

**COTEAU DES PRAIRIES HOSPITAL & CLINIC  
205 ORCHARD DRIVE  
SISSETON, SD 57262**

**Notice of Privacy Practices**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THE INFORMATION. PLEASE READ IT CAREFULLY.

The policies outlined in this Notice apply to all of your health information generated by this Organization, whether recorded in your medical record, invoices, payment forms, or other ways. Similarly, these policies apply to the protected health information gathered from other Organizations by any health care professional, employee, or volunteer who participates in your care.

**Our Responsibilities**

We are required by law to maintain the privacy of your health information and provide you a description of our privacy practices. We are required to abide by the terms of this notice. We reserve the right to change the terms of this Notice and to make those changes applicable to all health information that we maintain. Any changes to this Notice will be posted on our website and will be available from us upon request.

**1. How CDP Hospital & Clinic may use or disclose your Health Information**

*We use health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Your health information is contained in a medical record that is the physical property of CDP Hospital and Clinic.*

**For Treatment:** We may use or disclose your protected health information for the purpose of providing, or allowing others to provide treatment to you. An example would be if your primary care physician disclosed your protected health information to another doctor for the purposes of a consultation.

**For Payment:** We may use and/or disclose your protected health information for the purpose of allowing us, as well as other entities, to secure payment for the health care services provided to you. For example, we may inform your health insurance company of your diagnosis and treatment in order to assist the insurer in processing our claim for the healthcare services provided to you.

**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/residents we serve. For example, we may combine medical information about many patients/residents to evaluate the need for new services, treatment, or equipment. We may disclose information to doctors, nurses, and other students for educational purposes.

*We may also use your medical information in other ways. The following uses and disclosures are common in health care. Many of these uses help us improve our service to you.*

**Appointment Reminders:** We may call or send you a letter to remind you of a medical appointment.

**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 for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

**Coroners, funeral directors, medical examiners, and organ donation:** We may disclose protected health information to a coroner or funeral director for purposes allowed by law. We may also disclose information to funeral directors to allow them to carry out their duties, and this information may be provided in reasonable anticipation of death. We may disclose information for organ, eye, or tissue donation purposes.

**Fundraising Activities:** We may use certain information to contact you to raise money for the CDP Hospital and Clinic. We may also provide this information to a related foundation so they can contact you for the same purpose. The money raised will be used to expand and improve healthcare in the community. If you do not wish to be contacted for our fund-raising efforts, you must notify us in writing.

**Health oversight:** We may disclose your protected health information to a health oversight agency for activities authorized by law such as inspections, audits, and investigations. These activities are necessary for the government to monitor the health care system, government programs, and civil rights laws.

**Facility Directory:** We may include certain limited information about you in the Facility Directory while you are here. The information may include your name, location in the facility, and your religious affiliation. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name. If you would like to opt out of being in the Facility Directory, please request the form from the admission staff or Facility Privacy Officer.

**Others involved in your care:** Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your protected health information that relates to that person's involvement in your healthcare. If you are unable to agree or object to such a disclosure, we may disclose information as necessary if we determine that it is in your best interest based on our professional judgment. We may also use or disclose protected health information to notify or assist in notifying a family member or someone responsible for your care about your general condition or death.

**Inmates:** We may disclose protected health information about an inmate to a correctional institution or law enforcement officer as authorized by law.

**Law Enforcement:** We may disclose protected health information under certain conditions to law enforcement in response to court orders or other legal process; to identify or locate a suspect, fugitive, missing person, or witness; concerning crime victims; about a suspicious death that may have resulted from a crime; about criminal conduct on our premises; and to report a crime in a medical emergency.

**Legal proceedings:** We may disclose protected health information in a judicial or administrative proceeding, in response to a court order, and in certain cases in response to a subpoena, discovery request, or other lawful process.

**Military activity and national security:** Under certain conditions we may use or disclose protected health information of individuals in the Armed Forces, veterans, or foreign military personnel, for purposes such as determining benefits or if necessary for a military mission. We may also use or disclose protected information for national security and intelligence activities.

**Future Communications:** We may communicate to you via newsletter, meal outs or other means regarding treatment options, health related information, disease-management programs, wellness programs, or other community based initiatives or activities our facility is participating in. If you do not wish to be contacted, you must tell us in writing.

**Public Health:** We may use or disclose your protected health information for public health activities, such as to a public health authority, other government authority allowed to receive this information, or to persons who report to the FDA. For example, we may report vital statistics, communicable diseases, or information about product recalls.

**Research:** We may disclose your protected health information to researchers when their research has been approved by an institutional review board or privacy board, and the board has determined that the research meets certain requirements for protection of this information.

**Required by law:** We may use or disclose your medical information when required by federal, state, or local law. The use or disclosure will be limited to what is required by law.

**Serious threat to health or safety:** If we believe use or disclosure of protected health information is necessary to prevent or reduce a serious threat to health or safety of a person or the public, we will disclose it consistent with applicable laws. We may also disclose protected information if necessary for law enforcement to identify or apprehend an individual.

**Workers compensation:** we may disclose your protected health information to comply with workers compensation laws and other similar programs established by law.

**Disaster relief:** We may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition and location.

**Abuse, neglect, or domestic violence:** We may disclose your protected health information to a public health authority that is authorized to receive reports of child abuse or neglect. In addition, we may disclose information to an authorized agency if we believe you have been a victim of abuse, neglect, or domestic violence. Disclosure will be consistent with state and federal laws.

**Organized Healthcare Agreement:** This facility and its medical staff members have organized and are presenting you this document as a joint notice. Information will be shared as necessary to carry out treatment, payment, and healthcare operations. Physicians and caregivers may have access to protected health information in their offices to assist in reviewing past treatment as it may affect treatment at the time.

*Uses and disclosures made only with written authorization.*

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 with written authorization to use or disclose information about you, you may revoke the authorization at any time, in writing. We will honor your revocation except for any use or disclosure we already made based on your written authorization. If you wish to revoke a written authorization, contact our privacy officer.

## **2. Your Health Information Rights**

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, you have the **Right to:**

- **Inspect and Copy:** You have the right to inspect and receive copies of medical information that may be used to make decisions about your care. This **does not include** psychotherapy notes, information compiled in anticipation of or for use in civil, criminal, or administrative proceedings, or certain information that is governed by the Clinical Laboratory Improvement Act. To arrange for access to your records, or to receive a copy of your records, you should submit a written request to the Contact listed on the last page of this Notice.

We may deny your request to inspect and receive copies in certain very limited circumstances. Access may be denied if the federal Privacy Act applies. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed healthcare professional chosen by the hospital will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- **Amend:** 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 as long as the information was created by our facility. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.

- **An Accounting of Disclosures:** You have the right to request an accounting of disclosures of your protected health information made during the six years period preceding the date of your request. However, the following disclosures will not be accounted for: 1) disclosures made for the purpose of carrying out treatment, payment or health care operations, 2) disclosures made to you, 3) disclosures of information maintained in our patient directory or disclosures made of persons involved in your care 4) disclosures for national security or intelligence purposes, 5) disclosures to correctional institutions or law enforcement officials who had you in custody at the time of disclosure 6) disclosures that occurred prior to April 14, 2003, 7) disclosures made pursuant to an authorization signed by you, 8) disclosures that are part of a limited data set, 9) disclosures that are incidental to another permissible use or disclosure, or 10) disclosures made to a health oversight agency or law enforcement official, but only if the agency or official asks us not to request. The accounting will include the date of each disclosure, the name of the entity or person who received the information and that person's address (if known), and a brief description of the information disclosed and the purpose of the disclosure. To request an accounting of disclosures, submit a written request to the Contact listed on the final page of the Notice.

- **Request Restrictions:** You have the right to request restrictions on the use and disclosure of your protected health information for treatment, payment or health care operations purposes or notification purposes. We are not required to agree to your request. If we do agree to a restriction, we will abide by that restriction unless you are in need of emergency treatment and the restricted information is needed to provide that emergency treatment. To request a restriction, submit a written request to the Contact listed on the final page of this Notice.

- **Request Confidential Communications:** You have the right to request that we communicate about medical matters in a certain way or at a certain location. We will agree to the request to the extent that it is reasonable for us to do so. For example, you can ask that we use an alternative address for billing purposes. To request communications via alternative means or at alternative locations, you must submit a written request to the Contact listed on the final page of this Notice. All reasonable requests will be granted.

- **A Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

To exercise any of your rights, please obtain the required forms from the Privacy Officer and submit your request in writing.

### **3. Changes to This Notice**

We reserve the right to change this notice at any time. Changes will apply to medical information we already hold, as well as new information after the change occurs. Before we make a significant change in our policies, we will change our notice and post the new notice in waiting areas, and on our Web site at [www.cdphospital.com](http://www.cdphospital.com). You can receive a copy of the current notice at any time. The effective date is listed at the end of this notice.

### **4. Complaints**

If you are concerned that your privacy rights have been violated you may contact the Privacy Office (listed below) or file a complaint with the federal Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

**Coteau des Prairies Hospital**  
**Privacy Officer**  
**205 Orchard Drive**  
**Sisseton, SD 57262**  
**605-698-7647**

#### **EFFECTIVE DATE:**

This notice of Privacy Practices is effective: April 14, 2003  
Revised: 11-01-2009