. Your request must include, what information you want to limit; whether you want to limit our use, disclosure or both; and to whom you want the limits to apply, for example, disclosures to your spouse.
- ***You have the right to a paper copy of this notice.*** You will receive a copy the first time you are a patient at North Central Heart Clinic. You may also obtain a copy of this notice at our website, [.northcentralheart.com](http://northcentralheart.com).

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to we 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 retract any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

COMPLAINTS

If you believe your privacy rights have been violated by the Clinic, you may file a complaint with the Clinic or with the U.S. Department of Health and Human Services / Office of Civil Rights. Our Privacy Officer can provide you with the address. To file a complaint with the Clinic, contact the Privacy Officer. All complaints must be submitted in writing. Direct complaints to:

Privacy Officer
4520 West 69th Street
Sioux Falls, SD 57108
605-977-5000