

How we may use and disclose medical information about you.

For treatment: We may use medical information about you to provide you treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other hospital/long term care personnel who are involved in taking care of you at Carroll Institute.

For Payment: We may use and disclose medical information about your treatment and services to bill and collect payment from you, your insurance company or a third party payor. We may also tell your health plan about treatment you are going to receive to determine whether your plan will cover it.

For Health Care Operations: Members of the medical staff and/or quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. The results will then be used to continually improve the quality of care for all clients we serve. We may disclose information to doctors, nurses, and other students for educational purposes.

We may also use and disclose medical information:

- To business associates we have contracted with to perform the agreed upon service and billing;
- To remind you that you have an appointment;
- To assess your satisfaction with our services;
- To tell you about possible treatment alternatives;
- To tell you about health-related benefits or services;
- For population-based activities relating to improving health or reducing health care costs;
- For conducting training programs and reviewing competence of health care professionals.

Business Associates: There are some services provided in our organization through contracts with business associates. Examples may include physician services in the emergency department of a hospital, or a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third party for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

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Individuals Involved in Your Care or Payment for Your Care: We may release medical information about you to a friend or family member who is involved in your medical care or who helps pay for your care. In addition, we may disclose medical 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.

Research: We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research.

Future Communications: We may communicate to you via newsletters, mail outs, or other means regarding treatment options, health-related information, disease-management programs, wellness programs, or other community-based initiatives or activities in which our facility is participating.

As Required by Law:

Workers Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Correctional Institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof, health information necessary for your health, and the health and safety of other individuals.

Law Enforcement: We may disclose health information for law enforcement purposes as required by law, or in response to a valid subpoena.

Federal Law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a workforce member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

Your Health Information Rights

Although your health record is the physical property of the Carroll Institute Facility, you have the **Right to:**

-Inspect and Copy: You have the right to inspect and copy medical information with a counselor present that may be used to make decisions about your care. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the Carroll Institute facility will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

-Amend: If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by our facility. We may deny your request for an amendment, and if this occurs you will be notified of the reason for the denial.

-An Accounting of Disclosures: You have the right to request an accounting of disclosures. This is a list of the disclosures we make of medical information about you.

-Request Restrictions: You have the right to request a restriction or limitation of the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or 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 you had.

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.

-Request Confidential Communications: You have the right to request that we communicate about medical matters in a certain way or at a certain location. We will agree to the request to the extent that it is reasonable for us to do so. For example, you can ask that we use an alternative address for billing purposes.

-A Paper Copy of This Notice: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To exercise any of your rights, please obtain the required forms from the Privacy Officer and submit your request in writing.

Carroll Institute's Responsibilities

We are required by law to maintain the privacy of your health information and provide you a description of our privacy practices. We will abide by the terms of this notice and notify you if we cannot agree to a requested restriction. We will accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed at the end of this notice.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information, or to have us communicate with you by alternative means or at alternative locations, you may contact us using the information listed at the end of this notice. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. Under no circumstances will you be penalized or retaliated against in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact:



Gary Tuschen
Executive Director, Privacy Officer
310 S. 1st Ave
Sioux Falls, SD 57104
605-275-1310
E-mail: gtuschen@carrollinstitute.org



NOTICE OF PRIVACY PRACTICES

This notice describes how personal health information (PHI) about you may be used and disclosed and how you can get access to this information.

Please review it carefully. The privacy of your health information is important to us.