

# HIPAA Notice of PRIVACY PRACTICES

This is the NDSU HIPAA Notice of Privacy Practices which may or may not apply to you. This notice is given as required by the Health Insurance Portability Act of 1996. A copy of this notice can be found at: <http://www.ndsu.nodak.edu/hipaa/>. Any future notices regarding updates and/or the availability of this document will be forwarded to you electronically. Please contact the HIPAA Privacy Officer at 701-231-6446 or email: [NDSU.HIPAA@ndsu.edu](mailto:NDSU.HIPAA@ndsu.edu) if you have any questions or wish to receive any updates via paper copy.

receiving your request. We may deny your request in writing if the **PHI** is (i) correct and complete, (ii) not created by us, (iii) not allowed to be disclosed, or (iv) not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you don't file such statement, you have the right to request that your statement and our denial be attached to all future disclosures of your **PHI**. If we approve your request, we will make changes to your **PHI**, tell you that we have done it, and tell others that need to know about the change to your **PHI**.

## VI. HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you think that we may have violated your privacy rights, or you disagree with a decision we made about access to your **PHI**, you may: (i) contact the supervisor of the area of your concern, (ii) file a complaint with the Privacy Officer listed in section VII, (iii) send a written complaint to the Secretary of the Department of Health and Human Services. We will take no retaliatory action against you if you file a complaint about our privacy practices.

## VII. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you have any questions about this notice, HIPAA, or any complaints about our privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact: HIPAA Privacy Officer, 701-231-6446 or [NDSU.HIPAA@ndsu.edu](mailto:NDSU.HIPAA@ndsu.edu).

10/31/05

### NDSU

*NDSU is an equal opportunity institution.  
This publication will be provided in alternative format upon  
request. 701-231-8525*

Effective April 14, 2003

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.**

Under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") we are required to maintain the privacy of your protected health information (PHI) and provide you with notice of our legal duties and privacy practices with respect to such protected health information.

We are required to abide by the terms of the notice currently in effect. We reserve the right to change the terms of our notice at any time and to make the new notice provisions effective for all protected health information that we maintain. In the event that we make a material revision to the terms of our notice, you will receive a revised notice within 60 days of such revision. If you should have any questions or require further information, please contact our **Privacy Officer at 701-231-6446, or [NDSU.HIPAA@ndsu.edu](mailto:NDSU.HIPAA@ndsu.edu).**

## I. HOW WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

- A. **Treatment:** We may use or disclose your PHI to provide you with medical treatment or services. For example, information obtained by a provider providing health care services to you will record such information in your record that is related to your treatment. This information is necessary to determine what treatment you should receive. Health care providers will also record actions taken by them in the course of your treatment and note how you respond.
- B. **Payment:** We may use or disclose your PHI in order to bill and process claims or to make payment for covered services you receive under your benefit plan. For example, the claim form could include information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment.
- C. **For health care operations:** We may use or disclose your PHI in order to operate our facilities. For example, we may use your PHI in order to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provide health care services to you. We may also provide your PHI to our accountants, attorneys, consultants, and others in order to make sure we're complying with the laws that affect us.

## II. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR CONSENT

We may use and disclose your PHI without your consent or authorization for the following reasons:

- A. **When a disclosure is required by federal, state, or local law, judicial or administrative proceedings, or law enforcement:** For example, we make disclosures when law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence; when dealing with gunshot and other wounds; or when ordered to do so in judicial or administrative proceedings.
- B. **For public health activities:** For example, we report information about births, deaths, and various diseases to government officials in charge of collecting that information, and we provide coroners, medical examiners, and funeral directors necessary information relating to an individual's death.

- C. **For health oversight activities:** For example, we will provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.
- D. **For purpose of organ donation:** We may notify organ procurement organizations to assist them in organ, eye, or tissue donation and transplants.
- E. **For research purposes:** In certain circumstances, we may provide PHI in order to conduct medical research.
- F. **To avoid harm:** In emergency situations, in order to avoid a serious threat to the health or safety of a person or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.
- G. **For specific government functions:** We may disclose PHI of military personnel and veterans in certain situations. And we may disclose PHI for national security purposes, such as protecting the president of the United States or conducting intelligence operations.
- H. **For workers' compensation purposes:** We may provide PHI in order to comply with workers' compensation laws.
- I. **Appointment reminders and health-related benefits or services:** We may use PHI to provide appointment reminders or give you information about treatment alternatives, or other health care services or benefits we offer.

## III. USES AND DISCLOSURES THAT REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT

**Disclosures to family, friends, or others:** We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or part. The opportunity to consent may be obtained retroactively in emergency situations.

## IV. ALL OTHER USES AND DISCLOSURES REQUIRE YOUR PRIOR WRITTEN AUTHORIZATION

In any other situation not described in the above sections, we will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke that authorization in writing to stop any future uses and disclosures (to the extent

that we haven't taken any action relying on the authorization).

## V. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI

You have the following rights with respect to your PHI:

- A. **The Right to Request Limits on Uses and Disclosures of Your PHI:** You have the right to ask that we limit how we use and disclose your PHI. We will consider your request but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.
- B. **The Right to Choose How We Send PHI to You:** You have the right to ask that we send information to you at an alternate address or by alternate means (for example, fax instead of regular mail). We must agree to your request so long as we can easily provide it in the format you requested.
- C. **The Right to See and Get Copies of your PHI:** In most cases, you have the right to look at or get copies of your PHI that we have, but you must make the request in writing. In certain situations, we may deny your request. If we do, we will tell you in writing our reasons for the denial and explain your right to have the denial reviewed. There may be charges for copies made.
- D. **The Right to Get a List of the Disclosures We Have Made:** You have the right to get a list of instances in which we have disclosed your PHI. The list will not include uses or disclosures for treatment, payment, or health care operations, directly to you, to your family, or personal representative. The list also won't include uses and disclosure made for national security purposes, to corrections, or law enforcement personnel. It does not include uses and disclosures for which you gave us written authorization.
- E. **The Right to Correct or Update your PHI:** If you believe there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. We will respond within 60 days of