

SMDC Health System
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 (Internet copy)

If you have any questions about this notice, please contact: Patient Relations, 400 East Third Street, Duluth, MN 55805; 218-786-3091.

The information privacy practices in this notice will be followed by any health care professional who treats you at any of the SMDC locations and in all departments and units of SMDC, including: St. Mary's Medical Center, St. Mary's Hospital of Superior, Miller-Dwan Medical Center, Polinsky Rehabilitation Center, Pine Medical Center and any Duluth Clinic location.

OUR PLEDGE TO YOU

We understand that health information about you and your health care is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us. We need this record to provide you with quality care, bill for your care, and comply with legal requirements. This notice applies to all of the records of your care that we maintain, whether made by our staff, volunteers and authorized trainees, or by your personal doctor. (If your personal doctor is not a Duluth Clinic doctor, he or she may have different policies and notices regarding use and disclosure of your health information created in that doctor's office or clinic.) This notice tells you about the ways in which SMDC may use and disclose health information about you. We also describe your rights to the health information we keep about you, and describe our obligations regarding the use and disclosure of your health information.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

We may use health information about you to provide you with health care treatment and services. We may disclose information about you to doctors, nurses, pharmacists, laboratory technicians, and other health care professionals, employees and volunteers at any SMDC department or unit, so they may provide you with the right care. For example, your Duluth Clinic doctor referring you for surgery at St. Mary's Medical Center may need to tell the anesthesiologist about your heart condition, so your anesthesia may be adjusted accordingly. The hospital dietitian may need to know that you have diabetes, so your hospital meals can be planned correctly for you. In addition, with your consent we may provide information about you to others involved in your care, such as a referring physician, an outside specialist, or a family member.

With your consent, SMDC may use and disclose health information about you to obtain payment for the treatment and services you receive from us. For example, we may send billing information to your insurance company or Medicare, or we may tell your insurance company about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. With your consent, we send the guarantor (responsible party for payment) a monthly statement for charges for all patients under that guarantor's account.

SMDC may use and disclose health information about you to support our health care operations. For example, we may use health information to review the treatment and services and to evaluate the performance of our staff in caring for you. We may combine health information about many patients to decide what additional services we should offer. We may remove information that identifies you from this set of health information so others may use it to study health care delivery without learning who our specific patients are.

If you are admitted and unless you tell us otherwise, we will include your name and location in the hospital, in our patient directory, and make this information available to anyone who asks for you by name. Unless you object, we will also include your religious affiliation and disclose that to a member of the clergy or our chaplain.

We may use and disclose health information to contact you for an appointment reminder, to tell you about health-related services or recommend possible treatment options or alternatives that may be of interest to you, or to contact you about supporting our fund raising efforts.

Subject to certain requirements, we may use or disclose health information about you without your prior authorization for other reasons:

Research. Under certain circumstances, unless you have objected, we may use and disclose your health information for research purposes. For example, a research project may involve comparing patients who received one medication to those who received another for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of health information, trying to balance the need for research with patients' need for privacy of their health information. Before we use or disclose health information for research, the project will have been approved through this research approval process; but we may disclose health information about you to people preparing to conduct a research project. For example, we may help potential researchers look for patients with specific health needs, so long as the health information they review does not leave our facility. We will almost always ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care.

Organ and Tissue Donation. If you are an organ donor, we may release health information to organizations that handle procurement or transplantation of organs, eyes or tissues, as necessary, to help them carry out those activities.

Serious Threat to Health or Safety. Under certain circumstances, and as permitted by state law, we may use and disclose health information about you, when necessary, to prevent a serious threat to the health and safety of you, another person or the general public.

Workers' Compensation. If you are seeking workers' compensation for a work-related illness or injury, we may release health information related to your claim, as permitted or authorized by the state Workers' Compensation program.

Public Health Risks. We may disclose health information about you for legally authorized or required public health activities. These may include such things as preventing or controlling disease, injury or disability; reporting births and deaths; reporting child or vulnerable adult abuse or neglect; reporting reactions to medications or problems with products; notifying people of recalls of products they may be using; and notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Health Oversight Activities. We may disclose health information to a health oversight agency for legally authorized activities, such as audits, investigations, inspections, and licensure. Through these activities the government monitors the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If there is a lawsuit or dispute, we may release health information about you in response to a subpoena or court or administrative order.

Law Enforcement. We may release health information to law enforcement officials in response to a court order, warrant, or similar process or if otherwise permitted or required by state law. For

example, we may be required to release certain health information if it indicates a crime may have been committed.

Coroners, Health Examiners, and Funeral Directors. We may release health information to a coroner or health examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release certain health information about patients to funeral directors, as necessary, to carry out their duties.

In any other situation not covered by this notice, we will not use or disclose your health information without your written consent or authorization. You may revoke this authorization for any future disclosures by notifying us in writing.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

By law, we must have your written authorization to use or disclose your health information for any purpose not described in this notice. You have the right to request in writing that you see and get a copy of the health information that we use to make decisions about your care. We may charge a fee for the costs of copying, mailing or other supplies and services associated with your request. If we deny your request to inspect or obtain a copy in certain limited circumstances, you may request that the denial be reviewed. Another licensed health care professional chosen by SMDC will review your request and the denial, and we will comply with the outcome of that review.

If you believe that health information we have about you is incorrect or incomplete, you may make a written request to ask us to amend information. The request should state the reason for the amendment and specific information to be amended. The amendment must be limited to one page. Any amendment we make to your health information will be disclosed to those with whom we disclose information as previously noted.

We may deny your request for an amendment if the request is not in writing or does not state a reason. We may also deny your request if the information to be amended was not created by us (unless the creator of the information is no longer available to amend it), is no longer maintained by us, is not part of the information which you would be permitted to see and copy, or is accurate and complete. We will notify you within 60 days of our response to your request for amendment. If we deny your request, you may submit a statement disagreeing with our denial, or you may direct that your request for amendment and our denial be included with any future disclosures of the information you requested to amend. If you submit a statement of disagreement, we may prepare and provide you with a copy of a written statement of rebuttal, and your statement of disagreement and our rebuttal will be included in subsequent disclosures of the information.

You have the right to make a written request for a list of disclosures we have made of your health information, except for uses and disclosures for treatment, payment, and health care operations, as previously described, and those for which you have authorized disclosure. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. We will not charge you for the first list you request within a 12-month period. Additional requests will be charged according to our cost for producing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. We will provide you with the list within 60 days of your request, or notify you if we will need additional time, up to a maximum of 30 days to provide it.

You have the right to request a restriction on the health information we use or disclose about you for treatment, payment, or health care operations. There may be risks associated with such restrictions and we may ask you to acknowledge these risks in writing for certain requests you may make. **We are not required to agree to your request for restrictions** if it is not feasible for us to ensure our compliance or believe it will negatively impact the care we may provide you. If

we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

You have the right to request, in writing, but without needing to state a reason, that confidential communications about you be made in an alternative manner or location. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

OUR OBLIGATIONS

We are required by law to maintain the privacy of your health information and to provide you with this notice of our duties and our practices with respect to that health information. We are required by law to abide by the terms of this notice as long as it is in effect.

CHANGES TO THIS NOTICE

We reserve the right to change this notice, and to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facilities, indicating its effective date. In addition we will change the notice on our website.

WRITTEN REQUESTS

All written requests or appeals should be submitted to Patient Relations, 400 East Third Street, Duluth, MN 55805; 218-786-3091

COPIES OF NOTICE

You have the right to obtain a paper copy of this notice at any time.

COMPLAINTS

If you are concerned that your privacy rights may have been violated or you disagree with a decision we make about your health information, you may contact our Patient Relations department, 400 East Third Street, Duluth, MN 55805. You may also send a written complaint to the U.S. Department of Health and Human Services. Our Patient Relations/Risk Management office can provide you the address.

Under no circumstances will we ever ask you to waive your rights under this notice or retaliate against you in any manner for filing a complaint.

Please sign below that you have received SMDC's Notice of Privacy Practices, effective April 14, 2003.

Print Patient Name: _____

Patient/Parent/Guardian/Other signature: _____

Relationship if signed by other than the patient: _____

Reason for signature by other than the patient: _____

Date: _____

FOR OFFICE USE ONLY

By: _____ Date: _____

Site: _____ Patient Medical Record #: _____

Patient Date of Birth: _____ Refused to sign ____

Reason: _____

**ACKNOWLEDGEMENT OF RECEIPT
OF NOTICE OF PRIVACY PRACTICES**

NOPP.001 4/03 Patient Label

Attachment A

Acknowledgement of Receipt of NOPP (Pharmacy Use)

Date: _____

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