

**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 our Privacy Officer at 605-716-4738.

At Regional Health, we believe that your health information is personal and private. We keep records of the care and services that you receive at our facilities. We are required, by law to keep your health information private, to provide you with this notice of privacy practices, and to follow the terms of this notice.

## **WHO WILL FOLLOW THIS NOTICE**

This Notice describes the privacy practices of Regional Health and its affiliated facilities.

All of our hospitals, employed physicians, doctor offices, foundations, home care programs, other services, and affiliated facilities follow the terms of this Notice. A list of these facilities is included at the end of this Notice.

The doctors and other caregivers who are not employed by Regional Health, and who make up the Medical Staff(s) at Regional Health facilities, commonly access and share information about you as a patient, and agree to follow this notice while practicing at a Regional Health location.

## **HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION**

*We may use or share your medical information for treatment, payment and healthcare operations. We may also use or share your information at other times as required or allowed by other laws. The following sections include some of the examples of when we may use or share your information (this may not be a total list). These uses and disclosures are allowed by law and are needed for us to provide proper treatment*

**For Treatment** We may use your medical information to treat you. We may share this information with others who are involved in your care, including doctors, nurses, technicians, medical students, laboratories, or radiology centers. For example, your nurse or doctor will be able to examine your medical chart before they provide care to you. We also may share your medical information with people outside our facility who may treat you. Examples of these disclosures could include your family physician, family members, home health agency, clergy or others that may provide care to you.

South Dakota law does not let us share a person's immunization record with other health care providers if the patient has signed a refusal to release their immunization record, and that refusal is in the patient's medical record.

**For Payment** We may use or share your medical information so our facility can be paid for your treatment. For example, we may need to give your health plan or insurance company information about your surgery so they will pay for the surgery. We may also share information with your health plan to obtain prior approval or to see if your plan will pay for a certain treatment. We may also share your information with others that have treated you, such as an ambulance service or a referring doctor.

**For Health Care Operations** We may use or share your medical information to help run our facilities. This may include a review of your treatment and an evaluation of the staff that treated you. We may also combine your medical information with other patients to see if our facilities should offer different treatments. We may also use this information to see how well our treatments are working. We may send information to local, regional or national registries for illnesses or injuries, including the cancer and trauma registries. After you have been treated, we may use your information to send you a survey, or to contact you to talk about your stay and treatment.

*We may also use your medical information in other ways. The following uses and disclosures are common in health care. Many of these uses help us improve our service to you.*



**Appointment Reminders** We may call or send you a letter to remind you of a medical appointment.

**Business Associates** There are some services provided in our facilities through contracts with other businesses. Examples include record transcription and computer software support. We may share your information with our business associates so they can perform the job we've asked them to do. They must protect your information to do business with us.

**Coroners, Medical Examiners, and Funeral Directors** We may release medical information to a coroner or medical examiner to identify a person who has died or to find the cause of death. We may also share information with funeral directors to help them with their duties.

**Fundraising Activities** We may use certain information to contact you to raise money for the Regional Health facilities. We may also provide this information to a related foundation so they can contact you for the same purpose. The money raised will be used to expand and improve healthcare in the community. If you do not wish to be contacted for our fundraising efforts, you must notify us in writing. Please send the request to: Director of Fundraising Services at PO Box 6000, Rapid City, SD 57709.

**Health Oversight Activities** We may share your health information with agencies that audit, investigate and inspect health programs for the public's health.

**Directory** Unless you object, we will use limited information about you in the Patient Directory while you are a patient. This may include your name, room number, your general condition (e.g., fair, stable, etc.) and your religion. The directory information, except for your religion, may be released to people who ask for you by name. Your religion 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. This allows your family, friends or clergy to visit or send flowers or cards during your stay.

If you ask to be removed from the directory, we cannot tell ANYONE that you are here, including your family, friends, the florist, van drivers, etc.

**Individuals Involved in Your Care or Payment for Your Care** We may release your medical information to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. Under certain circumstances, we may also tell your family or friends your condition and that you are in our facility. In addition, we may share your information with others during a disaster relief effort so that your family can be notified about your condition, status and location.

**Inmates** If you are an inmate of a jail or prison or in the custody of law enforcement, we may release your medical information to the jail, prison, or to law enforcement.

**Law Enforcement** We may release limited medical information if asked to do so by a law enforcement official:

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- about a death we believe may be the result of a criminal act;
- about criminal conduct at a Regional Health facility; and
- to report a crime in emergency circumstances.

**Lawsuits and Disputes** We may release your medical information in response to a court or administrative order including a subpoena, discovery request, or other lawful process.

**Military and Veterans** If you are a member of the armed forces, we may share your medical information as required by military command authorities.

**National Security and Intelligence Activities** We may share your medical information with authorized federal officials for national security activities authorized by law.

*Effective Date: April 15, 2003*

**Notify You of Additional Services** We may contact you regarding services that are provided by Regional Health and may be of interest to you. If you do not wish to be contacted, you must tell us in writing. Please send the request to Regional Health Public Relations, PO Box 6000, Rapid City, SD 57709.

**Organ and Tissue Donation** We may release medical information to organizations who handle organ or tissue donation and transplant services.

**Protective Services for the President and Others** We may share your medical information with authorized federal officials so they can protect the President, other persons, foreign heads of state, or conduct special investigations.

**Public Health Activities** We may share your medical information:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report incidents of child or adult abuse or neglect;
- to report reactions to medications, problems with products, or to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and
- to other public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Research** Under certain circumstances, we may use or share your medical information for medical research. For example, a research project may involve comparing the patients who received one drug to those who received another drug for the same condition. Before we use or share medical information for research, the project must be approved through a special research approval process. We may, however, share some medical information with people preparing to conduct a research project to help them look for patients with specific medical needs as long as the medical information they review does not leave our facilities.

**Required By Law** We will share your medical information when required to do so by federal, state or local law.

**Serious Threat to Health or Safety** We may share medical information to prevent a serious threat to someone's health and safety. Information may be shared with someone who can help prevent or reduce the threat.

**Treatment Choices** We may use or share medical information to tell you about different treatment options that may be of interest to you.

**Workers' Compensation** We may release your medical information for workers' compensation or similar programs.

## **OTHER USES OF MEDICAL INFORMATION**

**Alcohol & Drug Abuse** Alcohol and drug abuse treatment information has special privacy protections. While we may still use this information for normal treatment, payment and healthcare operations, we will not share any identifying information relating to a patient's substance abuse treatment for any other reason unless: (i) the patient consents in writing; (ii) a court order is obtained which requires the release of the information; (iii) medical personnel need the information to treat a medical emergency; (iv) qualified personnel use the information to conduct scientific research, management audits, financial audits, or program evaluation; or (v) it is necessary to report a crime, a threat to commit a crime, or to report abuse or neglect as required by law.

Other uses and disclosures of medical information not covered by this notice or other laws will be made only with your written permission. If you give us permission to use or share your medical information, you may cancel that permission, in writing, at any time. If you cancel your permission, we will stop using or sharing your medical information for the reasons covered by your written permission. We are not able to take back any disclosures we have already made with your permission.



Regional Health facilities may offer a service to new parents that will post a picture of their newborn on a Regional Health sponsored website. This will include very limited information with the photo. A parent must request this service and must sign a separate request/release form to allow this to occur.

### **YOUR MEDICAL INFORMATION RIGHTS**

*You have the following rights regarding the medical information we keep about you:*

**Right to Inspect and Copy** You have the right to look at and get a copy of your designated medical record. This includes medical and billing records but does not include psychotherapy notes. We may charge a reasonable fee to make copies for you.

In limited situations, we may deny your request to inspect and copy your record.

If you are denied access to your medical information, you may ask for a review of that decision. A licensed health care professional chosen by Regional Health will review your request and the denial. The person conducting the review will not be the person who denied your request.

**Right to Amend** If you feel that your medical information is wrong or incomplete, you may ask us to change or add to the information. You have the right to request a change for as long as the information is kept by the Regional Health facility.

We may deny your request if it is not in writing, does not include a reason to support the request, or if the information:

- was not created by us, unless the person or entity that created the information is no longer available to make the requested change;
- is not part of the medical record kept by or for the facility;
- is not part of the information which you would be allowed to inspect and copy; or
- is accurate and complete.

**Right to an Accounting of Disclosures** You have the right to ask for an "accounting of disclosures". This is a list of times we shared your information with an outside party. This does not include the times we shared your information for treatment, payment or healthcare operations. The first list you request within a 12-month period is free. For additional lists, we may charge you the cost of providing the list. We will notify you of this cost so that you may choose to withdraw or modify your request before you are charged.

To request access to your records, changes to your records, or a list of disclosures, send or present a written request to the Health Information Management or Medical Records Department, of the facility that provided your treatment. If requesting an amendment, you must provide a reason that supports your request. To ask for a list of disclosures, your request must state a time period within the last six years and may not include dates before April 14, 2003.

**Right to Request Restrictions** You may request a limit on the medical information we use or share about you for treatment, payment or health care operations. You may also ask that we limit the medical information we share about you to someone who is involved in your care or the payment for your care, like a family member or friend.

***We are not required to agree to your request.*** 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, PO Box 6000, Rapid City, SD 57709. 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, disclosures to your spouse).



*Effective Date: April 15, 2003*

**Right to Request Confidential Communications** To further protect your privacy, you have the right to ask 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 at work or by mail.

To request confidential communications, you must give your request to the Admissions Department. We will attempt to honor all reasonable requests. Your request must say how or where you wish to be contacted. If the restriction will affect the payment process, you must tell us how you will guarantee payment.

**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.

You may obtain a copy of this notice at our website, [www.regionalhealth.com](http://www.regionalhealth.com), or you may pick up a paper copy of this notice at the admissions desk.

## **CHANGES TO THIS NOTICE**

We may change our policies at any time. This notice may be changed to reflect our new policies. We reserve the right to make the revised notice effective for medical information we already have about you as well as any information we receive in the future. The current notice will be posted in the facility. The effective date of the notice is on the top of the first page. In addition, the notice will be available each time you become a patient at a Regional Health facility.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with Regional Health or with the Office of Civil Rights. Complaints to the Office of Civil Rights may be submitted in writing, or over the Internet. To file a complaint with Regional Health, or to ask questions about your privacy rights you can contact the Privacy Officer at 605-716-4738. Complaints may also be submitted via our compliance communications line at 1-877-800-6907.

**You will not be retaliated against or punished for filing a complaint.**

This notice applies to all Regional Health facilities and entities, including, but not limited to Rapid City Regional Hospital, Regional Health, Regional Health Network, and Regional Health Physicians.