FARGO CASS PUBLIC HEALTH  
NOTICE OF PRIVACY PRACTICES

This Notice of Privacy Practices describes how we, our Business Associates, and their subcontractors may use and disclose your protected health information. This Notice applies to all protected health information that we create, receive, maintain, or transmit. We are required by law to maintain the privacy of protected health information and provide you with notice of our duties and privacy practices. We must follow the policies and procedures described in this Notice of Privacy Practices.

We use or disclose protected health information for treatment, payment, or health care operations and for other purposes that are permitted or required by law. The following section describes different ways that we use and disclose medical information.

We use and disclose your protected health information as described in the chart below. We may use or disclose your protected health information without your permission. We may also disclose your protected health information for purposes not listed below, without your specific authorization. Any specific written authorization you provide may be revoked at any time by writing us.

We use your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. The following section describes different ways that we use and disclose medical information.

1. For activities deemed necessary by appropriate military command authorities.
2. For the purpose of determining death or for the coroner or medical examiner to perform other duties authorized by law. This also describes your right to access and control your protected health information. “Protected Health Information” (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

• Treatment
• Law Enforcement
• Military Activity and National Security

Opportunity to agree or prohibit – This agency is permitted to use or disclose information about you without consent or authorization provided you are informed in advance and given the opportunity to agree to or prohibit the disclosure in the following circumstances. If you are not present or able to agree or object to the use or disclosure, then your health care provider may, using professional judgment, determine whether the disclosure is in your best interest.

• The use of a directory of individuals served by Fargo Cass Public Health.
• To a family member, relative, friend, or other identified person, the information relevant to such person’s involvement in your care or payment for care.
Uses and Disclosures of Protected Health Information Based on Your Written Authorization — Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing except in limited situations. Without your authorization, we are prohibited to use or disclose your protected health information for marketing purposes. We may not sell your protected health information without your authorization. We may not use or disclose most psychotherapy notes contained in your protected health information. We will not use or disclose any of your protected health information that contains genetic information that will be used for underwriting purposes. You may revoke the authorization at any time in writing, except to the extent that the agency has taken action in reliance on the use or disclosure indicated in the authorization.

Your RIGHTS AND HOW TO EXERCISE THEM The following are statements of your rights with respect to your protected health information.

You have the right to access, to inspect and copy your Protected Health Information (fees may apply). Upon written request, you have the right to inspect or copy your protected health information whether in paper or electronic format. This request must be in writing and include records in the “Designated Record Set”. The Designated Record Set consists of your medical and billing file. This information may be given to you in summary form. According to N.D. CENT. CODE SECTION 23-12-14, upon request for medical records with the signed authorization of the patient, a health care provider shall provide medical records at a charge of no more than:
- $20 for the first 25 pages
- $.75 per page after 25
- This charge includes any administration fee, retrieval fee, and postage expense.

You have the right to request a restriction of your Protected Health Information. You may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may request that any part of your information not be disclosed to family members or friends who may be involved in your care or for notification purposes. The request must state the specific restriction requested. Fargo Cass Public Health is not required to agree to the restriction, except if you request that Fargo Cass Public Health not disclose protected health information to your health plan with respect to healthcare for which you have paid in full, out of pocket, at the time of service. You may request a restriction by completing the Request of Restriction of Protected Health Information. This form can be obtained from Fargo Cass Public Health.

You have the right to request to receive confidential communication from us by alternative means or at alternative location. Fargo Cass Public Health will accommodate reasonable requests. You may request this by completing the Request for Confidential Communication of Protected Health Information form. This form can be obtained from Fargo Cass Public Health.

You have the right to request an amendment to your Protected Health Information, If you believe that medical information is incorrect or incomplete you may request an amendment. You may ask for an amendment to information about you in a set for as long as we maintain this information. We may deny your request. If we deny your request, we will provide you a written explanation. If we deny the request, you may respond with a statement of disagreement that will be added to the information you wanted changed. To request an amendment, you need to complete a Request for Amendment of Protected Health Information form. This form can be obtained from Fargo Cass Public Health.

You have the right to receive an “Accounting of Certain Disclosures” we have made of your protected health information, This right applies to disclosures for purposes other than treatment, payment or healthcare operations. It excludes disclosures we may have made to you, for a facility directory, to family members, or friends involved in your care or for notification purposes. It does not include uses and disclosures for which you gave us written authorization. You may request this accounting by completing the Request for Accounting of Disclosures form about Disclosures made after 4-14-2003. You may obtain this form from Fargo Cass Public Health.

You have the right to obtain a paper copy of this notice from us, even if you have agreed to accept this notice electronically. You may obtain a copy of this notice at our Website, www.cityoffargo.org/health.

You have a right to receive a notice of a breach. We will notify you if your protected health information has been breached.

Minimum Necessary Rule Our staff will not use or access your PHI unless it is needed to do their jobs. All Public Health staff are trained in HIPAA Privacy and Security rules and sign a Confidentiality Policy with regards to keeping your PHI private. Also, we disclose to outside entities only as much of your PHI as needed to accomplish the recipient’s lawful purposes.

Incidental Disclosure Rule We will take reasonable administrative, technical and security safeguards to ensure the privacy of your PHI when we use or disclose it. In the event that there is a breach in protecting your PHI, we will follow Federal Guidelines to HIPAA Omnibus Rule Standards to first evaluate the breach situation using the Omnibus Rule, 4-Factor Formula for Breach Assessment. Then we will document the situation, retain copies of the situation on file, and report all breaches (other than low probability, as prescribed by the Omnibus Rule) to the U.S. Department of Health and Human Services at: http://www.hhs.gov/ocr/privacy/hipaa/administrative/breachnotificationrule/breachnotificationrule.html.

Changes to Privacy Policy We reserve the right to change our privacy practices at any time as authorized by law. The changes will be considered immediately and will apply to all PHI we create or receive in the future. If we make changes, we will post the changed Notice on our website and in our office. Upon request, you will be given a copy of our current Notice.

Faxing, Emailing, and Texting Rules You may request us to fax your protected health information. Providing us with the fax contact information, guarantees that you have sole access to the fax. We are not responsible for protected health information viewed by others if it is a shared fax. We will include a cover sheet to the message. Our emails and text messages are currently not encrypted and therefore there is risk of unlawful disclosure when communicating via e-mail or text message. If you request to receive communication via e-mail or text, we must receive written or verbal consent from you.

Marketing Rules Marketing is defined as communication about a product or service that encourages recipients to purchase or use the product or service. The HIPAA Privacy Rule expressly requires an authorization for uses or disclosures of protected health information for all marketing communications, except in two circumstances:

1. When the communication occurs in a face-to-face encounter between the covered entity and the individual; or
2. The communication involves a promotional gift of nominal value.

If marketing communications other than the circumstance listed above are utilized, we will obtain your authorization first via the Fargo Cass Public Health Authorization Form.

Fundraising Rules We generally do not participate in fundraising efforts using our patient information. If the Department were to participate in fundraising activity, you will be provided with an opportunity to opt-out of participating in fundraising efforts.

Authorizations Related to Research We may seek authorizations from you for the use of your PHI for future research. However, we would make clear the purpose of the research.

Complaints You may complain to Fargo Cass Public Health and the Secretary of the U.S. Department of Health and Human Services if you believe that your privacy rights have been violated. There will be no retaliation against you for filing a complaint. The complaint should be filed in writing and with Fargo Cass Public Health and should state the specific incidents(s) in terms of subject, date, and other relevant matters. A complaint to the Secretary must comply with the standards set out in 45 CFR 160.306.

For further information regarding filing a complaint with the Fargo Cass Public Health, contact: FCPH Privacy Officer at 701-241-1360. This notice is effective beginning April 14, 2003 and remains in effect until amended.