

WEST RIVER HEALTH SERVICES
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.

West River Health Services is required by law to maintain the privacy of your health information. West River Health Services is also required to provide you with a notice that describes West River Health Service's legal duties and privacy practices and your privacy rights with respect to your health information. We will follow the privacy practices described in this notice. If you have any questions about any part of this Notice or if you want more information about the privacy practices of West River Health Services, please contact West River Health Services at 701-567-4561 and ask to speak to the Privacy Officer or Quality Management Coordinator.

We reserve the right to change the privacy practices described in this notice in the event that the practices need to be changed for compliance with the law. We will make the new notice provision effective for all protected health information that we maintain. If we change our privacy practices, we will have them available upon request. It will also be posted on our website at www.wrhs.com and at the registration/admitting areas of our facilities. This notice applies to all of the health care facilities described at the end of this document.

**How West River Health Services May Use or Disclose Your Health Information
for Treatment, Payment and Health Care Operations**

The following categories describe the ways that West River Health Services is permitted to use your medical information for treatment, payment and health care operation. These examples are not exhaustive but are used to illustrate the types of uses or disclosures that may be made.

Treatment: We may use and disclose your protected health care 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 involved in your care. We may use your medical information to coordinate and manage your health care and any related services. Our communications to you may be by telephone, cell phone, patient portal or by mail. 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 Health Services who may be involved in your medical care. For example we may provide information to physicians who become involved in your care to assist with diagnosis or treatment, or to a home health agency caring for you.

Payment: We may use or disclose your health care information to obtain payment for your health care services from an insurance company or third party. For example we may provide information to your health plan or insurance company before it approves or pays for recommended health care services. We may also disclose medical information to other health care providers for their payment purposes.

Health Care Operations: We may use or disclose your health care information for activities relating to the evaluation of patient care, evaluating the performance of health care providers, business planning and compliance with the law. For example, we may use your information to determine the quality of care you received when you had surgery. If the activities required disclosure outside of our health care organization we will request your authorization before disclosing that information.

Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services: We may use and disclose health information to contact you to remind you that you have an appointment with us. We may also use and disclose health information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care: When appropriate, we may share health information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

Research: Under certain circumstances, we may use and disclose health information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. Before we use or disclose health information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any health information.

How West River Health Services May Use or Disclose Your Health Information Without Your Written Authorization

The following categories describe the ways that West River Health Services may use and disclose your health information without authorization. For each type of use and disclosure, we will explain what we mean and present some examples.

Required by Law: We may use and disclose your health information when that use or disclosure is required by law. For example, we may disclose medical information to report child abuse or to respond to a court order.

To Avert a Serious Threat to Health or Safety: We may use and disclose health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat (law enforcement).

Business Associates: We may disclose health information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Organ and Tissue Donation: If you are an organ donor, we may use or release health information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes, or tissues to facilitate organ, eye or tissue donation and transplantation.

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

Public Health: We may release your health information to local, state or federal public health agencies subject to the provisions of applicable state and federal law for reporting communicable disease, aiding in the prevention or control of certain diseases and reporting problems with products and reactions to the Food and Drug Administration (FDA). For example we may report information to vital statistics and tumor registries.

Victims of Abuse, Neglect or Violence: We may disclose your information to a government authority authorized by law to receive reports of abuse, neglect or violence related to children or the elderly. In addition we may disclose information to an authorized agency if we believe you have been a victim of abuse, neglect or domestic violence.

Health Oversight Activities: We may disclose your health information to health agencies authorized by law to conduct audits, investigations, inspections, licensure and other proceedings related to oversight of the health care system.

Data Breach Notification Purposes: We may use or disclose your protected health information to provide legally required notices of unauthorized access to or disclosure of your health information.

Legal Proceedings: We may disclose your 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 medical emergency.

Coroners, Medical Examiners, and Funeral Directors: We may disclose your health information to coroners or medical examiners for purposes allowed by law such as identification or determine the cause of death. We may also disclose information to funeral directors allow them to carry out their duties, and this information may be provided in reasonable anticipation of death.

Specialized Government Functions: Under certain and very limited circumstances, we may disclose health information for military, national security or law enforcement custodial situations.

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

Worker's Compensation: Both state and federal law allows the disclosure of your health care information to be reasonably related to a worker's compensation injury to be disclosed without your authorization. These programs may provide benefits for work-related illness or injuries.

Health Information: We may use or disclose your health information to provide information to you about treatment alternatives or other health related benefits and services that may be of interest to you.

West River Health Services Directory: Unless you object, we may use your health information such as your name, location in our facility, your general health condition (i.e. "stable" or "unstable") and your religious affiliation for our directory. It is our duty to give you enough information so you can decide whether or not to object to release of this information from our directory. This information, except for 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.

If you do not object and the situation is not an emergency, and disclosure is not otherwise prohibited by law, we are permitted to release your information under the following circumstances:

- a. To individuals involved in your care - we may release your health information to a family member, other relative, friend or other person whom you have identified to be involved in your health care or the payment of your health care;
- b. To family - we may use your health information to notify a family member, a personal representative or a person responsible for your care, of your location, general condition or death; and
- c. To disaster relief agencies - we may release your health information to an agency authorized by law to assist in disaster relief activities.

Inadvertent Use and Disclose: A use or disclosure of health information may occur as a result of, or as incident to, an otherwise permitted use or disclosure as long as the information being shared is limited to the minimum necessary pursuant to state and federal law.

When West River Health Services is Required to Obtain an Authorization to Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, we will not use or disclose your health information without written authorization from you. For example, uses and disclosures made for the purpose of psychotherapy, marketing and the sale of protected health information require your authorization. If your provider intends to engage in fundraising, you have the right to opt out of receiving such communications. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization, though we will be unable to take back any disclosures we have already made with your permission.

Your Health Information Rights

Inspect and Copy Your Health Information: You have the right to inspect and obtain a copy of your health care 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 Health Services uses for making decisions about you. This right does not apply to psychotherapy notes, which are maintained for the personal use of a mental health professional. Your request for inspection or access must be submitted in writing to the Behavioral Health Coordinator. In addition, we may charge you a reasonable fee to cover our expenses for copying your health information.

Right to an Electronic Copy of Electronic Medical Records: If your protected health information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your protected health information in the form or format you request, if it is readily producible in such form or format. If the protected health information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Request to Correct Your Health Information: You have a right to request that West River Health Services amend your health information that you believe is incorrect or incomplete. For example, if you believe the date of your heart surgery is incorrect, you may request that the information be corrected. We are not required to change your health information 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. If your request is denied, we will provide you with information about our denial and how you can disagree with the denial. To request an amendment, you must make your request in writing to the Privacy Officer. You must also provide a reason for your request.

Request Restrictions on Certain Uses and Disclosures: You have the right to request restrictions on how your health information is used or to whom your information is disclosed, even if the restriction affects your treatment or our payment or health care operation activities. You also have a right to request a limit on the medical information we disclose about you to someone involved in your care or payment for your care, or for notification purposes, such as family member or friend. We are not required to agree in all circumstances to your requested restrictions, except in the case of a disclosure restricted to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and the protected health information pertains solely to a health care item or service for which you, or the person other than health plan on your behalf, has paid the covered entity in full. If you would like to make a request for restrictions, you must submit your request in writing to the Privacy Officer.

Receive Confidential Communications of Health Information: You have the right to request that we communicate your health information to you in different ways or places. For example, you may wish to receive information about your health status in a special private room or through a written letter sent to a private address. We must accommodate reasonable requests. To request confidential communications, you must submit your request in writing to the Privacy Officer.

Receive a Record of Disclosures of Your Health Information: You have the right to request a list of the disclosures of your health information that we have made in compliance with federal and state law. 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. To request this account of disclosures, you must submit your request in writing to the Privacy Officer. We must comply with your request for a list within 60 days, unless you agree to a 30-day extension, and we may not charge you for the list, unless you request such list more than once per year.

Obtain a Paper Copy of This Notice: Upon your request, you may at any time receive 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 at www.wrhs.com. To obtain a paper copy of this Notice, send your written request to the Privacy Officer.

Complaint: If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer or the Quality Improvement Office. We request that you file your complaint in writing to that we may better assist in the investigation of your complaint. You may also file a complaint with the Office of Civil Rights. There will be no retaliation against you in any way for filing a complaint.

If you have any questions or concerns regarding your privacy rights or the information in this notice, please contact the Privacy Officer or the Quality Improvement Coordinator at 701-567-4561 or e-mail stacim@wrhs.com or pennie.glines@wrhs.com.

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 Health Services Behavioral Health, West River Health Services Visiting Nurse, Western Horizons (Assisted Living Center), West River Health Services Clinics (Bowman, Hettinger, Lemmon, SD, Mott, New England, and Scranton). It also applies to health care providers who are not West River Health Services facilities or employees but who participate in an integrated care setting or an organized system of health care with West River Health Services. Those providers who are not West River Health Services 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.
Revisions and effective on March 1, 2006.
Revisions and effective on September 23, 2013.
Revisions and effective on June 18, 2018.
Revisions and effective on May 24, 2022
Revisions and effective on May 3, 2023