



**Providing Fifty Years of Service**  
**"Where History and Vision Meet"**

This notice describes how information about you may be used and disclosed and how you can get access to this information. If you have any questions, please contact the HIPAA Privacy Officer at the phone number at the bottom of this notice.

#### **Who Will Follow This Notice**

The Cook Hospital provides health care to our patients in partnership with other professionals and health care organizations. The information privacy practice in this notice will be followed by any healthcare professional that treats you at our facility.

#### **Our Pledge to You**

We understand that medical information about you is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive to provide quality care and to comply with legal requirements. This notice applies to all of the records of your care generated by any of the separate facilities and providers described above. We are required by law to:

- Keep medical information about you private.
- Give you this notice of our legal duties and privacy practices with respect to medical information about you.
- Follow the terms of the notice that are currently in effect.

#### **Uses and Disclosures**

**The following categories describe 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 Cook Hospital personnel who are involved in taking care of you. Different services may share medical information about you in order to coordinate the care you may need, such as prescriptions, lab work, meals, and x-rays. We may also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you.

**For Payment:** We may use and disclose medical information about your treatment or 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:** Cook Hospital staff and physicians may use information in your health record to assess 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. We may disclose information to doctors, nurses and students for educational purposes.

**Appointment Reminders and Fundraising Efforts:** Other examples of such uses and disclosures include contacting you for appointment reminders and telling you about or recommending possible treatment options, alternatives, health-related benefits or services that may be of interest to you. We may also contact you to support our fundraising efforts.

**Directory:** If admitted as an inpatient, unless you tell us otherwise, we will list you in the hospital directory. This information will include your name, location in the hospital, your general condition (good, fair, etc.) and your religious affiliations, and may release all but your religious affiliation to anyone who asks about you by name. Your religious affiliation may be disclosed only to clergy members, even if they do not ask for you by name.



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**Research:** Under certain circumstances, we may use and disclose health information about you for research purposes, subject to a special approval process. We may also allow potential researchers to review information that may help them prepare for research, so long as the health information they review does not leave our facility, and so long as they agree to specific privacy protections.

**Individuals Involved in your Care or Payment for your Care:** We may disclose medical information about you to a friend or family member whom you designate who is involved in your care or payment for your care. We may also disclose information to disaster relief authorities so that your family can be notified of your location and condition.

**Require by Law:** We may use or disclose medical information about you **without** your prior authorization for several other reasons. Subject to certain requirements, we may give out medical information about you, without prior authorization for **public purposes, abuse or neglect reporting, health oversight audits or inspections, medical examiners, funeral arrangements and organ donations, worker's compensation purposes, emergencies, national security and other specialized government functions, and for members of the Armed Forces as required by Military Command authorities.**

**Law Enforcement/Legal Proceedings:** We may disclose health information for law enforcement purposes as required by law or in a response to a court order or search warrant.

**Other Uses of Medical Information:** In any other situation not covered by this notice, we will ask for your written authorization before using or disclosing medical information about you. If you choose to authorize use or disclosure, you can later revoke that authorization by notifying us in writing of your decision.

**Right to Access and or Amend Your Records:**

In most cases, you have the right to look at or get a copy of medical information that we use to make decisions about your care, when you submit a written request. If you request copies, we may charge a fee for the cost of copying, mailing, or other related supplies. If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision.

If you believe that information in your record is incorrect or that important information is missing, you have the right to request that we correct the records by submitting a request in writing that provides your reason for requesting the amendment. We could deny your request to amend a record if the information is not maintained by us, or if we determine that your record is accurate. You may submit a written statement of disagreement with a decision by us not to amend a record.

**Right to an Accounting:**

You have the right to request a list accounting for any disclosures of your health information we have made, except for uses and disclosures for treatment, payment, and healthcare operations, circumstances in which you have specifically authorized such disclosures, and certain other exceptions.

To request this list of disclosures, indicate the relevant period, which must be after April 14<sup>th</sup>, 2003. You must submit your request in writing to the HIPAA Privacy Officer list below.

**Right to Request Restrictions:**

You may request, in writing, that we not use or disclose medical information about you for treatment, payment or healthcare operations or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency. We will consider your request and work to accommodate it when possible, but we are not legally required to accept it. We will inform you of our decision on your request.



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**Requests for Confidential Communications:**

You have the right to request that medical information about you be communicated to you in a confidential manner, such as sending mail to an address other than your home, by notifying us in writing of the specific way or location for us to use to communicate with you.

**Right to Request a Paper Copy of this Notice:**

You will receive a paper copy of this notice from us upon request.

**Changes to this Notice:**

We may change our policies at any time. Changes will apply to medical information we already hold, as well as new information after the change occurs. Before we make a significant change in policies, we will change our notice and post the new notice in waiting areas, exam rooms, and on our Web site at [www.cookhospital.org](http://www.cookhospital.org). You can receive a copy of the current notice at any time. The effective date is listed at the end. Copies of the current notice will be available each time you come to our facility for treatment. You will be asked to acknowledge in writing your receipt of this notice.

**Complaints:**

If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about access to your records, you may contact the HIPAA Privacy officer at the number below.

If you are not satisfied with our response, you may send a written complaint to the U.S. Department of Health and Human Services, Office of Civil Rights. The HIPAA Privacy Officer can provide you with this address. Under no circumstances will you be penalized or retaliated against for filing a complaint.

**For More Information or to Report a Problem:**

If you have questions and would like additional information, you may contact the HIPAA Privacy Officer at 218-666-6206 or write to the Cook Hospital at: 10 Fifth Street S.E. Cook, MN. 55723.

Effective: 4/13/03

Revised: 3/21/11