



North Dakota Department of Health

NOTICE OF PRIVACY PRACTICES

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.

The North Dakota Department of Health (NDDoH) is required by law to protect the privacy of your health information. We call this information “protected health information” or “PHI.” PHI refers to health and individual information created or received by the NDDoH which contains details that could identify you, such as your name, address, social security number, etc. The NDDoH is committed to protecting your privacy. Any protected health information will be kept confidential to the full extent required by the law. The law requires us to maintain the privacy of protected health information, to provide you with this notice and to abide by what this notice says. We may change our privacy practices, but we will provide you with information about any changes in a revised notice if you are then receiving services from the NDDoH, or upon your request.

HOW THE NDDoH MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

The NDDoH uses and discloses PHI for many different reasons. Except as explained in this notice, the NDDoH will use and disclose your PHI only with your written authorization. In most cases, if we use your PHI without your authorization, it is for treatment, payment, public health purposes or as required by law. However, PHI may sometimes be used for other purposes. We will use and disclose only the minimum amount of information needed whenever possible. All uses and disclosures are described below.

For Treatment. We may provide your PHI to physicians and other health care personnel who provide you with health care services or are involved in your care. For example, if your physician calls the Microbiology laboratory for your tests results, we may disclose your PHI.

For Payment. We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you.

For Health Care Operations. We may use and disclose your PHI to ensure the quality and effectiveness of our services.

As Required by Law. We may disclose your PHI when a disclosure is required by federal or state law.

For Public Health Purposes, Including Bioterrorism. We may use and disclose your PHI

for public health purposes such as to prevent and control disease.

For Health Oversight Activities. We may use and disclose your PHI to health oversight agencies as needed to determine compliance with inspections, certification and licensure.

For Judicial and Administrative Proceedings. We may disclose your PHI as required for judicial and administrative proceedings.

For Law Enforcement Purposes. We may disclose your PHI when the information is needed for law enforcement.

For Research. We may use and disclose PHI in order to conduct research.

For Specialized Government Functions. We may disclose PHI for national security purposes, such as

protecting the President or conducting intelligence operations.

For Workers' Compensation. We may disclose PHI in order to comply with workers' compensation laws.

To Avert a Serious Threat to Health or Safety. We may disclose your PHI to avert a threat to the safety or health of you and others.

To Report Suspected Abuse, Neglect or Domestic Violence. We may disclose your PHI if needed for reporting abuse, neglect or domestic violence.

In the Event of a Death. We may disclose your PHI to a coroner, medical examiner or funeral director to carry out duties as necessary.

YOUR RIGHTS

1. The Right To Request Limits on Uses and Disclosures of Your PHI. You have the right to ask that we limit how we use and disclose your PHI. We will consider your request but are not legally required to accept it. If we accept your request, we will abide by it except in an emergency treatment situation or as required by law.
2. The Right To Choose How We Send PHI to You. You have the right to ask that we send information to an alternate address or by alternate means.
3. The Right To Inspect and Copy Your PHI. You have the right to inspect and obtain a copy of your PHI in our possession. We may limit or deny you access in some circumstances.
4. The Right To Correct or Update Your PHI. You have the right to request that we correct your PHI that you feel is wrong. We may not honor your request if the PHI is correct and complete, not created by us, not allowed to be disclosed or not a part of our records.
5. The Right To Receive a List of the Disclosures We Have Made. You have the right to request a listing of the disclosures of PHI that we have made. The list will not include uses or disclosures for treatment, payment, healthcare operations, information which you have authorized us to disclose, national security or law enforcement as required by law or information released prior to April 14, 2003.
6. The Right To Obtain a Paper Copy of this Notice. You have the right to request a paper copy of the NDDoH Notice of Privacy Practices.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions and/or would like additional information regarding any rights included in this notice, you may contact the North Dakota Department of Health privacy official at 701.328.2352 or at North Dakota Department of Health, Privacy Official, 600 East Boulevard Ave., Dept 301, Bismarck, N.D. 58505-0200.

If you believe your privacy rights have been violated, you may file a complaint with the NDDoH by contacting the North Dakota Department of Health privacy official at 701.328.2352 or at North Dakota Department of Health, Privacy Official, 600 East Boulevard Ave., Dept. 301, Bismarck, N.D. 58505-0200.

You may also file a complaint with the Region VIII Office for Civil Rights, Department of Health and Human Services, 1961 Stout Street, Room 1185 FOB, Denver, CO 80294-3538.

There will be no retaliation against you for filing a complaint.

EFFECTIVE DATE: This notice is effective **April 14, 2003.**