

# Protecting Your Health Information

## Notice of Privacy Practices

### INTRODUCTION:

#### THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

At Rainy Lake Medical Center, we are committed to the handling of protected health information about you in a responsible manner. This Notice of Health Information Practices describes the personal information we collect, and how we use or disclose that information. It also describes your rights as they relate to your protected health information. This notice is effective March 1, 2021 and applies to all protected health information. A federal regulation, known as the Health Insurance Portability and Accountability Act "HIPAA" Privacy Rule requires that we provide detailed notice in writing of our privacy practices. If you have questions about this notice, please contact the Rainy Lake Medical Center Privacy Officer at 218-283-5412.

Rainy Lake Medical Center reserves the right to make changes to this Notice and to make changes effective for all protected health information we may already have about you. If and when this Notice is changed, we will post copies in prominent locations throughout the facility and on our website [www.RainyLakeMedical.com](http://www.RainyLakeMedical.com). We will also provide you with a copy of the revised Notice upon request. Even if you agreed to receive this notice electronically, you can ask for a paper copy any time.

### YOUR HEALTH INFORMATION RIGHTS:

Although your health record is the physical property of Rainy Lake Medical Center, the information belongs to you. You have the right to request in writing:

- The opportunity to inspect and obtain a copy of your protected health information. We may charge a reasonable, cost-based fee for record requests for purposes other than reviewing current medical care. Access may be denied in some circumstances, such as psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, a criminal, or an administrative proceeding; or when certain law prohibits your access. In some circumstances, you may have this decision reviewed.
- To request an amendment of your health care information if you disagree with its content. We may deny your request and will tell you why in writing. Any request for amendment must be in writing and submitted to the Privacy Officer or designee.
- To request communications of your health information by alternative means or at alternative locations upon written request to the Privacy Officer.
- To obtain a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- To request a restriction on certain uses and disclosures of your information.
- To restrict disclosures of PHI to a health plan or RLMC business associate for payment purposes or to carry out health care operations, unless the disclosure is required by law, when you pay in full for the item or services provided.
- To revoke your authorization to use or disclose health information except to the extent that action has already been taken.
- To choose someone to act for you: If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

### OUR RESPONSIBILITIES:

Rainy Lake Medical Center is required to:

- Maintain the privacy and security of your health information;
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you;
- Notify you if there is a breach of your unsecured protected information that compromises the security or privacy of your unsecured protected information;
- Abide by the terms of this notice;
- Notify you if we are unable to agree to a requested restriction; and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue using or disclosing your health information after the date on the authorization or after we have received a written revocation of the authorization according to the procedures included in the authorization.

### FOR MORE INFORMATION OR TO REPORT A PROBLEM OR COMPLAINT:

If you believe your privacy rights have been violated, you can file a complaint with Rainy Lake Medical Center's Privacy Officer or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with the Privacy Officer or the Office for Civil Rights.

To file a complaint, contact:

Rainy Lake Medical Center Privacy Officer  
1400 Highway 71  
International Falls, MN 56649  
218-283-5412

or

You can submit a complaint to the U.S. Department of Health and Human Services Office for Civil Rights by mail, fax, e-mail, or via the OCR Complaint Portal. Contact the Privacy Officer, listed above, and we can provide you their information.

### OUR COMMITMENT TO PROTECTING HEALTH INFORMATION ABOUT YOU:

In this Notice, we describe the ways that we may use or disclose health information about our patients. The HIPAA Privacy Rule requires that we protect the privacy of health information that identifies a patient, or where there is a reasonable basis to believe the information can be used to identify a patient. This information is called "protected health information" or "PHI." This notice describes your rights as our patient and our obligations regarding the use and disclosure of PHI. We are required by law to:

- Maintain the privacy of PHI about you;
- Give you this Notice of our legal duties and privacy practices with respect to PHI;
- Notify you if there is a breach of your unsecured protected information that compromises the security or privacy of your unsecured protected information;
- Comply with the terms of our Notice of Privacy Practices that is currently in effect.

### HOW WE MAY USE AND DISCLOSURE PROTECTED HEALTH INFORMATION ABOUT YOU:

The following categories describe the different ways we may use and disclose PHI for treatment, payment, or health care operations. The examples included with each category do not list every type of use disclosure that may fall within that category.

**Treatment:** We are permitted to use and disclose your PHI to doctors, nurses, technicians, medical students or other personnel who are involved in your care or provide you with medical treatment or services at Rainy Lake Medical Center. For example, a doctor treating you in the hospital may need to consult with a specialist. Different departments of RLMC may also share your PHI in order to coordinate the services such as laboratory tests, x-rays and medications. We also may disclose your PHI to healthcare providers outside RLMC involved in your medical care, such as physicians who provide follow-up care, physical therapy providers, medical equipment suppliers, and skilled nursing facilities.

**Payment:** We may use and disclose medical information about you so that the treatment and services you receive may be billed to, and payment may be collected from, you, an insurance company, or another third party. For example, we may need to give your health plan information about treatment you received while under our care so your plan will pay us or reimburse you for the treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We will get your written consent upon admission for treatment which permits us to make such disclosures for payment purposes.

**Health Care Operations:** We may use and disclose medical information about you for Rainy Lake Medical Center health care operations. For example: Members of our internal staff such as the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health care record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care services we provide. Written consent is obtained prior to disclosing such information to outside facilities.

**Appointment Reminders and Other Health Information:** We may use your protected health information to send you reminders or call to remind you about scheduled appointments. We may also call you and leave health related information on your voice mail. If you do not wish to have a voice mail message left for you, you have the right to request in writing how we may communicate with you. Examples of alternatives would be by mail, at work or at home.

**Business Associates:** There are some services provided in our organization through contracts with business associates. Examples include any health oversight agencies, clearing houses associated with collections of accounts, and consultants. We may disclose your health information to our business associate(s) so that they can perform the job we have contracted them to do. To protect your health information that is disclosed, each business associate is required to sign an agreement to appropriately safeguard the information and to not re-disclose the information unless specifically permitted by law.

**Directory:** We may include certain limited information about you in our directory while you are a patient. This information may include your name, location in the facility, general information about your condition (fair, serious, etc.) and your religious affiliation if you provide this information to us. The directory information, except for your religious affiliation, may be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. If you prefer that Rainy Lake Medical Center not make these disclosures, please notify the registration clerk at the time of admission for services or clinical staff during your care.

**Notification to People Assisting in Your Care:** Rainy Lake Medical Center may disclose medical information to those involved in your care, helping you pay your bills, or other close family members or friends if these people need to know the information to help you, and then only to the extent permitted by law. If you are unable to make health care decisions, Rainy Lake 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 an emergency situation.

**Research:** Rainy Lake Medical Center does not do research. However, Federal law permits Rainy Lake 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 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 requires that we get your general consent before we disclose 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.

**As Required by Law:** We will disclose medical information about you when we are required to do so by federal, state, or local laws.

**To Avert a Serious Threat or Health 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. Any disclosure must be only to someone able to prevent that threat. In addition, 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 the limited circumstances in which Rainy Lake Medical Center care professionals have a "duty to warn."

**Organized Health Care Arrangement:** We may share your health information with any organized health care arrangement or any accountable care organizations we may participate in, including any independent contractors or affiliates Rainy Lake Medical Center may have, as permitted by law, for purposes of treatment, payment, or health care operations.

### YOUR MEDICAL INFORMATION MAY BE RELEASED IN THE FOLLOWING SPECIAL SITUATIONS:

**Coroners, Medical Examiners and Funeral Directors:** We will release medical information to a coroner or medical examiner in the case of certain types of death, and we must disclose health records upon request of the coroner or medical examiner. This may be necessary, for example, to identify you or to determine the cause of death. We may also release the fact of death and certain demographic information about you to funeral directors as necessary to carry out their duties. Other disclosures from your health record will require the consent of the surviving spouse, parent, or a person appointed by you in writing, or your legally authorized representative.

**Military and Veterans:** If you are a member of the armed forces, we will release medical information about you as requested by military command authorities if we are required to do so by law, or when we have your written consent. We may also release medical information about foreign military personnel to the appropriate foreign military authority as required by law or written consent.

**National Security and Intelligence Activities:** We will release medical information about you to authorized federal officials for intelligence, counter-intelligence, and other national security activities only as required by law or with your written consent.

**Protective Services for the President and Others:** We will disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or conduct special investigations only as required by law or with your written consent.

**Organ Procurement Organizations:** We may release your medical information to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank, as necessary to facilitate organ or a tissue donation and transplantation. The information that Rainy Lake Medical Center may disclose is limited to the information necessary to make a transplant possible.

**Fundraising:** Occasionally, Rainy Lake Medical Center may use limited information (your name, address, and the dates you were seen for medical services) to let you know about fundraising or other charitable events. You have a right to opt-out of fundraising communications. If you would like to do so, please contact the Rainy Lake Medical Center Privacy Officer.

**Marketing:** Rainy Lake Medical Center will not participate in marketing efforts in any way without first consulting with you or obtaining your written consent unless the marketing is conducted through a face-to-face communication or involves a gift of nominal value.

**Psychotherapy Notes:** We will not use or disclose any notes from a mental health professional without your authorization except to carry out certain treatment, payment, or health care operations including allowing the note taker to use them for treatment, using the notes for our training programs, or using the notes in defense of a legal proceeding.

**Sale of Protected Information:** We will not accept payment of any kind for protected information without your prior authorization. Sale of protected information is prohibited only as it is defined by law and does not include Rainy Lake Medical Center accepting payment for your treatment.

**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 release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses. We are permitted to disclose this information to the parties involved in the claim without any specific consent, so long as the information is related to a workers' compensation claim.

**Public Health:** We may disclose medical information to public health authorities about you for public health activities. These disclosures generally include the following:

- Preventing or controlling disease, injury, or disability;
- Reporting births or deaths;
- Reporting child abuse or neglect or abuse of a vulnerable adult;
- Reporting reactions to medications or problems with products;
- Notifying people of recalls of products that we may be using;
- Notifying a person who may have been exposed to a disease or may be at the risk for contracting or spreading a disease or condition; or
- Reporting to the Federal Food and Drug Administration as permitted or required by law.

**Correctional Institution/Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we will release medical information about you to the correctional institution or law enforcement official only as required by law or with your written consent.

**Law Enforcement:** We may release medical information if asked to do so by a law enforcement official in response to a valid court order, grand jury subpoena, or warrant, or with your written consent. In addition, we are required to report certain types of wounds, such as gunshot wounds and some burns. In most cases, reports will only include the fact of injury, and any disclosures would require your consent or a court order. We may also release information to law enforcement that is not part of your health record (in other words, non-medical information) for reasons such as:

- To identify or locate a suspect, fugitive, material witness, or missing person.
- If you are the victim of a crime and if, under certain limited circumstances, we are unable to obtain your agreement.
- The information relates to a death we believe may be the result of a criminal conduct.
- The information relates to criminal conduct at our facility.
- In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.

**Lawsuits and Disputes:** If you are involved in a lawsuit, dispute, or other judicial proceedings, we will disclose medical information about you only in response to a valid court order, administrative order, or a grand jury subpoena, or with your written consent.

Thank you for choosing Rainy Lake Medical Center for your health care services.

[www.RainyLakeMedical.com](http://www.RainyLakeMedical.com)

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[rainylakemedical.com](http://rainylakemedical.com)

