

# HIPAA Notice of Privacy Practices

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



## When it comes to your health information, you have certain rights:

- Get a copy of your paper or electronic chart, including confidential information
- Correct your paper or electronic medical record
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act on your behalf
- File a complaint if you believe your privacy rights have been violated

## You have some choices in the way we use and share information as we:

- Tell family and friends about your condition
- Provide mental health care
- Provide disaster relief
- Raise funds

## We may use and share your information as we:

- Treat you
- Bill for your services
- Do research
- Respond to organ and tissue donation requests
- Respond to lawsuits and legal actions
- Address workers' compensation, law enforcement and other government requests
- Run our organization
- Help with public health and safety issues
- Comply with the law
- Work with the medical examiner or funeral director
- Market our services

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## This section explains your rights and some of our responsibilities to help you:

- You can ask to see or get a paper copy of your medical record and other health information we have about you.
  - For more information about requesting your medical records, ask us or go online to HIPAA Notice of Privacy and Registration Forms, then explore the release of information options: <http://odhc.org/en/forms>
  - We will provide a copy or a summary of your health information, usually with 30 days of your request.
  - We may need to say "no" to your request, but we'll have to tell you why in writing within 60 days.
  - We can make corrections to your medical record. Ask us how to do this.
  - You can ask us to contact you in a specific or confidential or specific way or to send mail to a different address. Please complete the information on the last page. We will say "yes" to all reasonable requests.
  - You can ask us not to use or share certain health information for treatment, payment or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
  - If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.
  - You can ask for a list of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
  - We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one list per year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
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This section explains your rights and some of our responsibilities to help you: *(continued)*

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- 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. We will make sure the person has this authority and can act for you before we take any action.
- You can complain if you feel we have violated your rights by contacting us at the address on the other side.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil/Rights by sending a letter to 200 Independence Avenue, S.W. Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa](http://www.hhs.gov/ocr/privacy/hipaa) complaint.
- We will not retaliate against you for filing a complaint.

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation
- *If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*
- In the following cases we never share your information unless you give us written permission:
  - Marketing purposes – we will never market or sell personal information
  - Most sharing of psychotherapy notes
  - Substance abuse treatment records
- We may contact you for fundraising efforts, but you can tell us not to contact you again.

**We typically use or share health information in the following ways to:**

- Treat you - We can use your health information and share it with other professionals who are treating you.  
*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*
- Run our organization - We can use and share your health information to run our practice, improve your care, and contact you when necessary. We can use and share your health information to run our practice, improve your care, and contact you when necessary. We may also share health information with another health care provider who has treated you, or to your insurance company. This may be done when the information is needed for health care operation of the health care provider or the insurance company, us as quality improvement activities, evaluation of health care professionals, and state and federal regulatory reviews.  
*Example: We use health information about you to manage your treatment and services.*
- Bill for your services - We can use and share your health information to bill and get payment from health plans or other entities.  
*Example: We give information about you to your health insurance plan so it will pay for your services.*

**How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

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## How else can we use or share your health information? *(continued)*

- Help with public health and safety issues
- Health research
- Comply with the law: We will share information about you if state or federal laws require it, including with the Department of Health and Human Services to verify that we're complying with federal privacy law
  - Respond to organ or tissue donation requests by organ procurement organizations
  - Work with a medical examiner, coroner or funeral director when
  - Share health information with a coroner, medical examiner, or funeral director when an individual dies.
  - To address workers' compensation, law enforcement, and other government requests
- Workers' compensation claims
- Law enforcement by a law enforcement official or with health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services.
- Reply to lawsuits and legal actions by responding to a court or administrative order, or a subpoena.

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

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## Changes to Terms of this Notice:

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## Who is Covered by this Notice?

This notice applies to the following Open Door Health Center entities collectively:

Mankato  
Jordon  
Clarkfield  
Mobile  
Outreach

*This notice was published and becomes effective on November 1, 2018*