

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 West River Health Services at 701-567-4561 and ask to speak to the Privacy Officer or Quality Management Coordinator.

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. This Notice of Privacy Practices describes how we may use and disclose your protected health information. It also describes your rights to access and control this information.

Protected health information is information about you that may identify you and that relates to your past, present or future physical / mental health or condition, your treatment or payment for your health care. We are required by law to maintain the privacy of your protected health information and to provide you with this Notice of our privacy practices and our duties to you. This notice applies to all of the health care facilities described at the end of this document

I. Uses and Disclosures of Protected Health Information

1. How we may use and disclose medical information about you.

We are permitted to use and disclose your protected health information for care and treatment in order to provide health care services to you. We may also use your protected health information for payment of your health care bills and to support the operation of our medical and hospital practices. The following are examples of the ways that we are permitted to use your medical information for treatment, payment and health care operations. These examples are not exhaustive, but are used to illustrate the types of uses or disclosures that may be made.

Treatment: We will use and disclose your protected health information to provide you with medical treatment and services. We may disclose medical information about you to doctors, nurses, technicians, medical students, and other personnel who are involved in your care. We will also use your medical information to coordinate and manage your health care and any related services. Different departments may share medical information about you to coordinate things that you need such as prescriptions, lab work, and radiology. We may also provide medical information about you to people outside of West River who may be involved in your medical care. For example, we may provide information to physicians who becomes involved in your care to assist with diagnosis or treatment, or to a home health agency caring for you.

Payment: We will use your protected health information as needed to obtain payment for your health care services from an insurance company or a third party. This may include providing information to your health plan or insurance company before it approves or pays for health care services that are recommended. We may also disclose medical information to other health care providers for their payment purposes.

Healthcare Operations: We will use medical information about you as needed to support the business activities of West River Health Services, your physician, and West River Regional Medical Center. These activities are necessary to run our medical facilities and make sure that all of our patients receive quality care. For example, we may call you by name in a waiting room when you are scheduled for services. We may use medical information about you to review our treatment and services and evaluate the performance of our staff. We may combine medical information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. Other activities for which we may use or disclose your medical information include but are not limited to conducting training programs, underwriting for insurance, auditing, business management and planning, and administrative functions.

WRHS will not sell or otherwise provide our mailing or e-mail lists to any third party.

We may use medical information to remind you of appointments. We may contact you with information about treatment alternatives or other health related benefits or services that may be of interest to you. We may use medical information to contact you about marketing and fundraising activities. We may disclose protected health information about you to the sponsors of health plans. We may disclose your protected health information to other non-West River health care providers for those providers' health care operations as allowed by law.

2. Other permitted uses and disclosures and your opportunity to object.

We may also use and disclose your protected health information in the following instances. You may agree or object to the use or disclosure of all or part of your protected health information for these purposes.

Facility directories: Unless you object, we will use certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, your condition (in general terms) and your religious affiliation. This information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy. In case of an emergency or if you are incapacitated, we may use the above information in our facility directory, but we will provide you with an opportunity to object when it is practicable to do so.

Others involved in your care: Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your protected health information that relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose information as necessary if we determine that it is in your best interest based on our professional judgment. We may also use or disclose protected health

information to notify or assist in notifying a family member or someone responsible for your care about your general condition or death.

Disaster relief: 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 and location.

3. Uses and disclosures we are allowed to make without your permission or opportunity to object.

We may use or disclose your protected health information in the following situations without your permission.

Required by law: We may use or disclose your medical information when required by federal, state, or local law. The use or disclosure will be limited to what is required by law.

Public health: We may use or disclose your protected health information for public health activities, such as to a public health authority, other government authority allowed to receive this information, or to persons who report to the FDA. For example, we may report vital statistics, communicable diseases, or information about product recalls.

Abuse, neglect, or domestic violence: We may disclose your protected health information to a public health authority that is authorized to receive reports of child abuse or neglect. In addition, we may disclose information to an authorized agency if we believe you have been a victim of abuse, neglect or domestic violence. Disclosure will be consistent with state and federal laws.

Health oversight: We may disclose your protected health information to a health oversight agency for activities authorized by law such as inspections, audits and investigations. These activities are necessary for the government to monitor the health care system, government programs, and civil rights laws.

Legal proceedings: We may disclose protected health information in a judicial or administrative proceeding, in response to a court order, and in certain cases in response to a subpoena, discovery request, or other lawful process.

Law enforcement: We may disclose protected health information under certain conditions to law enforcement in response to court orders or other legal process; to identify or locate a suspect, fugitive, missing person or witness; concerning crime victims; about a suspicious death that may have resulted from a crime; about criminal conduct on our premises; and to report a crime in a medical emergency.

Other Business Associates: In addition to the disclosures identified above regarding treatment, payment and healthcare operations, there are some services provided by our organization through contracts or agreements with business associates. For example, we may utilize a copy service when making copies of your health records and we may use a billing service in our efforts to secure payment for services provided to you. When such services are contracted, we may disclose your health information to our business associate so they can perform the job we have asked them to do. In such circumstances, we require the business associate to appropriately safeguard your health information.

Coroners, funeral directors and organ donation: We may disclose protected health information to a coroner or funeral director for purposes allowed by law such as identification or determining cause of death. We may also disclose information to funeral directors to allow them to carry out their duties, and this information may be provided in reasonable anticipation of death. We may disclose information for organ, eye, or tissue donation purposes.

Research: We may disclose your protected health information to researchers when their research has been approved by an institutional review board or privacy board, and the board has determined that the research meets certain requirements for protection of this information.

Serious threat to health or safety: If we believe use or disclosure of protected health information is necessary to prevent or reduce a serious threat to health or safety of a person or the public, we will disclose it consistent with applicable laws. We may also disclose protected information if necessary for law enforcement to identify or apprehend an individual.

Military activity and national security: Under certain conditions we may use or disclose protected health information of individuals in the Armed Forces, veterans, or foreign military personnel, for purposes such as determining benefits or if necessary for a military mission. We may also use or disclose protected information for national security and intelligence activities.

Inmates: We may disclose protected health information about an inmate to a correctional institution or law enforcement officer as authorized by law.

Workers' compensation: We may disclose your protected health information to comply with workers' compensation laws and other similar programs established by law.

4. Uses and disclosures made only with written authorization

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us with written authorization to use or disclose information about you, you may revoke the authorization at any time, in writing. We will honor your revocation except for any use or disclosure we already made based on your written authorization. If you wish to revoke a written authorization, contact our Privacy Officer.

II. Your Rights and How To Exercise Them

You have the following rights regarding medical information we maintain about you. This also briefly describes how you may exercise these rights. If you have any questions about these rights or about this policy, contact WRHS' Privacy Officer or Quality Improvement Coordinator at 701-567-4561.

Right to inspect and copy: You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. This information includes medical and billing records and other records that West River uses for making decisions about you. You are not allowed to inspect or copy

psychotherapy records, certain information compiled for or in anticipation of civil, criminal or administrative proceedings, and information subject to a law that prohibits your access to it. In some circumstances you may have a right to have this decision reviewed.

Right to request confidential communications by alternative means or at an alternative location: You have the right to request 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. We will not request an explanation from you about the reason for your request. We will accommodate reasonable requests. We may condition the accommodation by asking you for information about how payment will be handled, or ask you to specify an alternate address or other method of contact. Please make any request for alternate communications in writing to our Privacy Officer.

Right to request a restriction: You have a right to request a restriction or limitation on medical information we use or disclose about you for treatment, payment, or health care operations. You also have a right to request a limit on the medical information we disclose about you to someone involved in your care or the payment for your care, or for notification purposes, such as 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 emergency treatment to you. We encourage you to discuss any restriction you wish to request with us.

To request restrictions, your request must be in writing to our Privacy Officer. It must state the information you want to limit, whether you want to limit use or disclosure or both, and to whom you want the restriction to apply.

Right to amend: If you believe that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You may ask for an amendment to information in a designated record for as long as we maintain the information. You must request an amendment in writing to our Privacy Officer, and you must provide a reason to support your request. In certain cases we may deny your request for an amendment, for example, if the information was not created by us and the provider who created it is no longer available to make the amendment, or if the information we have is accurate and complete.

Right to an accounting: You have a right to receive an accounting of certain disclosures we have made of your protected health information. This does not include use or disclosure for treatment, payment or health care operations, or for our directory, to persons involved in your care or for notification purposes, for national security and intelligence purposes, or for certain disclosures to correctional institutions and law enforcement. It does not include uses and disclosures for which you gave us written authorization. You have a right to receive specific information about disclosures that were made after April 14, 2003. The right to receive this information is subject to certain restrictions and limitations.

Right to a paper copy of this notice: You have the right to a paper copy of this notice, and you may ask us to give you a copy of this notice at any time. You may also obtain a copy of this notice at our website, www.wrhs.com. To obtain a paper copy, please notify our Privacy Officer.

III. Changes to this notice

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of this notice at any time. The new notice will apply to all protected health information we maintain at that time. The Notice of Privacy Practices in effect will be posted on our website at www.wrhs.com and at the registration/admitting areas of our facilities. Or, you may request a copy at any time by calling our Privacy Officer, or by asking for one at one of our facilities.

IV. Complaints

If you believe your privacy rights have been violated, you may file a complaint with us by notifying our Privacy Officer or Quality Improvement Office. All complaints must be submitted in writing. You may also file a complaint with the Secretary of the Department of Health and Human Services. We will not retaliate against you for filing a complaint.

You may contact the Privacy Officer or Quality Improvement Coordinator at 701-567-4561 (or e-mail stacim@wrhs.com or danaa@wrhs.com for further information about our privacy practices.

This notice applies to all West River Health Services facilities in North Dakota and South Dakota, including West River Regional Medical Center, West River Health Services Foundation, West River Ambulance Service, West River Eye Center, West River Family Center, West River Home Medical Services, West River Nurse Corps, Western Horizons (Assisted Living Center), West River Foot & Ankle Center (Dickinson), West River Health Clinic (Bowman), West River Health Clinic (Hettinger), West River Health Clinic (Lemmon, SD), West River Health Clinic (Mott), West River Health Clinic (New England), and West River Health Clinic (Scranton). It also applies to health care providers who are not West River facilities or employees but who participate in an integrated care setting or an organized system of health care with West River. Those providers who are not West River facilities or employees will share protected health information with each other and West River as necessary for treatment and payment, and for operations of the integrated or organized system of health care.

*This notice becomes effective on April 14, 2003.
Revision and effective on March 1, 2006.*