
Innovis Health

Notice of Privacy Practices

THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO INNOVIS HEALTH

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.

We are required by applicable federal and state law to maintain the privacy of your medical information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning medical information. We must follow the privacy practices that are currently in effect. This notice takes effect on April 14, 2003, and will remain in effect unless we replace it.

HOW INNOVIS HEALTH MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

Innovis Health uses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Your health information is contained in a medical record that is the physical property of Innovis Health.

For Treatment

Innovis Health may use your health information, without your permission, to provide you with medical treatment or services. For example, information obtained by a health care provider, such as a physician, nurse, or other person providing health services to you, will record information in your record that is related to your treatment. This information is necessary for health care providers to determine what treatment you should receive. Health care providers will also record actions taken by them in the course of your treatment and document how you respond to the actions.

For Payment

Innovis Health may use and disclose your health information, without your permission, to others for purposes of receiving payment for treatment and services that you receive. For example, a bill may be sent to you or a third-party payer, such as an insurance company or a health plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment. Innovis Health utilizes family billing. All statements will be sent to the guarantor unless otherwise requested.

For Health Care Operations

Innovis Health may use and disclose health information about you, without your permission, for operational purposes. For example, your health information may be disclosed to members of the medical staff, risk or quality improvement personnel, and others to: evaluate the performance of our staff; assess the quality of care and outcomes in your cases and similar cases; learn how to improve our facilities and services; and determine how to continually improve the quality and effectiveness of the health care Innovis Health provides.

Appointment Reminders and Other Health Information

Innovis Health may use your medical information, without your permission, to send you reminders about future appointments. Innovis Health may also leave a

message if you have indicated that we may do so. Your medical information may also be used to provide you with information about new or alternative treatments or other health care services.

Fund-Raising

Innovis Health may use your medical information, without your permission, in order to let you know about fund-raising activities for the Hospital.

Facility Directory

Innovis Health may include certain limited information about you in our facility directory while you are a patient. This information may include your name, location in the facility, and your religious affiliation if you provide this information to us. The directory information, except for your religious affiliation and condition, may be released to people who ask for you by name. This is so your family, friends and clergy can know your location. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. If you would prefer that Innovis Health not make these disclosures, please notify the clerk at the time of registration.

Marketing Health-Related Services

Innovis Health will not use your health information for marketing communications without your written authorization.

Research

Federal law permits Innovis Health to use and disclose medical information about you for research purposes, either with your specific, written authorization or when the study has been reviewed for privacy protection by an Institutional Review Board or Privacy Board before the research begins. In some cases, researchers may be permitted to use information, without your permission, in a limited way to determine whether the study or the potential participants are appropriate.

Innovis Health may also use or disclose your information to people who will be taking care of you or helping to pay your medical bills, such as family members or close friends. Innovis Health will only disclose medical information that these people need to know. Innovis Health may, for example, provide limited medical information to allow a family member to pick up a prescription for you. We may also use your medical information to let family members or other responsible people know where you are and your general medical condi-

tion. If you are able to make your own health care decisions, Innovis Health will ask your permission before using your medical information for these purposes. If you are unable to make health care decisions, Innovis Health will use professional judgement in disclosing relevant medical information to family members or other responsible people.

Business Associates

Some services are provided by or to Innovis Health through contracts with business associates. Examples include Innovis Health's attorneys, consultants, collection agencies, and accreditation organizations. Innovis Health may disclose information about you to our business associates so that they can perform the job we have contracted with them to do. To protect the information that is disclosed, each business associate is required to sign an agreement to appropriately safeguard the information and not to redisclose the information unless specifically permitted by law.

Innovis Health may also use or disclose your information, without your permission, for the following purposes to the extent permitted or required by law:

- Under emergency conditions, to government or other groups assisting in emergencies or disasters
- When required by law
- For public health activities, including, without limitation, to report disease and vital statistics, child abuse, and adult abuse or neglect or domestic violence
- For health oversight activities, such as activities of state licensing and peer review authorities, and fraud prevention enforcement agencies
- For judicial and administrative proceedings
- For organ donation and procurement purposes
- For research purposes under certain circumstances
- To coroners, medical examiners and funeral directors
- To avert a serious threat to health or safety
- To law enforcement officials with regard to crime victims, crimes on our premises, crime reporting

in emergencies, and identifying and locating suspects or other persons

- For certain specialized government functions, such as military discharge
- To the military, to federal officials for lawful intelligence, counterintelligence, national security activities, and to correctional institutions and law enforcement regarding persons in lawful custody
- As authorized by the state's worker's compensation laws

Authorization

In addition to our use of your health information for treatment, payment or health care operations and the disclosures listed above, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization, except to the extent we have already relied on your authorization. The revocation will not affect any uses or disclosures permitted by your authorization while it was in effect. We are unable to take back any disclosures we have already made with your permission, and we are required to retain the records of the care we provided to you. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

YOUR PRIVACY RIGHTS

Right to Request Restrictions

You have the right to request a restriction or limitation on the medical information Innovis Health uses or discloses about you. For example, you could ask that we not use or disclose information about treatment that you received to other physicians or to your insurance company. We are not required to agree to your request. Any agreement we make to a request for restriction must be in writing signed by a person authorized to bind us to such an agreement. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the Privacy Officer. In your request, you must

tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, if you want to prohibit disclosures to your spouse.

Right to Request Confidential Communications

You may request that Innovis Health provide you with our health information in a confidential manner. For example, you can request that we send your appointment reminders, bills, and other mailings to a different address or that we notify you in another way, such as by a phone call. We will not ask you the reason for the request. We will accommodate all reasonable requests. You must make this request in writing at the time of registration, or contact the Privacy Officer, and specify another address or means of communication. We may also ask you to give us information on how you will pay your bills.

Right to Inspect and Receive a Copy of Medical Records

You may ask to inspect and receive a copy of your medical records, unless that information is protected by law. We may deny your request to inspect and copy your information in certain very limited circumstances. For example, we may deny access if your physician believes it will be harmful to your health, or could cause a threat to others. You must notify Innovis Health of the request through usage of the Innovis Health Release of Information Form. If your request to inspect and receive a copy of your medical records is denied, you have the right to have the denial reviewed by a health care professional chosen by Innovis. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review. We will act upon your request within 30 days, and we will charge you a legally acceptable amount for copying costs.

Right to Request Amendment

If you believe that medical information we have about you is incorrect or incomplete, you have the right to ask us to change the information. You have the right to request an amendment for as long as the information is kept by or for Innovis Health.

To request a change to your information, your request must be made in writing and submitted to Innovis Health. In addition, you must provide a reason that supports your request.

Innovis Health may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by Innovis Health, unless the person or entity that created the information is no longer available to make the amendment
- Is not part of the medical information kept by or for Innovis Health
- Is not part of the information which you would be permitted to inspect and copy, or
- Is accurate and complete.

Right to Accounting

You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you. This list will not include disclosures for treatment, payment, and health care operations; disclosures that you have authorized or that have been made to you; disclosures for facility directories; disclosures for national security or intelligence purposes; disclosures to correctional institutions or law enforcement with custody of you; disclosures that took place before April 14, 2003; and certain other disclosures.

To request this list of disclosures, you must submit your request in writing to the Innovis Health Release of Information department. Your request must state a time period for which you would like the accounting. The accounting period may not go back further than six years from the date of the request, and it may not include dates before April 14, 2003. You may receive one free accounting in any 12-month period. We will charge you for additional requests.

Right to Receive Copy of Notice

You have the right to receive a paper copy of this notice. You may ask us to give you a copy of this notice any time. This notice is posted on our website at www.innovishealth.com. If you receive this notice on our website or by electronic mail, you are entitled to receive this notice in written form. Please contact us using the information provided below if you want to receive a written copy of the notice.

Contact Information

If you want more information about our privacy practices, have questions or concerns, or want to make any of the above requests, please contact the Innovis Health Release of Information Department at 701-364-4305.

Complaints

If you feel your medical information privacy rights have been violated, you may file a complaint with our Privacy Compliance Official at Innovis Health, 3000 32nd Avenue South, Fargo, ND 58193, or by phone at 701-364-8086. You may also file a complaint with the Office of Civil Rights of the United States Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, Washington DC 20201. You may also contact the Office of Civil Rights' Hotline at 1-800-368-1019. Filing a complaint will not affect the quality of the services you receive from Innovis Health and you will not be retaliated against for filing a complaint.

INNOVIS HEALTH RESERVES THE RIGHT TO CHANGE THE TERMS OF THIS NOTICE and to make new notice provisions effective for all protected health information maintained by Innovis Health. If the terms of this notice are changed, Innovis Health will make the notice available upon request and will post the revised notice at the Registration Desk.

The revised notice will also be available via the Innovis Health website: www.innovishealth.com.