



## Notice of Privacy Practices

### **Our Pledge to You:**

We understand that medical information about you and your health is personal, and we are committed to protecting privacy while providing quality care. This Notice of Privacy Practices applies to all records generated by Pelican Health, including departments, medical staff, clinics, employees, and affiliated programs and services.

This notice describes how medical information about you may be used and disclosed and how you can access this information.

Please review carefully.

We are legally required to protect the privacy of your health information. We call this information "Protected Health Information" (PHI). It includes information that can be used to identify you that we have created or received about your past, present, or future health or condition, the provision of health care to you, or the payment for health care services. We must provide you with this notice about our privacy practices that explains how, when, and why we use and disclose your PHI. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure. We are also required to notify affected individuals following a breach of unsecured PHI.

### **Effective Date of this Notice:**

The effective date of this notice is January 1st, 2017. We reserve the right to change the terms of this notice and our privacy policies. Any changes will apply to the PHI, which is currently in our possession. Before we make an important change to our policies, we will promptly change these notices and post a new notice in our reception area. You can also request a copy of this notice from our business manager (701) 751-2272.

### **How we may use and disclose your protected health information:**

We use and disclose PHI for many different reasons. We do not need your written permission (authorization) for some of these uses or disclosures, but we do for others.

### **Uses and Disclosures That Do Not Require Your Authorization:**

We may use and disclose your PHI without your authorization for the following reasons:

- For Treatment

We may obtain and/or disclose your PHI to or from physicians, nurses, nurse practitioners, and other health care personnel who provide you with health care services or are involved in your

care, including medication history. For example, if you are being treated for pelvic floor problems, we may disclose your PHI to the physical rehabilitation department to coordinate your care. We may also share medical information about you to coordinate different services you need, such as prescriptions, lab work, and diagnostic testing.

- For Payment

We may use and disclose your PHI to bill and collect payment for the treatment and services provided to you. For example, we may provide portions of your PHI to our billing department and your health plan to get paid for the health care services we provide to you. We may also tell your health plan about a treatment you will receive to obtain prior approval or determine whether your plan will cover the treatment.

- For Health Care Operations

We may use your PHI to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided health care services to you. We may also provide your PHI to our accountants, attorneys, consultants, and others in order to make sure we are complying with the laws that affect us. We may also combine the medical information we have with medical information from other similar organizations to compare how we are doing and to see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

- For Legal Proceedings or Law Enforcement

We may disclose your PHI if required by federal, state, or local law for judicial or administrative proceedings or assist law enforcement. For example, we make disclosures when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence; when dealing with gunshot or other wounds; or when ordered in a judicial or administrative proceeding.

- For Public Health Activities

We report information required by law about births, deaths, immunizations, and various diseases to government officials in charge of collecting that information. We may provide coroners, medical examiners, and funeral directors with necessary information about an individual's death.

- For Health Oversight Activities

We will provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.

- For Purposes of Organ Donation

We may notify organ procurement organizations to assist them in organ, eye, or tissue donation or transplants.

- For Research Purposes

In certain circumstances, we may provide PHI to conduct medical research

- To Avoid Harm

To avoid a serious threat to the health or safety of a person or the public, we may provide PHI to law enforcement personnel or person able to prevent or lessen such harm.

- For Specific Government Functions

We may disclose PHI of military personnel and veterans in certain situations. And we may disclose PHI for national security purposes, such as protecting the president of the United States or conducting intelligence operations.

- For Workers' Compensation Purposes

We may share your PHI as required by state law relating to workers' compensation or other similar programs.

- For appointment Reminders and Health-Related Benefits or Services

We may use PHI to provide appointment reminders or give you information about treatment alternatives or other health care services or benefits we offer.

- For disclosures to Family, Friends, or Others

We may provide your PHI to a family member, friend, or another person you indicate is involved in your care or the payment of your health care if we first provide you with the opportunity to object to the disclosure. If you are not present when we share you PHI, or you are not able to agree or disagree to our sharing you PHI because you are not capable or there is an emergency circumstance, then we may use our professional judgment to decide that sharing the PHI is in your best interest.

- For participation in CommonWell, NDHIN, and Surescripts

CommonWell is a health information exchange alliance between health care providers on a national level. No PHI is disclosed; however, another provider member of the network may access your PHI from Pelican Health or other providers for treatment purposes only. You may opt-out of participation by notifying Pelican Health. The NDHIN is a health information network for North Dakota health care providers. It allows other members to securely access your PHI from Pelican Health's electronic health record or other providers for treatment purposes only. You may opt-out of participation by completing the form available at <http://www.ndhin.org> Surescripts is an electronic prescription service between health care providers and pharmacies. Your prescription history is automatically provided to our electronic health record.

### **Uses and Disclosures That Require Your Authorization:**

For any purpose other than those described above, we may use or share your PHI only when you grant us your written permission (authorization). For example, we will need authorization from you before we send your PHI to your life insurance company or disclose psychotherapy notes.

### **Your Rights Regarding Your PHI:**

Your Right to Restrict or Limit uses and Disclosures:

You have the right to ask us to restrict or limit the PHI we use or disclose about you for treatment, payment, or health care operations. We are not required to agree to your restriction request unless required by law or you have paid for services out-of-pocket, in full, and you ask that we not disclose PHI related to those specific services to your health plan. If we accept your request, we will comply unless the information is needed to provide emergency treatment or disclose required by law. Your request for restrictions must be made in writing and submitted to Pelican Health business manager.

**Your Right to Receive Confidential Communications:**

You have the right to ask that we send information to an alternate address (for example, sending information to your work address rather than our home address) or by alternate means (for example, by email instead of regular mail). Your request must be in writing. We will try to grant your request if we feel it is reasonable.

**Your Right to Inspect and Copy Your PHI:**

In most cases, you have the right to look at or get copies of your PHI, but you must request in writing. If we do not have your PHI, but we know who does, we will tell you how to get it. We will respond to you within 30 days after receiving your written request. In certain situations, we may deny your request. If we do, we will tell you, in writing, what our reasons are for the denial and explain your right to have the denial reviewed. If you request copied, then we will charge you for the copies. We will also charge you for our postage costs if you ask us to mail the documents. For copies of information that are not routinely copied on a standard photocopy machine, such as x-rays or photographs, we charge for the reasonable cost of the copy. If you agree to a summary or explanation of your PHI, we will charge you a reasonable fee based on the cost of preparing the summary or explanation.

**The Right to Get a List of Disclosures We Have Made:**

You may ask for an accounting of certain disclosures of your PHI made by us within the six years before the date of your request. We will respond within 60 days of receiving your request. The list will include the date of disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. We will provide the list to you at no charge, but if you make more than one request during a 12-month period, then we will charge you a reasonable, cost-based fee for each additional request.

**The Right to Amend Your PHI:**

You have the right to request that we amend your PHI in our medical record files, billing records, and other records used to make decisions about your treatment and payment for your treatment. If you want to amend your records, you must request in writing and provide your reason for the amendment. We will comply with our request unless we believe the information you seek to amend is correct and complete or that other circumstances apply.

**The Right to Get This Notice by Email:**

You have the right to get a copy of this notice by email. Even if you have agreed to receive this notice by email, you also have the right to request a copy of this notice.

**The Right to Revoke Your Written Permission (Authorization):**

You may revoke an authorization you have previously, provided the revocation is in writing. The revocation will not apply to the extent we have already acted in reliance on the authorization. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written consent. You understand, however, that we are unable

to take back any disclosures we already made with your permission, and we are required to retain our records of the care we provided to you.

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

If you have questions and/or want additional information regarding any rights included in this Notice of Privacy Practices, or your privacy rights have been violated, you may file a complaint with Pelican Health's business manager by calling (701)-751-2272 or by writing to:

Pelican Health  
3100 North 11th Street, Suite #1  
Bismarck, ND 58503

You may also obtain information about how to file a complaint with the Office for Civil Rights at <http://www.hhs.gov/privacy/hipaa/complaints/index.html> or at the following numbers:

Voice Phone (800) 368-1019  
FAX (303) 844-2025  
TDD (800) 537-7697

You may also contact the Region VIII Office for Civil Rights at:

Region VIII Office for Civil Rights  
U.S. Department of Health and Human Services  
999 18th Street, Suite 417  
Denver, CO 80202  
Voice Phone 1-800-368-1019  
FAX (303) 844-2025  
TDD 1-800-537-7697  
[OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)

There will be no retaliation for filing a complaint.

General Information  
(701) 751-2272  
[pelicanhealthclinic.com](http://pelicanhealthclinic.com)