

# HealthPartners Clinics and Regions Hospital

## Notice of Privacy Practices

Effective May 1, 2008

This notice of privacy practices describes how HealthPartners, Regions Hospital and our related organizations<sup>1</sup> manage and protect your personal information. **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.**

This notice is divided into three sections:

- An overview of our privacy practices and your privacy rights;
- A more detailed description of those practices and rights for our health plan members; and
- A more detailed description of those practices and rights for our patients.

### **Section 1 - Summary Notice**

We are required by law to maintain the privacy of your personal information and abide by the terms of this notice. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all personal information that we maintain. If we materially change this notice and you are a health plan member, you will receive a new notice within 60 days of the change. If you are a patient, a current notice will be prominently displayed at our care delivery sites and given to you if you ask. Our privacy notice is also available at *healthpartners.com*, *healthpartnerscmc.com* and *regionshospital.com*.

We use and disclose your personal information to help with your treatment, payment for your treatment and our health care operations, and in other ways permitted or required by law. When the law requires us to get your permission before we release your information to another organization, we do so as described in the more detailed portions of this notice.

You have the right to: access and copy your personal information; ask for changes to your information; ask us to restrict the use or disclosure of your information; ask us to communicate with you in other ways; and get a list of certain disclosures of your personal information. You also have the right to receive a paper copy of this notice, and to file a complaint with us or with the government if you believe that we have violated your privacy rights. These rights, and how you may exercise them, are described in the more detailed portions of this notice.

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<sup>1</sup> The HealthPartners family (“we”) currently includes these affiliate organizations: HealthPartners, Inc.; Group Health Plan, Inc.; Central Minnesota Group Health, Inc. (d/b/a HealthPartners Central Minnesota Clinics); HealthPartners Insurance Company; HealthPartners Services, Inc. (d/b/a RiverWay Clinics); Regions Hospital; Ramsey Integrated Health Services; RHSC, Inc.; HealthPartners Associates, Inc. (d/b/a North Suburban Family Physicians); Integrated Home Care; North St. Paul Transitional Care Center; HealthPartners Administrators, Inc.; Westfields Hospital.

## **Section 2: Health Plan Notice**

A more detailed description of our health plan privacy practices and the privacy rights of our health plan members can be obtained by contacting Member Services at 952-967-5000 or 1-800-883-2177. Hearing impaired members may contact Member Services at 952-883-5127. You can also find a copy of our Health Plan Notice at [healthpartners.com](http://healthpartners.com).

## **Section 3: Provider Notice**

This portion of our privacy notice describes how we, as health care providers, manage and protect patients' personal information. It also describes how you, as a patient, may exercise your rights with regard to your personal information.

### ***What is "Personal Information?"***

"Personal information" is information about you that relates to your past, present, or future physical or mental health, payment for health care services, or the provision of health care services. Personal information includes your individually identifiable health information and demographic information such as your name, address and phone number as well as your patient ID, social security or other identification number, age, and date of birth.

### ***How Does HealthPartners Use My Personal Information?***

We use your personal information only to the extent reasonably necessary to conduct or support treatment, payment or other health care operations, or as otherwise authorized by you or by law. Examples of how we *use* your personal information include:

- For treatment purposes to provide or coordinate your health care;
- For payment purposes to obtain reimbursement for services rendered to you; or
- To support our health care operations such as provider training and quality review purposes in order to provide safe and equitable health care for all our patients.

In some cases, the entities participating in an organized health care arrangement will share your personal information as necessary to carry out your treatment, payment or for its health care operations. An example of an organized health care arrangement is Regions Hospital and doctors on the hospital's medical staff. The hospital and these doctors work together to provide you care.

### ***When Does HealthPartners Disclose My Personal Information?***

We share your personal information - with our affiliates or with nonaffiliated parties – only to the extent reasonably necessary to conduct treatment, payment or health care operations, as required or permitted by law, or with your authorization. Following are some examples of when and why we *disclose* your personal information:

- For treatment, including coordination of your health care with other providers;
- For payment purposes such as billing; or
- For our health care operations, such as conducting staff training programs, accreditation, certification or credentialing activities.

We may contact you to remind you of appointments. We may also, when appropriate, contact you with reminders to obtain certain health services, regarding treatment alternatives, or regarding other health-related benefits and services that may be of interest to you.

**Consent Requirements under State Law.** Under State law, we may be required to obtain your written consent to share your health and personal information for various purposes, such as using and disclosing your information for billing purposes, or sharing your personal information with other providers for your treatment. You may be asked to give us this permission annually.

***When Does HealthPartners Use or Disclose My Personal Information Based on Authorization?***

There may be times when we may use or disclose your personal information in a way that is not considered treatment, payment or health care operations, or is not required by law. In those situations, we are required to get your specific written authorization to do so. If you do not wish to give your authorization for the proposed activity, you may do so with no fear of reprisal. If you do give us this authorization, then later wish to revoke it, you may do so in writing at any time, except if we have already relied upon it.

***HealthPartners' Other Uses and Disclosures of Personal Information.***

**Sharing when Required or Permitted by Law.** Because health care providers and our activities often relate to public health, we may be required or permitted to use or disclose your personal information without obtaining your authorization. Examples of these kinds of uses and disclosures include:

- When required by law;
- To public health authorities, for purposes such as tracking and controlling certain diseases, injuries and other health conditions;
- To assist in disaster recovery efforts;
- To report victims of abuse or neglect, or other crimes;
- To health oversight agencies, such as the Minnesota Department of Health;
- In response to judicial or administrative bodies under certain circumstances, such as in response to court orders;
- To law enforcement, under certain circumstances, such as in response to search warrants or court orders;
- To medical examiners or coroners;
- For certain organ, eye or tissue donation purposes to aid in the donation or transplant of the organs, eyes or tissue;
- To military authorities or other governmental agencies' personnel under certain circumstances, to avert serious threat to public safety or to a specific individual, or to protect national security;
- For workers' compensation purposes; or,

- To correctional institutions if you are an inmate or in the custody of a law enforcement official as necessary to provide you with healthcare, protect the health and safety of you or others and maintain the safety and security of the institution.

**Uses and Disclosures for Health Research.** Sometimes our providers do health research in conjunction with the HealthPartners Research Foundation, a nonprofit organization that conducts research to improve the health of our patients and the community. In order for your personal information to be used or disclosed for research purposes, you generally must give specific authorization for your personal information to be used or disclosed. Only in certain circumstances may your personal information be used or disclosed without your authorization. For more information on the HealthPartners Research Foundation, visit the Research Foundation website at [www.hprf.org](http://www.hprf.org).

**Facility Directories.** In some of our inpatient facilities, we may create and maintain a facility directory. Facility directories allow switchboard and other staff to tell people that you are a patient and what room you are in. Unless you object, these facilities may use the following personal information in the facility directory; (i) name; (ii) your location in the facility (iii) your general condition; and (iv) your religious affiliation (for clergy visits).

**Persons involved in your care.** Unless you object, we may disclose to your family members, to close personal friends, or to any other person identified by you, your personal information that is directly relevant to that person's involvement with your care or payment related to your care. We may also use or disclose your personal information to notify, identify, or locate a member of your family. We will also use our best judgment and experience in allowing people to pick up, on your behalf, filled prescriptions, medical supplies, x-rays, or other forms of personal information.

**Fundraising Activities.** Unless you object, we may contact you to raise money for HealthPartners, Regions Hospital or our related organizations to support our mission. We may share information with our foundations so that the foundations can contact you about fundraising activities. We will only release contact information such as your name and address, and the dates you received services from us. If we or our foundations contact you to encourage a donation, you will be given the chance to tell us not to contact you about future donations.

***What Are My Privacy Rights, and How Do I Exercise Them?***

State and federal laws give patients several rights that relate to the privacy of their personal information. Each of these rights is described below. If you would like more information on these rights, please review a more detailed explanation at [www.healthpartners.com](http://www.healthpartners.com) or inquire using the contact information below. All requests to exercise your rights must be received by us in writing.

- **Right to Review and Copy your Personal Information.** We maintain a designated record set of our patients' medical records, billing records and other records used to make decisions about our patients and their health care. You have a right to inspect and obtain a copy of your personal information that we maintain in our designated record set.
- **Right to Request an Amendment of Your Personal Information.** You have the right to request an amendment of your personal information in our designated record set.
- **Right to Request a Restriction of Your Personal Information.** You have the right to ask us not to use or disclose your personal information for the purposes described in this notice. We are not required to agree. Should you refuse to have your personal information shared with your insurance company for payment purposes, we will treat you as a self-pay patient and request payment from you directly. You may also ask that we not disclose your personal information to family members or friends who may be involved in your care or for notification purposes.
- **Right to Request Confidential Communications.** You have the right to ask us to communicate with you about confidential matters by alternative means or at alternative locations.
- **Right to Receive an Accounting of Disclosures.** Subject to certain exceptions, you have the right to receive from us an accounting, or listing, of instances when we released your personal information to nonaffiliated third parties.
- **Right to Obtain a Copy of this Notice.** You can request an additional copy of this notice using the Contact Information below. This notice is also available on our website at [healthpartners.com](http://healthpartners.com).

**Right to Complain about Our Privacy Practices.** If you believe we have violated your privacy rights, you may complain to us directly (see Contact Information section below) or to the United States Department of Health and Human Services. If you wish to file a complaint with the Department of Health and Human Services, please write to the Office for Civil Rights U.S. Department of Health and Human Services, 233 N. Michigan Ave., Suite 240, Chicago, Ill. 60601. You may file a complaint with either us or the United States Department of Health and Human Services without fear of reprisal.

***Whom should I call if I have other questions?*** We encourage you to contact us if you have any questions about this Notice of Privacy Practices or your privacy rights.

- If you are a Regions Hospital patient, please contact the Patient Representative Office at 651-254-2372.
- If you are a clinic patient, please contact the manager at your clinic.
- If you are a home care or hospice patient, please contact your case manager.
- If you are a patient at North St. Paul Transitional Care Center, please contact Administration at 651-777-7435.
- If you are a patient at Westfields Hospital, please contact the Performance Improvement Department at 715-246-2101.
- Any patient is also welcome to contact our Privacy Officer at 1-866-444-3493.

