



809 Elm Street Suite 1200
Alexandria, MN 56308
320.763.6018 | 800.450.4177
320.763.4127 fax
horizonpublichealth.org

HIPAA 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.

The Health Insurance Portability and Accountability Act (HIPAA) requires us to give you this Notice of Privacy Practices (“Notice”). This Notice describes the protected health information (“PHI”) practices for the Horizon Public Health (HPH) health care components and related services components and your privacy rights under HIPAA. HIPAA requires us to keep your PHI private and to give you noticed of our legal duties and practices to protect your PHI.

HPH may also have other types of health information or private information about you that is not classified as HIPAA PHI. This notice only applies to your PHI. In addition to HIPAA, you also have privacy rights under the Minnesota Government Data Practices Act, the Minnesota Health Records Act, as well as other state and federal laws, rules, and regulations. These laws also protect your privacy, but also allows us to provide your information to others as the laws permit.

Our Responsibilities:

We are required by law to maintain the privacy and security of your PHI. We limit use and disclosure of your PHI to the minimum necessary to provide you with services. We will notify you if a breach occurs that compromises the privacy or security of your PHI. We are required to follow the terms of the Notice currently in effect. We may change the terms of this Notice at any time. Changes will apply to all PHI we have about you. The new notice will be available upon request, at our offices, and on our website.

This Notice will be interpreted for you in other languages, if requested.

You have Privacy Rights regarding your PHI. You have the right to:

1. Receive an electronic or paper copy of your record. You must ask in writing. You may be charged a fee for copying costs. Requests may be denied in limited cases.
2. Ask us to correct PHI you think might be incorrect or incomplete. Send your concerns in writing and tells us why the information is wrong or not complete. If the request is denied, we will give you a written explanation.
3. Receive a list of disclosure. You may ask for a list (reference to as an “accounting”) of the times we’ve share your PHI for six years prior to your written request. This does not include disclosures not required to be tracked including: treatment, payment, or health care operations. It also does not include disclosures we made directly to you or those that were sent with your authorization, or as otherwise authorized by law. Please note that we will provide an accounting once per year. You may be charge for another accounting within 12 months based on actual cost.
4. Request limits on the uses or disclosures of PHI. You must ask us in writing. Tells us what information you want to limit and to whom it applies. We are not required to agree to the request and we may say “no” if it would affect your care, except as required by law. Minnesota law requires consent for disclosure for treatment,

Douglas County
809 Elm Street Suite 1200
Alexandria, MN 56308
320.763.6018
320.763.4127 fax

Grant County
15 Central Ave N, PO Box 191
Elbow Lake, MN 56531
218.685.8295
888.209.2887 fax

Pope County
211 E Minnesota Ave Suite 100
Glenwood, MN 56334
320.634.7822
320.634.0159 fax

Stevens County
10 E Hwy 28
Morris, MN 56267
320.208.6670
320.589.7433 fax

Traverse County
202 8th Street N, PO Box 23
Wheaton, MN 56296
320.422.7806
320.563.0104 fax

payment, or operations, subject to certain exceptions most importantly, HPH may share your PHI within our hybrid organization. You may request lifting a restriction at any time, either verbally or in writing. We will document any verbal requests.

5. Request confidential communication. You may ask us to contact you in a specific way. For example, you may ask that we send information to your work, instead of home, address. You must make this request in writing, but you do not have to explain the reason for your request.
6. File a complaint if you feel your rights are violated. You have the right to file a complaint if you do not agree with how HPH has used or disclosed your PHI. You may use the contact information at the end of this Notice. We will not retaliate against you for filing a complaint.
7. Receive a paper copy of this Notice at any time. You may ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. We will provide you with a paper copy promptly.

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI):

To Provide Treatment: We may use your health information to coordinate care within the agency and with others involved in your care, such as your doctor. For example, your doctor will need information about your symptoms to prescribe appropriate medications. We may also disclose your health information to others involved in your care including family members, pharmacists, medical equipment suppliers, and other health care professionals.

To Obtain Payment: We may use your health information to obtain payment. For example, we may be required by your health insurance to provide information regarding your health care status so the insurer will reimburse you or us. We may need to obtain approval from your insurer before providing service to you and may need to disclose your health information to obtain approval.

To Conduct Health Care Operations: We may use and disclose your health information for non-treatment and non-payment activities that let us run our business or provide services. This includes quality improvement and assessment activities, staff training and evaluation, conducting or arranging for medical review, medical and administrative appeals, legal services, law enforcement activities, audit services, fraud and abuse detection programs, working with Business Associates who perform functions on our behalf and other general business related activities. For example, we may use your health information to evaluate staff performance, combine your health information with other client information in evaluating how to more effectively serve all of our clients, disclose your health information to agency staff and to contracted personnel for training purposes, and for general administrative duties such as cost management, customer service, and resolution of complaints you may register.

Other Uses and Disclosures: We may contact you to give appointment reminders, tell you about treatment options, or other health benefits and services that may be of interest to you. For example, we may send you health care ideas for things like women's/men's health, diabetes, asthma, etc. We may disclose enrollment/disenrollment information and "summary health information" (as defined under the HIPAA medical privacy regulations) for the purpose of obtaining premium bids or modifying or terminating health insurance coverage).

Uses and Disclosures Authorized by Law: Under certain circumstances we may be required or permitted to disclose your Health Information without obtaining consent or authorization from you:

- *When legally required to do so by federal, state, or local law:* Includes response to court or administrative orders, or to report information to law enforcement regarding suspected criminal activity.
- *When there are risks to public health:* We may disclose your health information in order to prevent or control disease, report disease, injury, and vital events such as birth or death. We may report adverse events and product defects to enable product recalls, repairs and replacements.
- *To report abuse, neglect or domestic violence*
- *To conduct health oversight activities:* Your health information may be disclosed to authorities that monitor our compliance with these regulations and other state or federal regulations for program we provide.
- *To coroners, medical examiners, and funeral directors:* For purposes of determining your cause of death, for other duties, and to carry out duties with respect to your funeral arrangements, as authorized by law.
- *For organ, eye or tissue donation:* If you are a donor, we may disclose your health information to organ procurement organizations to facilitate the donation.

- *In the event of a serious threat to health or safety:* Consistent with applicable law and ethical standards of conduct, we may disclose your health information if we believe that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or the health and safety of the public.
 - *To the military, certain federal officials for national security activities, and to correctional institutions*
 - *For workers compensation*
 - *To a school as proof of immunization*
 - *For minor children, when failure to inform a parent/guardian poses a serious threat to health or safety.*
- Minnesota Statutes section 144.346 provides that a medical professional may inform the parents or guardian of a minor of any treatment given or needed when, in the professional's judgement, failure to inform them would seriously jeopardize the minor's health. Parents also have a general right to access data about their child. If you are a minor and believe giving your parent access may result in physical or emotional harm, you may ask us to withhold your information. We will ask you to put this request in writing and will determine whether to withhold the information.

Uses and Disclosures that Require Authorization

We are required to get a specific written authorization from you to use or disclose your Health Information for any purpose not described in this notice. If you or your representative authorize us to disclose information for other reasons, you may revoke that authorization in writing at any time. Your permission will end when we receive the signed form or when we have acted on your request. HPH will not sell your information for any purpose, including marketing purposes.

You may contact HPH to review, correct or limit your PHI. You may contact the Privacy Officer, using the contact information provided at the end of this Notice.

We may deny your request to look at, copy or change your records. If your request is denied, we will send you a written explanation, along with information on how to ask for a review of the denial. You may file a complaint.

CONTACT INFORMATION FOR QUESTIONS AND SUBMISSIONS OF WRITTEN REQUESTS

Please send questions, requests, or forms, to the following address:

Horizon Public Health
Privacy Officer
809 Elm Street Suite 1200
Alexandria, MN 56308
Phone: 320-763-6018

Complaints: In addition to notifying the privacy officer above, you may also submit a written complaint to the offices below if you feel your privacy rights have been violated. We will not retaliate in any way if you choose to file a complaint. The address is:

Minnesota Department of Human Services
Privacy Official
P.O. Box 64941
St. Paul, MN 55164-0941

Region V Office for Civil Rights
U.S. Department of Health & Human Services
233 N. Michigan Ave, Ste. 240
Chicago, IL 60601
Hotline: 1-800-368-1019 (toll free)

EFFECTIVE DATE OF THIS NOTICE

This Notice is effective as of July 1, 2023