



## **Notice of Privacy Practices**

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at our organization. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

### **Our Legal Duty**

#### ***Law Requires Us To:***

- Keep your medical information private
- Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information
- Follow the terms of the current notice

#### ***We Have the Right To:***

- Change our privacy practices and the terms of this notice at any time as long as these changes are permitted by law
- Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes

#### ***Notice of Change to Privacy Practices:***

- Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request

## **Use and Disclosure of Your Medical Information**

The following section describes different ways that we use and disclose medical information. Not every use or disclosure will be listed. However, we have listed all of the different ways we are permitted to use and disclose medical information. We will not use or disclose your medical information for any purpose not listed below, without your written specific authorization. Any specific written authorization you provide may be revoked at any time by writing to us.

***For Treatment:*** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to other physicians, nurses, technicians, medical students, or people who are taking care of you. We may also share your medical information to other health care providers to assist them in treating you.

***For Payment:*** We may use and disclose your medical information for payment purposes. A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include your medical information.

***For Health Care Operations:*** We may use and disclose your medical information for our health care operations. This may include measuring and improving quality, evaluating the performance of employees, conducting training, programs, getting accreditation, certification, licensure, and credentials needed to better assist you.

### **Additional Uses and Disclosures**

In addition to using and disclosing your medical information for treatment, payment, and health care operations, we may use and disclose your medical information for the following purposes:

**Notifications:** We may use and disclose medication information to notify or help notify a family member, your personal representative or any person responsible for your care. We will share information about your location, general condition, or death. If you are present, we will get your permission if possible before we share or give you the opportunity to refuse permission. In case of an emergency, we will share only the health information that is directly necessary for your health care, according to our professional judgment. We will also use our professional judgment to make decisions in your best interest about allowing someone to pick up medicine, supplies, results, or any medical information.

**Disaster Relief:** We may share medical information with public or private organizations that can legally assist in disaster relief efforts.

**Fundraising:** We may provide medical information to one of our affiliated fundraising foundations to contact you for fundraising purposes. We will limit our use and sharing to information that describes you in general, not personal, terms and dates of your health care. In any fundraising materials, we will provide you a description of how you may choose not to receive future fundraising communications.

**Research in Limited Circumstances:** We may use medical information for research purposes in limited circumstances where the research has been approved by a review board that has received the research proposal and established protocols to ensure the privacy of medical information.

**Funeral Direction, Coroner, or Medical Examiner:** To help them carry out their duties, we may share the medication information of a person who has died with a coroner, medical examiner, funeral director, or an organ procurement organization.

**Specialized Government Function:** Subject to certain requirements, we may disclose or use health information for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of the State, for correctional institutions and other law enforcement custodial situations, and for government programs providing public benefits.

**Court Orders and Judicial and Administrative Proceedings:** We may disclose medical information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may share your medical information with law enforcement officials. We may share limited information with a law enforcement official concerning the medical information of a suspect, fugitive, material witness, crime victim or missing person. We may share the medical information of an inmate or other personal in lawful custody with a law enforcement official or correctional institution under certain circumstances.

**Public Health Activities:** As required by law, we may disclose your medical information to public health or legal authorities charged with preventing or controlling disease, injury or disability, including child abuse or neglect. We may also disclose your medical information to persons subject to jurisdiction of the Food and Drug Administration for purposes of reporting adverse events associated with product defects or problems, to enable product recalls, repairs, to track products, or to conduct activities required by the Food and Drug Administration. We may also, when we are authorized by law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition.

**Victims of Abuse, Neglect, or Domestic Violence:** We may use and disclose medical information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may share your medical information if it is necessary to prevent a serious threat to your health or safety or the health and safety of others. We may share medical information when necessary to help law enforcement officials capture a person who has admitted to being part of a crime and has escaped from legal custody.

**Workers Compensation:** We may disclose health information when authorized or necessary to comply with laws relating to workers compensation or similar programs.

**Health Oversight Activities:** We may disclose medical information to an agency providing health oversight for oversight activities authorized by law, including audits, civil, administrative, or criminal investigation or proceedings, inspection, licensure or disciplinary actions, or other authorized activities.

**Law Enforcement:** Under certain circumstances, we may disclose health information to law enforcement officials. These circumstances include reporting required by certain laws or subpoenas, reporting limited information concerning identification and location at the request of law enforcement official, reports regarding suspected victims of crimes at the request of a law enforcement official, reporting death, crimes on our premises, and crimes in emergencies.

**Appointment Reminders:** We may use and disclose medical information for purposes of sending you appointment postcards or other ways of reminding you about your appointment.

**Alternative and Additional Medical Services:** We may use and disclose medical information to provide you informative information about health-related benefits and services that may be of interest to you, and to describe or recommend alternative treatment methods.

### **Your Individual Rights**

***You Have a Right to:***

Look at or obtain copies of certain parts of your medical information. You may request that we provide copies in a format other than photocopies. We will use the format you request unless it is not practical for us to do so. You must make your request in writing. You may ask the receptionist for the form needed to request access.

- Receive a list of all the times we or our business associates shared your medical information for purposes other than treatment, payment, and health care operations and other specified exceptions.
- Request that we placed additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement
- Request that we communicate with you about your medical information by different means or different locations. Your request that we communicate your medical information to you by different means or at different locations must be made in writing to our Privacy Officer
- Request that we change certain parts of your medical information. We may deny your request if we did not create the information you want changed or for certain other reasons. If we deny your request, we will provide you with a written explanation. You may respond with a statement of disagreement that will be added to the information you would like changed
- If you wish to receive a paper copy of this privacy notice then you have the right to obtain a paper copy by making a request in writing to our Privacy Officer

### **Questions and Complaints**

If you have any questions about this notice, please ask the receptionist to speak to our Privacy Officer.

If you feel that we may have violated your privacy rights, you may speak to our Privacy Officer and submit a written complaint. You may also submit a written complaint to the South Dakota Department of Health and Human Services. Again, all complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

Privacy Officer: Jennifer Carpenter  
Phone: 605-271-2700