ORGAN PROCUREMENT
Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs for the purpose of tissue donation and transplant.

FOOD AND DRUG ADMINISTRATION (FDA)
We may disclose to the FDA, health information relative to adverse events with respect to food, supplements, product and product defect, or post-marketing surveillance information to enable product recalls, repairs or replacement.

WORKER 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 INSTITUTIONS
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.

YOUR HEALTH INFORMATION RIGHTS
Although your health record is the physical property of the health care practitioner or facility that compiled it, you have the right to:

- Inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does net include psychotherapy notes. We may deny your request to inspect and copy in certain very limited circumstance.

If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the hospital 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. 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 denial.

- An accounting of disclosures. This is a list of the disclosures we make of medical information about you.
- Request a restriction or limitation on 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. We are not required to agree to your request. If we do agree, we will comply with your request unless this information is needed to provide you emergency treatment.
- Request confidential communication. You may 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 is reasonable for us to do so. For example, you can ask that we use an alternative address for billing purposes.
- 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 JMHCC and submit your request in writing.

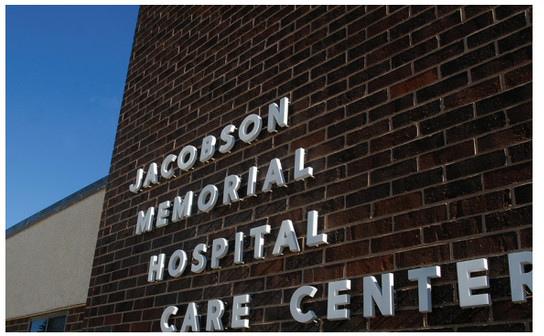
CHANGES TO THIS NOTICE
We reserve the right to change this notice and the revised or changed notice will be effective for information we already have about you as well as any information we receive in the future. The current notice will be posted at JMHCC and include the effective date. In addition, each time you register at or are admitted to Jacobson Memorial Hospital Care Center for treatment or health care services, we will offer you a copy of the current notice in effect.

COMPLAINTS
If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of Health and Human Services. To file a complaint with the hospital, contact the privacy officer at the facility's main number. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION
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 permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided you.

You may contact the privacy officer at:
Privacy Officer
Jacobson Memorial Hospital Care Center
601 East Street North
Elgin, ND 58533
701 584-2792, ext. 268

Jacobson Memorial Hospital Care Center



Peace of Mind. Close to Home.

NOTICE OF PRIVACY

If you have questions about this notice, contact JMHCC's privacy official at 701-584-2792, ext. 268.

Jacobson Memorial Hospital Care Center & Clinics
Peace of Mind. Close to Home.

Each time you visit a hospital, long-term care facility, physician or other health care provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment and plan for future care or treatment, and billing-related information. This notice applies to all the records of your care generated by our hospital, whether made by the hospital personnel, agents of the hospital or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

OUR 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.

Examples of the way we use and disclose medical information:

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 personnel who are involved in taking care of you at Jacobson Memorial Hospital Care Center. Different departments of JMHCC also may share medical information about you to coordinate the different services you may need, such as prescriptions, lab work, meals and X-rays. We may also provide your physician or a subsequent health care provider with copies of various reports that should assist him or her in treating you once you are discharged from JMHCC.

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 payer. 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 patients we serve. For example, we may combine medical information about many patients to evaluate the need for new services, treatment or equipment. We may disclose information to doctors, nurses and 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 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 and radiology or certain outside laboratories. 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.

DIRECTORY

We may include certain limited information about you in the facility directory while you are here. The information may include your name, location in the facility and your religious affiliation. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name. If you would like to opt out of being in the facility directory, please request the opt-out form from the admission staff or facility privacy officer.

INDIVIDUAL INVOLVED IN YOUR CARE OR PAYMENT OF 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, per administrative consent, after administration has reviewed the research proposal and established protocols to ensure the privacy of your health information and has approved their research.

FUTURE COMMUNICATIONS

We may communicate to you via newsletters, mailings 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.

ORGANIZED HEALTH CARE ARRANGEMENT

This facility and its medical staff members have organized and are presenting you this document as a joint notice. Information will be shared as necessary to carry out treatment, payment and health care operations. Physicians and caregivers may have access to protected health information in their offices to assist in reviewing past treatment as it may affect treatment at the time.

AFFILIATED COVERED ENTITY

Protected health information will be made available to your physician as necessary to carry out treatment, payment and health care operations.

AS REQUIRED BY LAW

Federal law makes provision 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 and have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

FUNERAL PROFESSIONALS

We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

SUBSTANCE USE DISORDER TREATMENT

We may provide specialized substance use disorder treatment at certain facilities that is protected by federal law 42 CFR Part 2 (a "Part 2 Program). Patient records at a Part 2 Program, testimony about those records, or the fact an individual has been treated at a Part 2 Program may not be disclosed to persons outside the Part 2 Program unless: (1) The patient consents in writing; (2) The disclosure is allowed by a court order or requited by other state or federal low; (3) The disclosure is needed for treatment in a medical emergency; or (4) The disclosure is related to a crime committed at a Part 2 Program, or required for suspected child abuse or neglect reporting. You may agree to provide a general consent allowing us to disclose Part 2 Program records for treatment, payment, and healthcare operations. You may also choose to revoke a previous general consent subject to certain limitations.