

**KNIFE RIVER CARE CENTER
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.

Knife River Care Center is required by law to maintain the privacy of your health information. Knife River Care Center is also required to provide you with a notice that describes Knife River Care Center's legal duties and privacy practices and your privacy rights with respect to your health information. We will follow the privacy practices described in this notice. If you have any questions about any part of this Notice or if you want more information about the privacy practices of Knife River Care Center, please contact:

Knife River Care Center Privacy Officer
118 22nd St NE
Beulah, ND 58523
(701) 873-4322

We reserve the right to change the privacy practices described in this notice in the event that the practices need to be changed to be in compliance with the law. We will make the new notice provisions effective for all protected health information that we maintain. If we change our privacy practices, we will have them available upon request. It will also be posted at Knife River Care Center and KRCC's website krcc-nd.org

Understanding Your Health Record/Information

Each time a resident is admitted to the Knife River Care Center a record of their stay is kept. Typically, this record contains the resident's symptoms, examination and test results, diagnoses, treatment and a plan for future care or treatment. This information, often referred to as a health or medical record, serves as a:

- Basis for planning care and treatment
- Means of communication among the many health care professionals who contribute to the resident's care
- Legal document describing the care received
- Means by which the resident or a third-party payer can verify that services billed were actually provided
- A tool in educating health professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of the nation
- A source of data for facility planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy
- Better understand who, what, when, where and why others may access your health information
- Make more informed decisions when authorizing disclosures to others

Normal Uses and Disclosures

The following categories describe the ways that Knife River Care Center may use and disclose your health information. For each type of use and disclosure, we will explain what we mean and present some examples.

Treatment We may use medical information about you to provide treatment or services to you.

Example 1: Information obtained by a nurse, physician or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

Example 2: We may also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you if you are transferred to any type of healthcare facility, such as a clinic or hospital.

Payment We may use and disclose medical information about your treatment and services to bill and collect payment from you, your insurance company or other third party payer.

Example 1: A bill may be sent to you or to a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnoses, procedures and supplies used.

Example 2: We may tell your health plan about care you are going to receive to determine whether or not your plan will cover the care.

Health Care Operations Members of the medical staff, the risk or quality improvement manager or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Example 1: We may disclose your medical information to medical students working with our physicians for training purposes.

Example 2: We may disclose your information for population-based activities related to improving health or reducing health care costs.

Other Uses and Disclosures

The following categories describe the ways the Knife River Care Center may use and disclose your health information without your authorization. For each type of use and disclosure, we will explain what we mean and present some examples.

Required by Law: We may use and disclose your health information when that use or disclosure is required by law. For example, we may disclose medical information to report child abuse or respond to a court order.

Business Associates: There are some services provided in our organization through contacts with business associates. 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 payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information via a written contract.

Directory: Unless you notify us in writing that you object, we will use your name, location, general condition and religious affiliation for our directory. It is our duty to give you enough information so you can decide whether or not to object to release of this information for our directory. The information about you contained in our directory will not be disclosed to individuals not associated with our health care environment without your authorization.

If you do not object and the situation is not an emergency, and disclosure is not otherwise prohibited by law, we are permitted to release your information under the following circumstances:

- a. To individuals involved in your care-we may release your health information to a family member, other relative, friend or other person whom you have identified to be involved in your health care or the payment of your healthcare;
- b. To family-we may use your health information to notify a family member, a personal representative or a person responsible for your care, of your location, general condition, or death; and
- c. To disaster relief agencies-we may release your health information to an agency authorized by law to assist in disaster relief activities

This information, along with information on your general condition, may also be presented to members of the clergy (according to religious affiliation) and to other people who ask for you by name. If you do not wish to be in the facility directory, please request the Opt Out form from the Privacy Officer.

This acknowledgement does hereby authorize Knife River Care Center to photograph, videotape, voice record or interview the resident receiving this notification while under the care of Knife River Care Center. This further grants the right to reproduce the negatives, films, prints or tapes in the quantity needed for medical, educational, legal, marketing and advertising programs.

Newsletter: Knife River Care Center publishes a monthly newsletter in which we publish admissions, discharges, birthday information and deaths. This newsletter is sent to resident family members, Knife River Care Center volunteers, church groups, etc. Unless we are notified in writing that you object, we will publish your name in the newsletter.

Research: We may disclose information to researchers when their research has been approved by an institutional review board and has established protocols to ensure the privacy of your health information.

Funeral directors: We may disclose health information to funeral directors consistent with applicable laws to carry out their duties.

Organ procurement organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplantation.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post-marketing surveillance information to enable product recalls, repairs or replacements.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability or an entity assisting in a disaster relief effort.

State-specific Requirements: As required by state law, we must disclose information relating to births, deaths, communicable diseases, abuse situations, etc.

Law Enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Health Oversight Activities: We may disclose your health information to health agencies authorized by law to conduct audits, investigations, inspections, licensure and other proceedings related to oversight of the health care system.

Judicial and Administrative Proceedings: We may disclose your health information in the course of an administrative or judicial proceeding in response to a court order. Under most circumstances when the request is made through a subpoena, a discovery request or involves another type of administrative order, your authorization will be obtained before disclosure is permitted.

To Avert a Serious Threat to Health or Safety: We may disclose your health information in a very limited manner to appropriate persons to prevent a serious threat to the health or safety of a particular person or the general public. Disclosure is usually limited to law enforcement personnel who are involved in protecting the public safety.

Federal Requirements: Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

Information disclosed for any of the above mentioned situations will be de-identified as much as possible in order to maintain confidentiality of your protected health information.

Authorization Required

Except as described in this Notice of Privacy Practices, we will not use or disclose your health information without written authorization from you. For examples, uses and disclosures made for the purpose of psychotherapy, marketing and the sale of protected health information require your authorization. If Knife River Care Center intends to engage in fundraising, you have the right to opt out of receiving such communications. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization, though we will be unable to take back any disclosures we have already made with your permission.

Your Health Information Rights

Your health record is the physical property of the Knife River Care Center; however, the information belongs to you. You have the right to:

- **Inspect and Copy of Your Health Information** (excluding psychotherapy notes). You have the right to request that the copy be provided in an electronic form or format (e.g. PDF saved onto CD) If the form and format are not readily producible, then Knife River Care Center will work with you to provide it in a reasonable electronic form or format. We have the right to deny your request; however, you may request a review of the denial and we will comply with the outcome. We will provide copies within a reasonable timeframe and we reserve the right to charge a fee according to North Dakota law for the requested copies.
- **Request to Correct Your Health Information** You have the right to request that Knife River Care Center amend your health information if you believe any information in your health record is incorrect or incomplete. This request must be made in writing to: Privacy Officer, 118 22nd St NE, Beulah, ND 58523 and must provide a reason to support the amendment. We may deny this request and, if so, you will be notified.
- **Request Restriction on Certain Uses and Disclosures** You have the right to request restrictions that we not use or disclose your health information related to treatment, payment, health care operations and/or to a particular family member, other relative or close personal friend. Please make this request in writing to: Privacy Officer, 118 22nd St NE, Beulah, ND. Although the Knife River Care Center will consider your request, we are under no obligation to accept your request; however, if this information is needed in an emergency situation, we reserve the right to disclose the restricted information.
- **Receive Confidential Communications of Health** You have the right to request that we communicate your health information to you in different ways or places. We must accommodate reasonable requests. To request confidential communications, you must submit your request in writing to: Privacy Officer, 118 22nd St NE, Beulah, ND 58523
- **Receive a Record of Disclosures of Your Health Information** You have the right to obtain an annual accounting of disclosures of your health information at no charge. Please note that an accounting will not include the following types of disclosures: disclosures made to you or to your legal representative, or any other individual involved with your care; disclosures made for reasons of treatment, payment or operations; disclosures to law enforcement officials or public health officials; and disclosures for national security purposes

- **Obtain a Paper Copy of This Notice** Upon our request, you may at any time receive a paper copy of this notice. To obtain a paper copy of this Notice, send your written request to Privacy Officer, 118 22nd St NE, Beulah, ND 58523. A copy of the Notice of Privacy Practices will be given to you upon admission to the Knife River Care Center and will be posted in the facility and on the Knife River Care Center website at www.krcc-nd.org.
- **Notified of a Breach** We are required by law to maintain the privacy of protected health information and provide you with notice of our legal duties and privacy practices with respect to protected health information and to notify you following a breach of unsecured protected health information.
- **Complaint** If you believe your privacy rights have been violated, you may file a complaint with Privacy Officer, 118 22nd St NE, Beulah, ND 58523 that will provide you with any needed assistance. We request that you file your complaint in writing so that we better assist in the investigation of your complaint. You may also file a complaint with the Secretary of the Department of Health and Human Services. There will be no retaliation against you in any way for filing a complaint.