



LAKE REGION DISTRICT HEALTH UNIT NOTICE OF HIPAA 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.

UNDERSTANDING YOUR PERSONAL HEALTH INFORMATION (PHI). PHI covered by this notice is any information that identifies you or could be used to identify you, that is created or received by Lake Region District Health Unit and relates to your past, present or future physical or mental health condition, including health care services provided to you and payment for such health care services. PHI may include your name, address, birth date, phone number, social security number, Medicare or Medicaid number, health information, diagnoses, treatments received and information regarding your health insurance policies.

Lake Region District Health Unit is required under applicable state and federal law to maintain the privacy and security of PHI and to provide you with this notice about our privacy practices, our legal duties, and your rights regarding your PHI. We reserve the right to change our privacy practices and this

Notice at any time, provided such changes are permitted by law. The new Notice will be effective for all PHI we maintain, including PHI created or received before we made the changes. Upon your request, we will provide you with any revised Notice of Privacy Practices. We will notify you in the event a breach of your unsecured PHI occurs and is discovered.

The following section describes different ways that we use and disclose medical information. We will not use or disclose your medical information for any purpose not listed below, without your specific authorization.

For Treatment-We may use and disclose your protected PHI for treatment and to provide you with treatment-related health care services. This includes coordination of your health care with other agencies.

For Payment-We may use and disclose PHI so that we may bill and receive payment from you, an insurance company or third party, for the treatment and services you received.

For Healthcare Operations-We may use and disclose PHI for health care operation purposes. These uses and disclosures are necessary to make sure that individuals receive quality care and to operate and manage our services and programs.

To Provide Appointment Reminders-We may disclose limited PHI to provide you with appointment reminders such as voicemail, postcards, or letters.

To Persons Involved in Your Care-We may use and disclose PHI to notify or assist in the notification of a family member or personal representative of your location, your general condition, or death. If you are present and able to, then we will provide you with the opportunity to object to such uses or disclosures before they are made.



Required by Law- We may use and disclose your PHI when we are required to do so by federal, state, or local law.

Public Health Risks-We may use and disclose PHI about you for public health activities. These generally include disclosures to prevent or control disease, injury, or disability; report suspected abuse or neglect to the appropriate authorities, report reactions to medications, or product recalls.

Best Interest-We may disclose PHI in certain circumstances if, in the exercise of professional judgement, the disclosure is in your best interest to avert a serious threat to health or safety.

Health Oversight-We may disclose PHI to an agency providing health oversight for activities authorized by law, including audit, licensure, inspections, and investigations.

Legal Proceedings-We may disclose PHI about you in response to a court or administrative order. We may disclose medical information in response to a subpoena, discovery requests, or other lawful processes.

Law Enforcement-We may disclose PHI to law enforcement officials when certain conditions are met.

National Security and Similar Government Functions-We may disclose PHI to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose information about you to the institution or official under certain circumstances.

Workforce Safety and Insurance-We may disclose PHI for Workforce Safety and Insurance or similar programs that provide benefits for work-related injuries or illness.

Research-We may disclose your PHI to researchers, but only if efforts have been made to tell you about the request. Should we receive such a request for research every effort will be made to disclose information that does not contain individually identifiable information.

With Your Authorization-Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke this authorization at any time in writing except in limited circumstances.

YOUR RIGHTS

- **Right of Inspect and Copy-**You have the right to look at or get copies of your PHI, with limited exceptions. This request must be in writing, using the forms provided.
- **Right to 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. You also have the right to request a limit on the PHI we disclose to someone involved in your healthcare for the payment for your healthcare, like a family member or friend. Lake Region District Health Unit is not required to agree to the restriction. To request a restriction, you must make your request in writing, using the forms provided.



- **Right to Direct PHI to a Third Party**-You have the right to request that your PHI be sent to an individual or entity designated by you. This request must be in writing, using the forms provided.
- **Right to Amend**-If you feel the PHI, we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we maintain the information. You must request an amendment in writing.
- **Right to a Paper Copy of This Notice**-You have the right to obtain a paper copy of this Notice upon request. You may request a copy of this Notice at any time.
- **Right to File a Complaint**-You have the right to file a complaint without retaliation.

Questions and Complaints-If you want more information about our privacy practices or have questions or concerns, you may contact us. If you are concerned that we may have violated your privacy rights or if you disagree with the decision, we made about use or disclosure of your PHI you may file a complaint using the contact information listed below. There will be no retaliation against you for filing a complaint. The complaint should be filed in writing with the Lake Region District Health Unit. The complaint should state the specific incident(s) in terms of subject, date, and other relevant information. You may also submit a written complaint to the Secretary of the US Department of Health and Human Services. A complaint to the Secretary must comply with the standards set out in 45 CFR 160.306.

Privacy Officer

Lake Region District Health Unit

524 4th Ave NE #9

Devils Lake ND 58301

Telephone: 701-662-7035



**ACKNOWLEDGMENT of receipt of
NOTICE OF PRIVACY PRACTICES**

(Federal HIPAA Privacy Regulations)

Health Insurance Portability and Accountability Act of 1996

By signing this document, I acknowledge that I have reviewed a copy of Lake Region District Health Unit's **Notice of Privacy Practices**. I understand I may request a copy of their notice.

Name (Print) _____

Signature _____

Date _____