

# PRIVACY NOTICE OF INFORMATION PRACTICES



## PATIENT BILL OF RIGHTS

### **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 of Information Practices, you may contact FHC's Patient Support Services Manager at 701-271-3344 or the HIPAA Privacy Officer at 701-239-2280.

If you believe your privacy rights have been violated, you may file a complaint with FHC's Privacy Officer by dialing 701-239-2280 or writing to:

**Family HealthCare**  
**Attn: HIPAA Privacy Officer**  
**301 NP Avenue**  
**Fargo, ND 58102**  
**701-271-3344**

**You may also contact the U.S. Secretary of Health & Human Services at this toll-free number 1-877-696-6775 OR by e-mail at [hhsmail@os.dhhs.gov](mailto:hhsmail@os.dhhs.gov).**

*There will be no retaliation for filing a complaint.*

You can obtain a form to request your patient information at any FHC location or by calling 701-271-3344. FHC will respond to you within 30 days after receiving your written request.

In certain situations FHC may deny your request, however, FHC will explain to you in writing the reason for the denial as well as an explanation of your right to have the denial reviewed. A reasonable fee for copying and postage may be charged to process your request.



**FAMILY**  
HealthCare

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FHC-P7 R102312

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*The following describes different ways that FHC may use and disclose medical information.*

**For Treatment:** Information obtained by a nurse, doctor or other member of the FHC healthcare staff will be recorded in your record and used to determine the course of treatment that should work best for you. Your healthcare provider 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 doctor will know how you are responding to treatment.

**For Payment:** FHC may use and disclose medical information about you so that the treatment and services you receive at the health center may be billed to and payment may be collected from you, an insurance company, or a third party. FHC may need to give your health plan specific health documentation regarding physical therapy visits so that your health plan will pay us for the services you received. FHC may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine if your plan will cover the treatment. A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.

**For Healthcare Operations:** FHC may use and disclose medical information about you for health center operations. These uses and disclosures are necessary to run the medical center and insure that all patients receive quality care. FHC may use medical information to review treatment and services and to evaluate the performance of FHC staff in caring for you. FHC may submit data to outside quality improvement entities for the purpose of improving clinical outcomes of all patients receiving care. FHC may also provide your PHI to FHC accountants, attorneys, consultants or others in order to make sure the organization is obeying laws and operating efficiently.

**Business Associates:** There are some services provided in the organization through contracts with business associates such as radiology, certain laboratory tests, and a release of information service used to help organize the release of medical information. When these services are contracted, FHC may disclose your health information to a business associate so they can perform the job asked of them and bill you or your third-party payer for services rendered. To protect your health information, however, FHC requires the business associate to appropriately safeguard your information.

**As Required by Law:** FHC will disclose medical information about you when required to do so by federal, state or local law.

**Research:** FHC may disclose information to researchers when the research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

**Communication With Family:** Health professionals, using their best judgment, may disclose health information to a family member, other relative, close personal friend or any other person you identify is involved in your medical care. FHC may also give information to someone who helps pay for your care. FHC may also tell your family or friends your condition and that you are in the health center. In addition, FHC 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.

**Funeral Directors, Coroners, Medical Examiners:** FHC may disclose health information to funeral directors, consistent with applicable law, to carry out their duties. FHC may release medical information to a coroner or medical examiner; this may be necessary to determine the cause of death.

**Organ and Tissue Donation:** Consistent with applicable law, FHC 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 transplant.

**Appointment Reminders/Treatment Alternatives:** FHC may use and disclose Health Information to contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Fundraising:** FHC may contact you as part of a fund-raising effort for the medical center. FHC may disclose information to a foundation related to the health center so that the foundation may contact you in raising money for the health center.

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

**Worker's Compensation:** FHC may disclose health information about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

**Public Health Risks:** FHC may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Correctional Institution:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, FHC may release Health Information to the correctional institution or law enforcement official. This release would be if necessary: (1) for the

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institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

**Law Enforcement:** FHC may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, FHC may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Data Breach Notification Purposes:** FHC may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

**Military and Veterans:** If you are a member of the armed forces, FHC may disclose medical information about you as required by military command.

**Health Oversight Activities:** FHC may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the healthcare system, government programs and compliance of civil rights laws.

**To Avert a Serious Threat to Health or Safety:** FHC may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

**National Security and Intelligence Activities:** FHC may release medical information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

**Protective Services for the President and Others:** FHC may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

You may request a restriction or limitation on the medical information used or disclosed about you for treatment, payment or healthcare operations.

### **CHANGES TO THE NOTICE OF INFORMATION PRACTICES**

FHC reserves the right to change information practices and to make the new provisions effective for all protected health information FHC already has about you as well as any information received in the future. Should information practices change, FHC will post a copy of the updated notice in the health center. In addition, each time you register at the health center for treatment or services you will be offered a copy of the current notice in effect.

### **USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT**

**Individuals Involved in Your Care or Payment for Your Care:** Unless you object, FHC may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. 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:** FHC may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

### **OTHER USES OF HEALTH INFORMATION**

FHC will not disclose your health information without your written authorization, except as described in this notice. If you provide us with authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. Upon written request an access report listing all places to which your health information has been released will be made available to you. You

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understand that FHC is unable to take back any disclosures already made with your permission.

**YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES**

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

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

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

**YOUR RIGHTS AS A PATIENT OF FAMILY HEALTHCARE**

1. ***Courteous Treatment*** — Patients have the right to be treated with courtesy, privacy, and respect for their individuality, by employees and persons providing service in this facility.
2. ***Appropriate Health Care*** — Patients shall have the right to appropriate medical care consistent with Standards of Practice, and personal care based on individual needs. This right is limited where the service is not reimbursable by public or private sources.
3. ***Continuity of Care*** — Patients shall have the right to be cared for with reasonable regularity and continuity of staff assignment as far as clinic policy allows
4. ***Provider Identity*** — Patients will be given the name of the provider who has primary responsibility for coordinating their care, and the names and professional relationships of other health care providers who will see them.
5. ***Participate in Their Treatment Plan*** — Patients shall be given complete and current information concerning their diagnosis, treatment, alternatives, risks, and prognosis. They shall be given as much information about any proposed treatment or procedure as they may need in order to give informed consent or to refuse the course of treatment. This information shall be in terms and language the patient can reasonably be expected to understand. Patients have the right to participate in the development and implementation of their plan of care and actively participate in decisions regarding their medical care.
6. ***Consideration of Cultural/Spiritual Values*** — Patients shall have the right to consideration of their cultural and spiritual values when receiving medical treatment. They shall also have the right to refuse the service of a specific interpreter if there is a cultural, spiritual, or ethnic conflict with that individual.
7. ***Refuse Treatment*** — Patients shall have the right to refuse treatment based on the complete information given them regarding their condition. Patients who refuse treatment, medication, or dietary restrictions shall be informed of the likely medical or major psychological results of the refusal, with documentation in the medical records. In cases where a patient is incapable of understanding the circumstances but has not been adjudicated incompetent, or when legal requirements limit the right to refuse treatment, the conditions and circumstances shall be fully documented in the medical record.
8. ***Review Own Medical Record*** — Patients shall have the right to access information contained in their medical record within a reasonable time frame (usually within 48 hours of a written request).
9. ***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 Family HealthCare Attn: HIPAA Privacy Officer 301 NP Avenue Fargo, ND 58102 701-271-3344. We have up to 30 days to make your Protected Health Information 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.
10. ***Right to an Electronic Copy of Electronic Medical Records*** - If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), 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 Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard

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electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

11. **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.
12. **Right to Amend** - If you feel that Health Information we have is incorrect or incomplete; you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request, in writing, to Family HealthCare Attn: HIPAA Privacy Officer 301 NP Avenue Fargo, ND 58102 701-271-3344.
13. **Right to an Accounting of Disclosures** - You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to Family HealthCare Attn: HIPAA Privacy Officer 301 NP Avenue Fargo, ND 58102 701-271-3344.
14. **Right to Request Restrictions** - You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to Family HealthCare Attn: HIPAA Privacy Officer 301 NP Avenue Fargo, ND 58102 701-271-3344. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of-pocket" in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.
15. **Out-of-Pocket-Payments** - If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information 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.
16. **Right to Request Confidential Communications** - 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 by mail or at work. To request confidential communications, you must make your request, in writing, to Family HealthCare Attn: HIPAA Privacy Officer 301 NP Avenue Fargo, ND 58102 701-271-3344. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.
17. **Right to a Paper Copy of This Notice** - You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice through our patient portal web site, <https://famhealthcare.myezyaccess.com/Patient/Main.aspx>. To obtain a paper copy of this notice, contact our HIPAA Privacy Officer at Family HealthCare Attn: HIPAA Privacy Officer 301 NP Avenue Fargo, ND 58102 701-271-3344.
18. **Privacy & Confidentiality** — Patients shall be assured of confidential treatment of all communications and records pertaining to their care. A patient's written permission will be obtained before their medical records can be made available to anyone not directly concerned with their care. This right does not apply as required by complaint investigations, accreditation survey activities, as required by third party payment contracts, or where otherwise provided by law.
19. **Determine Participation in Experimental Research** — Written, informed consent must be obtained prior to a patient's participation in experimental research. Patients have the right to refuse participation.
20. **Freedom from Abuse** — Patients have the right to be free from mental and physical abuse. "Abuse" means any act which constitutes assault, sexual exploitation or sexual criminal conduct, or the intentional and non-therapeutic infliction of pain or injury, or any persistent course of conduct intended to produce mental or emotional distress. Every patient shall be free from non-therapeutic chemical and physical restraints, except in fully documented emergencies to protect the patient from self-injury or injury to others.
21. **Formulate Living Wills & Durable Power of Attorney** — Patients have the right to formulate advance directives regarding their health care, and have staff and practitioners who provide care in this facility comply with these directives to the extent provided by state laws and regulations.
22. **Financial Information** — Patients have the right to information regarding charges for services they receive and payment methods available to them.

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23. **Grievance Process** — Patients have the right to be advised of the clinic's grievance process should they wish to communicate a concern regarding the quality of care they received.

*The care a patient receives depends partially on the patient himself.  
Therefore, patients at Family HealthCare have certain Responsibilities as well:*

**To Provide Complete Information** – Patients have the responsibility of providing accurate and complete information concerning present complaints, medications, allergies, past illnesses, hospitalizations, and other matters relating to his/her health.

**To Report Changes in Condition** – Patients have the responsibility of reporting perceived risks in their care and unexpected changes in their condition to their health care provider.

**To Understand Their Medical Treatment** – Patients are responsible for making it known whether they clearly understand their medical condition, results of tests and procedures, orders for medication, the course of their medical treatment, and how they are expected to participate in their treatment plan.

**To Follow Their Treatment Plan** – Patients are responsible for following the treatment plan established together with their health care provider.

**To Keep Appointments** – Patients are responsible for keeping appointments and for notifying the health center when they are unable to do so.

**For Their Own Actions** – Patients are responsible for their own actions should they refuse treatment or not follow their health care provider's advice.

**For Consideration of Others** – Patients are responsible for being considerate of the rights of other patients and health center personnel.

**For Financial Obligation** – Patients are responsible for assuring that their financial obligation to the health center is fulfilled as promptly as possible.

All Patient Rights & Responsibilities apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient.  
BPHC Program Assistance Letter 2001-03 Addendum to Patient Bill of Rights & Responsibilities

## ZERO TOLERANCE STATEMENT

Situations may arise when it is necessary to terminate the Patient/Provider (health center) relationship. A patient's repeated failure to comply with the rules of the health center including the **Patient's Responsibilities**, in addition to behaviors considered to be abuse, harassment, or violence as outlined in the health center's Zero Tolerance Policy, may lead to termination. Such behaviors include: verbal attacks or coercion; repeated use of obscenities; shouting, screaming, or name-calling; slanderous or libelous statements; physical threats; hitting, spitting, or throwing objects; behavior that creates fear for one's immediate safety; verbal or physical gestures that pose an immediate threat; assault or aggression; use of a gun or other weapon; forcefully controlling the actions of another against their will; threat of or use of a bomb or other explosive device; or illegal acts such as theft or forgery.

## FIVE STEPS TO SAFER HEALTH CARE

1. Speak up if you have questions or concerns. Choose a doctor who you feel comfortable talking to about your health and treatment. Take a relative or friend with you if this will help you ask questions and understand the answers. It's okay to ask questions and to expect answers you can understand.
2. Keep a list of all medicines you take. Tell your doctor and pharmacies about the medicines that you take, including over the counter medicines such as aspirin, ibuprofen, and dietary supplements like vitamins and herbals. Tell them about any drug allergies you have. Ask the pharmacist about side effects and what foods or other things to avoid while taking medicine. When you get your medicine, read the label, including warnings. Make sure it is what your doctor ordered, and you know how to use it. If the medicine looks different than you expected, ask the pharmacist.
3. Make sure you get the results of any test or procedure. Ask your doctor or nurse when and how you will get the results of tests or procedures. If you do not get them when expected-in person, on the phone, or in the mail-don't assume the results are fine. Call your doctor and ask for them. Ask what the results mean for your care.
4. Talk with your doctor and health care team about your options if you need hospital care. If you have more than one hospital to choose from, ask your doctor which one has the best care and results for your condition. Hospitals do a good job of treating a wide range of problems. However, for some procedures (such as heart bypass surgery), research shows results often are better at hospitals doing a lot of these procedures. Also, before you leave the hospital, be sure to ask about follow up care, and be sure you understand the instructions.
5. Make sure you understand what will happen if you need surgery. Ask your doctor and surgeon: Who will take charge of my care while I'm in the hospital? Exactly what will you be doing? How long will it take? What will happen after surgery? How can I expect to feel during recovery? Tell the surgeon, anesthesiologist, and nurses if you have allergies or have ever had a bad reaction to anesthesia. Make sure you, your doctor, and your surgeon all agree on exactly what will be done during the operation.

