

ECUMEN

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.

If you have any questions about this notice, please contact the
ECUMEN Privacy Officer.

OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

Your health information is personal. We are committed to protecting the health information we have about you.

We create written and computer records of the care and services you receive from us. We need these records to provide you with quality care and to comply with certain legal requirements.

This notice applies to all records of your care we have or other health information about you, whether maintained by our staff or by your personal doctor while providing services to you within our organization. Your personal doctor may have different policies or notices regarding use and disclosure of your health information created in the doctor's office or clinic.

This notice tells you about the ways we may use and disclose your health information. We also describe your rights and certain obligations we have regarding the use and disclosure of your health information. We are required by law to:

- make sure that health information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to your health information; and
- follow the terms of the Privacy Notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

We use and disclose your health information in many ways for many purposes related to your care. The law may require us to obtain your consent or authorization for some of the uses and disclosures we will describe. We will ask you or your representative to sign a consent or authorization when necessary.

There are three primary reasons we regularly use and disclose your health information:

For Your Treatment.

We use health information to provide you with health treatment or services. We disclose health information about you to our staff when they take care of you. For example, if our nurses are caring for your broken leg, they may need to know if you have diabetes because diabetes may slow the healing process. In addition, your doctor may need to tell our dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments also may share health information about you in order to coordinate the different services you need, such as physical and occupational therapy or social services.

To Receive Payment for our Services.

We will use and disclose health information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or some other third party. For example, we may need to give your health plan information about care that you received so your health plan will pay us or reimburse you for that care. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Our Health Care Operations.

We use and disclose health information to assist in our health care operations, so that all of our residents and clients receive quality care. For example, we may use health information about you and others to review our treatment and services, to evaluate the performance of our staff, and to make improvements in services and programs.

There are a variety of other ways we may use and disclose your health information. Among them are:

Appointment Reminders: To contact you as a reminder that you have an appointment for treatment or health care from us.

Treatment Alternatives: To tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services: To tell you about health-related benefits or services that may be of interest to you.

Fundraising: To contact you in an effort to raise money for our programs. We will only disclose contact information, such as your name, address, telephone number and the dates you received services from us, to Ecumen Foundation or organizations related to Ecumen through partnerships of owned facilities so that it may contact you to ask for your contribution. When, and if, the Ecumen Foundation or we contact you for a voluntary donation, you can opt out of any future fundraising contacts. If you do not want to be contacted, notify in writing the Fundraising Coordinator at the Ecumen Provider from which your services were provided.

- **Facility Directory:** Unless you object, we will include certain limited information in a facility directory while you are a resident. Each program's directory will contain different information. Each program will disclose the directory information to anyone who asks for you by name. This is so your family, friends and clergy can visit you in the facility.

The facility will disclose your name, location in the facility, your general condition (e.g., fair, stable, etc.) and your religious affiliation (only to clergy).

Individuals Involved in Your Care or Payment for Your Care: We will disclose health information about you to your health care agent, conservator or guardian of the person, or to other individuals as you may authorize. Unless you object, and using our best judgment, we will also disclose health information about you to family members or close personal friend who is involved in your health care, to the extent the disclosure is in your best interests and to the extent they need that information for the type of involvement they have. We will also disclose information to someone who helps you pay for your care to extent it is necessary for that purpose. We will also tell your family or friends your general condition and that you are in the facility. We may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Reporting Victims of Abuse, Neglect, or Domestic Violence: If we believe that you have been a victim of abuse, neglect or domestic violence, we may use and disclose your personal health information to notify a government authority if required or authorized by law, or if you agree to the report.

As Required By Law, Especially for Health Oversight Activities: We will disclose health information to a health oversight agency (such as the Minnesota Department of Health) for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. We will also disclose health information about you when required to do so by any federal, state or local law.

- **To Avert a Serious Threat to Health or Safety:** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

There are also some other special situations that don't occur very often, but that we want you to know about:

Organ and Tissue Donation: If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans: If you are a member of the armed forces, we may release health information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation: We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks: We may disclose health information about you for public health activities, such as the reporting of certain diseases.

Judicial and Administrative Proceedings: We may disclose health information in response to a court or administrative order. We may also disclose health information in response to a subpoena, discovery request, or other lawful process by someone else involved in a proceeding, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement: We may release health information if asked to do so by a law enforcement official, for example, in emergency circumstances to report a crime.

Coroners, Health Examiners and Funeral Directors: We may release health information to a coroner or medical examiner as permitted by state law. We may also release health information about our residents or clients to funeral directors as necessary to carry out their duties.

National Security, Intelligence Activities, Protective Services for the President and others: We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Correctional Institution: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official.

Research: Under certain circumstances, we may use and disclose health information about you for research purposes, unless you object. If you object, the records will not be disclosed. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects for which we use or disclose health information will be approved through a special research approval process. We will use reasonable efforts to obtain your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the facility.

Other Uses: Other uses and disclosures of health information not specified by this notice or required by the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information we maintain about you:

- **Right to Access, Review and Copy.**

You may access, review, and copy health information that may be used to make decisions about your care. Usually, this includes health and billing records, but it does not include psychotherapy notes.

To access, review and copy health information that may be used to make decisions about you, submit your request to the Director of Medical Records / Health Information at the Ecumen Provider from which your services were provided. If you request a copy of the information to review your current health care, we will provide that without cost. For other requests, we may charge a fee, as allowed by state law, for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If we deny you access to health information, we will provide it to an appropriate third party or to another provider, and that other provider or third party may release the information.

- **Right to Request an Amendment of Your Health Information.**

If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You may request an amendment for as long as the information is kept by or for us.

You may make your request in writing to the Director of Medical Records / Health Information at the Ecumen Provider from which your services were provided. In addition, please provide a reason that supports your request.

We 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:

We did not create, unless the person or entity that created the information is no longer available to make the amendment;

Is not part of the health information kept by or for us;

Is not part of the information which you would be permitted to inspect and copy; or

Is accurate and complete.

- **Right to an Accounting of Disclosures.**

You may request a list of the disclosures we made of your health information. Not all disclosures are subject to this accounting right.

To request this list or accounting of disclosures, submit your request in writing to the Director of Medical Records / Health Information at the Ecumen Provider from which your services were provided. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions on the Use or Disclosure of Your Health Information.**

You may request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You may also request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had.

We are required to agree to your requested restriction if the information is to be released to persons outside our programs, unless you are being transferred to another health care facility, if the release is required by law, for third party payment purposes, or to provide you with emergency care. However, in some circumstances, ***we are not required to agree to your request***, because we may not be able to provide you with quality care if the restrictions were upheld. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, make your request in writing to the Director of Medical Records / Health Information at the Ecumen Provider from which your services were provided. In your request, 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, disclosures to your spouse.

• **Right to Request Confidential Communications.**

You may request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, make your request in writing to the Director of Medical Records / Health Information at the Ecumen Provider from which your services were provided. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

• **Right to Request Additional Copies of This Notice.**

You may ask for additional copies of this Notice at any time. Even if you have agreed to receive this Notice electronically, you may still have additional paper copies of this Notice. You may also obtain a copy of this Notice at our website: www.ecumen.org. To obtain additional copies of this Notice, please ask any nursing supervisor, social services personnel or the program director.

CHANGES TO THIS NOTICE

We reserve the right to change this notice at any time as our policies and procedures change. Any changes we make may be effective for health information we already have about you as well as any information we receive in the future. We will provide a copy of our most current notice, if requested, and we will keep a copy of our most current notice posted in each of our facilities. Every notice will contain its effective date on the first page, in the lower right-hand corner.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the facility or with the Office for Civil Rights of the United States Department of Health and Human Services.

To file a complaint with the facility, contact the Privacy Officer of ECUMEN at: Privacy Officer Ecumen 3530

Lexington Ave. N. Shoreview, MN 55126

If sent by email, the complaint should go to: PrivacyOfficer@ecumen.org

To file a complaint with the Office for Civil Rights, contact: Region V,

Office for Civil Rights

U.S. Department of Health and Human Services 233 N. Michigan Ave., Suite 240 Chicago, IL

60601 Voice phone: (312) 886-2359 FAX: (312) 886-1807 TDD: (312) 353-5693 If sent by

email, the complaint should go to: OCRComplaint@hhs.gov.

All complaints must be submitted in writing.

You will not be penalized for filing a complaint.