



GRIGGS COUNTY  
CARE CENTER

*The Cooperstown Medical Center and Griggs County Care Center  
are committed to protecting your medical information.*

# 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 read it carefully.**

If you have questions about this notice, please contact the Cooperstown Medical Center, or, the Griggs County Care Center's Privacy Officer by telephone at 800-242-2128 or 701-797-2221. You may also send your email questions to [corpcompliance@coopermc.com](mailto:corpcompliance@coopermc.com)

**ACKNOWLEDGMENT OF RECEIPT OF NOTICE:** You will be asked to sign an acknowledgment form that you received this Notice of Privacy Practices.

**EFFECTIVE DATE:** This Notice of Privacy Practices is effective April 14, 2003.

Original: 04-14-2003  
Revised: 12-19-2006, 05-01-2012; 07//2013

**INTRODUCTION:** Notice of Privacy Practices describes how the Cooperstown Medical Center (CMC) and Griggs County Care Center (GCCC) may use and disclose your protected health information (PHI) for treatment, payment, health care options, and for certain other purposes. This notice also describes how the CMC/GCCC may obtain your PHI from others, your rights regarding health information the CMC/GCCC obtains or maintains about you, how you may exercise these rights and the obligation the CMC/GCCC has to protect your information.

**Protected Health Information (PHI):** Means health information (including identifying information about you, such as your name, address, etc.) we have collected from you or received from other persons. It may include information about your past, present or future physical or mental health or condition, healthcare provided to you and payment for healthcare services provided to you. The CMC/GCCC is required to maintain the privacy of your PHI and to provide you with this notice of the CMC/GCCC's legal duties and privacy practices with respect to your PHI. The CMC/GCCC is also required to comply with the terms of its current Notice of Privacy Practices.

**Changes to This Notice:** The current Notice of Privacy Practices is posted at the CMC/GCCC's main office and at each site where the CMC/GCCC provides care. The CMC/GCCC reserves the right to change the terms of the Notice of Privacy Practices. The CMC/GCCC also reserves the right to make the revised or changed Notice of Privacy Practices effective for all health information the CMC/GCCC already has about you as well as any health information the CMC/GCCC receives in the future. Any revised Notice will be posted as stated above. You may also obtain a copy of the current Notice of Privacy Practices by accessing the CMC/GCCC website at [www.coopermc.com](http://www.coopermc.com).

## 1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION:

**How we may use and disclose medical information about you:** We are permitted to use and disclose your PHI for care and treatment in order to provide healthcare services to you. We may also use your PHI for payment of your healthcare bills and to support the operation of our medical and hospital

practices. The following are examples of the ways that we are permitted to use your medical information for treatment, payment and healthcare operations. These examples are not exhaustive, but are used to illustrate the types of uses or disclosures that may be made.

**Treatment:** We will use and disclose your PHI to provide you with medical treatment and service. We may disclose medical information about you to doctors, nurses, technicians, medical students and other personnel who are involved in your care. We will also use your medical information to coordinate and manage your healthcare and any related services. Different departments may share medical information about you to coordinate things that you need such as prescriptions, lab work, and x-rays. We may also provide medical information about you to people outside of CMC/GCCC who may be involved in your medical care. For example, we may provide information to a specialist who becomes involved in your care at the request of your physician to assist with diagnosis or treatment, or to a home health agency caring for you.

**Payment:** We will use your PHI as needed to obtain payment for your healthcare services from an insurance company or a third party. This may include providing information to your health plan or insurance company before it approves or pays for healthcare services that we recommend. For example, we may tell your health plan about recommended surgery to determine whether your plan will cover the surgery. We may also disclose medical information to other healthcare providers for their payment purposes.

**Healthcare Operations:** We will use medical information about you as needed to support the business activities of your physician or CMC/GCCC provider and CMC Hospital. These operations are necessary to run the medical facilities and make sure that all of our patients receive quality care. For example, we may call you by name in the waiting room when your physician is ready to see you. We may use medical information about you to review our treatment and services and evaluate the performance of our staff. We may combine medical information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. Other activities

for which we may use or disclose your medical information include but are not limited to conducting training programs, underwriting for insurance, auditing, business management and planning, and administrative functions.

We may use medical information to remind you of appointments with us. We may contact you with information about treatment alternatives or other health related benefits or services that may be of interest to you. ~~We may use medical information to contact you about marketing and fundraising activities.~~ If you are part of the CMC/GCCC group health plan, we may disclose PHI about you to the plan sponsor.

We may disclose your PHI to other non-CMC/GCCC providers for those providers' healthcare operations as allowed by law.

**Other permitted uses and disclosures and your opportunity to object:** We may also use and disclose your PHI in the following instances. You may agree or object to the use or disclosure of all or part of your PHI for these purposes.

**Facility Directories:** Unless you object, we will use certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, your condition (in general terms) and your religious affiliation. This information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy. In case of an emergency or if you are incapacitated, we may use the above information in our facility directory, but we will provide you with an opportunity to object when it is practical to do so.

**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 PHI 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 PHI to notify or assist in notifying a family member or someone responsible for your care about your general condition or death.

**Business Associates:** Some services in our organization are provided through contacts with business associates. Examples include physician services in the emergency department and radiology, and certain laboratory tests. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we have asked them to do and bill you or your third-party payer for services rendered. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

**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.

**Uses and disclosures we are allowed to make without your permission or opportunity to object:** We may use or disclose your PHI in the following situations without your permission.

**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.

**Public Health:** We may use or disclose your PHI 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.

**Abuse, Neglect, or Domestic Violence:** We may disclose your PHI 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.

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

**Legal Proceedings:** We may disclose PHI in a judicial or administrative proceeding, in response to a court order, and in certain cases in responses to a subpoena, discovery request, or other lawful process.

**Law Enforcement:** We may disclose PHI 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.

**Inmates:** We may disclose PHI about an inmate to a correctional institution or law enforcement office as authorized by law.

**Coroners, Funeral Directors and Organ Donation:** We may disclose PHI to a coroner or funeral director for purposes allowed by law such as identification or determining cause of death. 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.

**Research:** We may disclose your PHI 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.

**Serious Threat to Health or Safety:** If we believe use or disclosure of PHI 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.

**Military Activity and National Security:** Under certain conditions we may use or disclose PHI 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.

**Workers Compensation:** We may disclose your PHI to comply with workers compensation laws and other similar programs established by law.

**Uses and disclosures that require us to give you an opportunity to object and opt out.** *Individuals involved in your care or payment for 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 (PHI) that directly relates to that person's involvement in your healthcare. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

*Disaster Relief.* We may disclose your PHI to disaster relief organizations that seek your PHI to coordinate your care, or notify family and friends of your location or condition in a disaster whenever we practically can do so.

**Uses and disclosures made only with written authorization:**

1. Uses and disclosures of PHI for marketing purposes; and
2. Disclosures that constitute a sale of your PHI.

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 Office.

## **2. YOUR RIGHTS AND HOW TO EXERCISE THEM:**

You have the following rights regarding medical information we maintain about you. This also briefly describes how you may exercise these rights. If you have questions about this notice, please contact CMC/GCCC's Privacy Officer by telephone at 800-242-2128 or 701-797-2221. You may also send your email questions to [corpcompliance@coopermc.com](mailto:corpcompliance@coopermc.com).

**Right to Inspect and Copy:** You have a right to inspect and copy Health information that may be used to make decisions about your care, or payment for your care. This includes medical and

billing records, other than psychotherapy notes. To inspect and copy this health information you must make your request, in writing, to the Medical Records Dept. We have up to 30 days to make your PHI available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

**Right to Electronic copy of Electronic Medical Records.** If your PHI is maintained in an electronic format you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your PHI in the format you request, if it is readily producible in such a format. If you request, your record will be provided in either a standard electronic format, or a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

**Right to request confidential communications by alternative means or at an alternative location:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will not request an explanation from you about the reason for your request. We will accommodate reasonable requests. We may condition the accommodation by asking you for information about how payment will be handled, or ask you to specify an alternate address or other method of contact. Please make any request for alternate communications in writing to our Privacy Office.

**Right to Request a Restriction:** You have a right to request a restriction or limitation on medical information we use or disclose about you for treatment, payment or healthcare operations. You also have a right to request a limit on the medical information we disclose about

you to someone involved in your care or the payment for your care, or for notification purposes, such as a family member or friend.

**We are not required to agree to your request.** If we do agree, we will comply with your request unless the information is needed to provide emergency treatment to you. We encourage you to discuss any restriction you wish to request with your physician.

To request restrictions, your request must be in writing to our Privacy Office. It must state the information you want to limit, whether you want to limit use or disclosure or both, and to whom you want the restriction to apply.

**Right to Get Notice of a Breach:** You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

**Right to Amend:** If you believe that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You may ask for an amendment to information in a designated record set for as long as we maintain the information. You must request an amendment in writing to our Privacy Office, and you must provide a reason to support your request. In certain cases we may deny your request for an amendment, for example, if the information was not created by us and the provider who created it is no longer available to make the amendment, or if the information we have is accurate and complete.

**Right to an Accounting:** You have a right to receive an accounting of certain disclosures we have made of your PHI. This does not include use or disclosure for treatment, payment of healthcare operations, for our directory, to persons involved in your care for notification purposes, for national security and intelligence purposes, or for certain disclosures to correctional institutions and law enforcement. It does not include uses and disclosures for which you gave us written authorization. You have a right to receive specific information about disclosures that were made after April 14, 2003. The right to receive this information is subject to certain restrictions and limitations.

**Out of Pocket Payments.** If you paid out-of-pocket (or in other words, you have requested that we not bill you

health plan) in full for a specific item or service, you have the right to ask that your PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

### **Right to a Paper Copy of the Notice:**

You have the right to a paper copy of this notice, even if you have agreed to accept this notice electronically. You may ask us to give you a copy of this notice at any time. You may obtain a copy of this notice at our website, [www.coopermc.com](http://www.coopermc.com). To obtain a paper copy, please notify our Privacy Officer.

### **3. CHANGES TO THIS NOTICE:**

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of this notice at any time. The new notice will apply to all PHI we maintain at that time. The Notice of Privacy Practices will be posted on our website at [www.coopermc.com](http://www.coopermc.com) and at the registration/admitting areas of our facilities. Or, you may request a copy at any time by calling your physician's office, or our Privacy Office, or by asking for one at your next appointment.

### **4. COMPLAINTS:**

If you believe your privacy rights have been violated, you may file a complaint with us by notifying our Privacy Office. All complaints must be submitted in writing to the Privacy Office. You may also file a complaint with the Secretary of the Department of Health and Human Services. We will not retaliate against you for filing a complaint. If you have questions about this notice, please contact CMC/GCCC's Privacy Officer by telephone at 800-242-2128 or 701-797-2221. You may also send your email question to [corpcompliance@coopermc.com](mailto:corpcompliance@coopermc.com).

This notice applies to all CMC/GCCC facilities in North Dakota. It applies to healthcare providers who are not CMC/GCCC employees but who participate in an integrated care setting or an organized system of healthcare with CMC/GCCC. Those providers who are not CMC/GCCC employees will share PHI with each other and CMC/GCCC as necessary for treatment and payment, and for operations of the integrated or organized system of healthcare.