



400 E. 1<sup>st</sup> Street • Morris, MN 56267 • 320-589-1313 • [www.scmcinc.org](http://www.scmcinc.org)

## **NOTICE OF PRIVACY PRACTICES**

### **EFFECTIVE OCTOBER 11, 2021**

This notice describes how medical information about you may be used and disclosed and how you can obtain access to this information. *Please review it carefully.*

**APPROVED BY:** Kerrie McEvelly, President & CEO

### **OUR PROMISE TO YOU, OUR PATIENTS**

Your information is important and confidential. Our ethics and policies require that our information be held in strict confidence.

### **INTRODUCTION**

We maintain protocols to ensure the security and confidentiality of your personal information. We have building security, use passwords to protect databases, we perform compliance audits and use virus detection software. Access to your information is limited to only those who need it to perform their jobs. This notice of Privacy Practices describes the personal information we collect and how and when we use or disclose this information. It also describes your rights as they relate to your protected health information (PHI).

### **UNDERSTANDING YOUR HEALTH RECORDS**

Each time you visit Stevens Community Medical Center (SCMC), a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and plan for future care or treatment, and billing related information. This information, as referred to as your medical record, serves as a:

- Basis for planning your care and treatment,
- Means to communicate to all health professionals who contribute to your care,
- Source of data for medical research,
- Legal document describing the care you received,
- Tool by which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to:

- ensure accuracy,
- better understand who, what, when, where and why others are accessing your information
- make more informed decisions

### **YOUR RIGHTS**

Although your medical record is the physical property of Stevens Community Medical Center (SCMC), the information belongs to you, you have the right to:

- Obtain a copy of this notice of privacy policy upon request. You may also obtain a copy of this notice at our website, [www.scmcinc.org](http://www.scmcinc.org).
- You have the right to inspect and copy medical information that may be used to make decisions about your care including billing records. (reasonable copy fees may apply)

- Amend your health records as provided by 45 CFR 164.526. A request to amend records must be made in writing to the address listed on the front of this document.
- Obtain an accounting of disclosures of your health information as provided by 45 CFR 164.528. These disclosures are generally required by law for purposes such as disease management, protection of vulnerable adults and children and birth and death reporting.
- Request confidential communications of your health information as provided by 45 CFR 164.522(b).
- Request a restriction on certain uses and disclosures of your information as provided by CFR 164.522(a). All requests must be in writing. *We are not required to agree to your request.*

## **OUR RESPONSIBILITIES**

- We are required by law to maintain the privacy of your health information,
- Provide you with this notice of our privacy practices with respect to information we collect and maintain about you,
- We will abide by the terms of this notice,
- We will notify you if we cannot agree to a requested restriction,
- We will accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations,
- we will notify affected individuals of a breach of unsecured protected health information (PHI)

We reserve the right to change this notice and the revised or changed notice will be effective for information we already have about you as well as any information we receive in the future. The current notice will be posted at SCMC and on our website and it will include the effective date. In addition, each time you register at SCMC for treatment or health care services, a copy of the current notice will be available.

## **FOR MORE INFORMATION OR TO REPORT A PROBLEM**

If you believe your privacy rights have been violated, you may file a complaint with the SCMC Privacy Officer, or with the Office for Civil Rights, U.S. Department of Health and Human Services (OCR). There will be no retaliation for filing a complaint with either our facility or the OCR. The address for the OCR regional office for Minnesota is as follows:

U.S. Department of Health and Human Services  
233 N. Michigan Avenue, Suite 240  
Chicago, IL 60601

## EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH OPERATIONS

- **We will use your health information for treatment.**

We may use medical information about you to health care providers, our facility personnel, or third parties who are involved in the provision, management or coordination of your care. For example: Information obtained by a nurse, physician or other member of your health care team will be recorded in your record and used to determine the course of treatment. Your medical information will be shared among the health care professionals involved in your care.

We may also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you are discharged from SCMC.

- **We will use your health information for payment.**

We may use and disclose medical information about your treatment and services to bill and collect payment from you, your insurance company or a third party payer.

- **We will use your health information for Health Care Operations:**

Members of the medical staff and/or quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. The results will then be used to continually improve the quality of care for all patients/clients we serve. For example, we may combine medical information about many patients/clients to evaluate the need for new services, treatment, or equipment. We may disclose information to doctors, nurses, and other students for educational purposes.

**Funeral Directors:** We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

**Organ Procurement Organizations:** Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

**Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects or post marketing surveillance information to enable product recalls, repairs or replacement.

**Workers Compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

**Public Health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

**Law Enforcement:** We may disclose health information for law enforcement purposes as required by law, or in response to a valid subpoena.

**Business Associates:** There are some services provided in our organization through contracts with business associates. Examples may include physician services in the emergency department and radiology, certain outside laboratories, or a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

**Personal Representative:**

We may use or disclose information to your personal representative (person legally responsible for your care and authorized to act on your behalf in making decisions related to your health care)

**Communication with family:**

Unless you object, health professionals, using their best judgment, may disclose to a family member or close personal friend your location and general condition.

**Disaster Relief:**

Unless you object, we may disclose health information about you to an organization assisting in a disaster relief effort.

**To avert a serious threat to health/safety**

We may disclose your information when we believe in good faith that this is necessary to prevent a serious threat to your safety or that of another person. This may include cases of abuse, neglect, or domestic violence.

**• We may also use and disclose medical information:**

- To business associates we have contracted with to perform the agreed upon service and billing for it;
- To remind you that you have an appointment for medical care;
- To assess your satisfaction with our services;
- To tell you about possible treatment alternatives;
- To tell you about health-related benefits or services;
- For Population based activities relating to improving health or reducing health care costs;
- For conducting training programs and reviewing competence of healthcare professionals.

**OTHER USES OF MEDICAL INFORMATION**

For all other non-routine operations, including for marketing purposes, we will obtain your written authorization before disclosing your PHI. In addition, we take great care to safeguard your information in every way we can to minimize any incidental disclosures.

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

***The sale of protected health information without your written authorization is strictly prohibited.***

If you have any questions about this notice, please contact SCMC Privacy Officer by dialing (320)589-1313.

DOCUMENT REVISED: October 11, 2021