



Health care with a heart, close to home!

www.neighborhoodhealthsource.org

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Notice of Health Information Practices

October 1, 2018

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

To effectively treat you, Neighborhood HealthSource (NHS) must collect health information about you and disclose it to other people. Your health information is confidential and we have policies and procedures in place to protect it. This notice describes: what types of information we collect, when and to whom we may give your information, and other information. This Notice of Health Information Practices is not a contract which forms the basis of any private right of action.

We are required to abide by the terms of our Notice of Privacy Practices currently in effect. We reserve the right to change our privacy practices and the terms of this notice at any time, and to have those changes be effective for all information that we have, including health information we created or received before the effective date of the new notice. Except, when required by law, any significant change in our privacy practices will not be implemented prior to the effective date of the new notice. We will post a copy of the current notice in each facility and on our website at www.neighborhoodhealthsource.org.

OUR PLEDGE REGARDING HEALTH INFORMATION

We understand that health information about you is personal. We are committed to protecting the privacy of your health information by complying with all applicable federal and state privacy and confidentiality laws.

We are required by law to maintain the privacy of your health information and to provide you with this notice about the ways in which we may use and disclose health information about you, our legal obligations and privacy practices, and your privacy rights. We also are required to notify you if there is a breach of your health information.

HEALTH INFORMATION COVERED BY THIS NOTICE

Personal health information is information that we create or receive that identifies you and relates to your past, present or future physical, mental health or condition; the provision of health care to you; or to the past, present or future payment for health care furnished to you.

WHO WILL FOLLOW THIS NOTICE

- All NHS Providers.
- All residents, medical students and other trainees affiliated with NHS.
- All volunteers who may assist you while you receive services at NHS.
- All employees, staff and other NHS workers.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

Your rights regarding your health information are explained in this section. To exercise any of these rights we may ask you to submit a request in writing. Forms to request any of the following are available at each clinic location. These forms contain the necessary information we need to process your request.

Access: You have the right to look at or get copies of your health information, with limited exceptions. If you request copies, we may charge you a fee to cover the costs of copying, mailing and other supplies. We may deny your request in very limited circumstances. If we deny your request, you may be entitled to a review of that denial.

Amendment: If you feel that your health information is wrong or something is missing, you have the right to request that we amend it. We may deny your request if we did not create the information you want amended or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement regarding our decision to be included in your records.

Accounting of Disclosures: You have the right to receive a list of disclosures we have made of your health information. This right does not apply to disclosures for treatment, payment, health care operations and certain other purposes. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee. Your request must state a time period which may not be longer than six years.

Restriction Requests: You have the right to request that we place restrictions on our use or disclosure of your health information for treatment, payment or health care operations. We may not be able to agree to all requests for restriction, but if we do, we will abide by our agreement (except in an emergency). Unless we are required by law to submit claims for services to your health plan, we agree to restrict disclosures to your health plan for payment or health care operations if you pay in full at the time of service.

Confidential Communication: Normally, we will communicate with you at the address and phone number you give us. You have the right to request that we communicate with you in confidence about your health information by alternative means or to an alternative location. For example, you may ask that we contact you only at work or by mail. We will accommodate all reasonable requests.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice at any time even if you have agreed to receive this notice electronically. To obtain a paper copy of this notice, you may request a copy at any of our clinic locations or you may obtain a copy of this notice at our website, www.neighborhoodhealthsource.org.

Opt Out Option for Fundraising and Marketing: NHS may use and release some of your information to contact you about supporting its activities through donations. The information that may be used or released for this purpose is limited to the following: demographic information such as your name, address and contact information. You can choose not to be contacted by contacting NHS Privacy Administration at the phone number or address listed at the end of this notice.

Others Acting on Your Behalf: These rights may also be exercised by someone who has the legal right to act on your behalf.

Our clinic locations

Fremont Clinic, 3300 Fremont Avenue N, Minneapolis, MN 55412

Central Clinic, 2301 Central Avenue NE, Minneapolis, MN 55418

Sheridan Clinic, 342 13th Avenue NE, Minneapolis, MN 55413

USES AND DISCLOSURES OF HEALTH INFORMATION WITHOUT AUTHORIZATION

To provide you the best quality care, we need to use and disclose health information. We safeguard your health information whenever we use or disclose it. We follow our Notice of Health Information Practices and the law when we use and disclose health information. We may use and disclose your health information without your written authorization as follows:

Treatment, Payment and Health Care Operations: We may use and disclose your health information for:

- Treatment - Provide, coordinate, or manage your health care (including working with another provider)
- Payment (such as billing to you or your insurance company for services provided), and
- Our health care operations. These are non-treatment and non-payment activities that let us run our business or provide services. These include quality assessment and improvement, care management, reviewing the competence of qualifications of health professionals, and conducting training programs.

Electronic Health Records and Health Information Exchange: NHS uses an electronic health record that allows care providers within NHS facilities to store, update and use your health information. They may do so as needed at the time you are seeking care, even if they work at different locations. We do this so it is easier for your providers to access your health information when you are seeking care and to better coordinate and improve the quality of your care. This electronic health record is a secure system and our staff is trained to ensure your information is private.

NHS may make your health information available to other health care providers through electronic Health Information Exchange (HIE). HIE will also let us see other health care providers information about you. If you do not want your health information shared, you can opt-out by completing the *Health Information Exchange Opt Out / Opt In Form*.

Appointment Reminders and Treatment Alternatives: We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or health care. We may also contact you about treatments and health-related benefits or services that you may find helpful. This may be by phone, text message or through the Patient Portal.

Individuals involved in Your Care or Payment for Your Care: If we feel it is in your best interest, we will disclose health information to a family member, friend or others involved in your care if you are unable to agree due to your incapacity or emergency circumstances, or are not present.

Business Associates: These are services provided through contracts with business associates, such as accountants, computer consultants, lab consultants, etc. Information may be disclosed so they are able to perform their jobs. By contract, we require our business associates to safeguard your health information.

Special Situations

We may also use and disclose health information without an authorization in the following situations:

Law Enforcement: For purposes as permitted or required by law or in response to a search warrant or court order.

Correction Facility: Health information of an inmate or other person in custody to law enforcement or a correctional institution as necessary for your health and safety and the health and safety of others.

Abuse, Neglect or Threat: Health information to the proper authorities about possible abuse or neglect of a child or a vulnerable adult. If there is a serious threat to a person's health or safety, we may disclose information to the person or to law enforcement.

Food and Drug Administration (FDA) Regulations: Health information to entities regulated by the FDA to measure the quality, safety and effectiveness of their products.

Military Authorities/National Security: Health information to authorized people from the U.S. military, foreign military and U.S. national security or protective services.

Public Health Risks: Health information about you for public health purposes, such as:

- reporting and controlling disease (such as cancer or tuberculosis), injury or disability
- notifying persons of recalls, repairs or replacements of products they may be using, or
- notifying a person who may have been exposed to a disease or may be at risk for catching or spreading a disease or condition.

Health Oversight Activities: Health information to government, licensing, auditing and accrediting agencies for actions allowed or required by law. For example: audits, investigations, inspections and licensing.

Required by Other Laws: Health information as required by other laws. For example:

- We may disclose health information the U.S. Department of Health and Human Services during an investigation.
- We may disclose health information under workers' compensation or similar laws.
- We may disclose health information:
 - to social services and other agencies or people allowed to receive information about certain injuries or health conditions for social service, health or law enforcement reasons
 - about an unemancipated minor or a person who has a legal guardian or conservator regarding a pending abortion
 - about an emancipated minor or a minor receiving confidential services to prevent a serious threat to the health of the minor.
 - to coroners, medical examiners and funeral directors in regard to a deceased person. This may be necessary for example, to identify a deceased person or determine the cause of death.
 - for special government functions, such as disclosures to authorized federal officials for national security activities, if required by law.

Legal Process: Health information in response to a state or federal court order, legal orders, subpoenas or other legal documents.

Health Records under State Law: Release of health records (such as medical charts or x-rays) by licensed Minnesota providers usually requires the signed permission of a patient or the patient's legal representative. Exceptions include you having a medical emergency, you seeing a related provider for current treatment, and the releases required or allowed by law.

USES AND DISCLOSURES OF HEALTH INFORMATION WITH YOUR AUTHORIZATION

We may use or disclose health information only with your written permission, except as described above. If you give written permission, you may revoke that authorization at any time by notifying us in writing. A form to revoke your permission is available from NHS where you received services, or by contacting us. Your permission will end when we receive the signed form or when we have acted on your request. However, we are unable to take back any disclosures we have already made with your permission.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you want more information about our privacy practices, have questions, concerns, or believe that we may have violated your privacy rights, please contact Neighborhood Health Source Privacy Administration: 3300 Fremont Ave N, Minneapolis, MN 55412 or 612-588-9411.

You also may submit a complaint to the U.S. Department of Health and Human Services, Office for Civil Rights. Visit www.hhs.gov/ocr/privacy/hipaa/complaints for complete information on filing a complaint. We support your right to protect the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint.