



# **PATIENT BILL OF RIGHTS AND PRIVACY NOTICE OF INFORMATION PRACTICES**

## **FOR MORE INFORMATION OR TO REPORT A PROBLEM**

If you have questions and/or would like additional information regarding any rights included in this Notice of Information Practices, you may contact Spectra Health's Privacy and Security Officer. If you believe your privacy rights have been violated, you may file a complaint with Spectra Health's Privacy and Security Officer by writing to:

**Spectra Health  
Attn: HIPAA Privacy Officer  
212 S 4th St, Suite 200  
Grand Forks, ND 58201**

**Email: [privacy@spectrahealth.org](mailto:privacy@spectrahealth.org)  
Phone: 701-757-2100 ext. 2005**

You may also contact the U.S. Secretary of Health & Human Services at this toll-free number **1-877-696-6775** OR by e-mail at **[OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)**

***There will be no retaliation for filing a complaint.***

You can obtain a form to request your patient information at any Spectra Health location or by calling 701-757-2100. Spectra Health will respond to you within 30 days after receiving your written request. In certain situations Spectra Health may deny your request, however,

Spectra Health will explain to you in writing the reason for the denial as well as an explanation of your right to have the denial reviewed. A reasonable fee for copying and postage may be charged to process your request.

## YOUR RIGHTS AS A PATIENT OF SPECTRA HEALTH

- 1. Courteous Treatment** — Patients have the right to be treated with courtesy, privacy, and respect for their individuality, by employees and persons providing service in this facility.
- 2. Appropriate Health Care** — Patients shall have the right to appropriate medical care consistent with Standards of Practice, and personal care based on individual needs. This right is limited where the service is not reimbursable by public or private sources.
- 3. Continuity of Care** — Patients shall have the right to be cared for with reasonable regularity and continuity of staff assignment as far as clinic policy allows.
- 4. Provider Identity** — Patients will be given the name of the provider who has primary responsibility for coordinating their care, and the names and professional relationships of other health care providers who will see them.
- 5. Participate in Their Treatment Plan** — Patients shall be given complete and current information concerning their diagnosis, treatment, alternatives, risks, and prognosis. They shall be given as much information about any proposed treatment or procedure as they may need in order to give informed consent or to refuse the course of treatment. This information shall be in terms and language the patient can reasonably be expected to understand. Patients have the right to participate in the development and implementation of their plan of care and actively participate in decisions regarding their care.
- 6. Consideration of Cultural/Spiritual Values** — Patients shall have the right to consideration of their cultural and spiritual values when receiving treatment. They shall also have the right to refuse the service of a specific interpreter if there is a cultural, spiritual, or ethnic conflict with that individual.
- 7. Refuse Treatment** — Patients shall have the right to refuse treatment based on the complete information given them regarding their condition. Patients who refuse treatment, medication, or dietary restrictions shall be informed of the likely medical or major psychological results of the refusal, with documentation in the medical records. In cases where a patient is incapable of understanding the circumstances but has not been adjudicated incompetent, or when legal requirements limit the right to refuse treatment, the conditions and circumstances shall be fully documented in the medical record.
- 8. Review Own Medical Record** — Patients shall have the right to access information contained in their medical record within a reasonable time frame (usually within 48 hours of a written request, a fee may apply).
- 9. Privacy & Confidentiality** — Patients shall be assured of confidential treatment of all communications and records pertaining to their care. A patient's written permission will be obtained before their health records can be made available to anyone not directly concerned with their care. This right does not apply as required by complaint investigations, accreditation survey activities, as required by third party payment contracts, or where otherwise provided by law.
- 10. Determine Participation in Experimental Research** — Written, informed consent must be obtained prior to a patient's participation in experimental research. Patients have the right to refuse participation.
- 11. Freedom from Abuse** — Patients have the right to be free from mental and physical abuse. "Abuse" means any act which constitutes assault, sexual exploitation or sexual criminal conduct, or the intentional and non-therapeutic infliction of pain or injury, or any persistent course of conduct intended to produce mental or emotional distress. Every patient shall be free from non-therapeutic chemical and physical restraints, except in fully documented emergencies to protect the patient from self injury or injury to others.
- 12. Formulate Living Wills & Durable Power of Attorney** — Patients have the right to formulate advance directives regarding their health care and have staff and practitioners who provide care in this facility comply with these directives to the extent provided by state laws and regulations.
- 13. Financial Information** — Patients have the right to information regarding charges for services they receive and payment methods available to them.
- 14. Grievance Process** — Patients have the right to be advised of the clinic's grievance process should they wish to communicate a concern regarding the quality of care they received.

## YOUR RESPONSIBILITIES AS A PATIENT OF SPECTRA HEALTH

**To Provide Complete Information** — Patients have the responsibility of providing accurate and complete information concerning present complaints, medications, allergies, past illnesses, hospitalizations, and other matters relating to his/her health.

**To Report Changes in Condition** — Patients have the responsibility of reporting perceived risks in their care and unexpected changes in their condition to their healthcare provider.

**To Understand Their Treatment** — Patients are responsible for making it known whether they clearly understand their health condition, results of tests and procedures, orders for medication, the course of their treatment, and how they are expected to participate in their treatment plan.

**To Follow Their Treatment Plan** — Patients are responsible for following the treatment plan established together with their health care provider.

**To Keep Appointments** — Patients are responsible for keeping appointments and for notifying the health center when they are unable to do so. Two no-show appointments in a 12-month period may result in prevention from scheduling future appointments for a period of six months and/or the ability to be seen on a same day or walk-in basis only.

**For Their Own Actions** — Patients are responsible for their own actions should they refuse treatment or not follow their health care provider's advice.

**For Consideration of Others** — Patients are responsible for being considerate of the rights of other patients and health center personnel.

**For Financial Obligation** — Patients are responsible for assuring that their financial obligation to the health center is fulfilled as promptly as possible. Patients with outstanding balances may be required to meet with Spectra Health staff to discuss payment options prior to subsequent appointment.

*All Patient Rights & Responsibilities apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient.*

## ZERO TOLERANCE STATEMENT

Situations may arise when it is necessary to terminate the Patient/Provider (health center) relationship. A patient's repeated failure to comply with the rules of Spectra Health including the **Patient's Responsibilities**, in addition to behaviors considered to be abuse, harassment, or violence as outlined in the health center's Zero Tolerance Policy, may lead to termination. Such behaviors include: verbal attacks or coercion; repeated use of obscenities; shouting, screaming, or name-calling; slanderous or libelous statements; physical threats; hitting, spitting, or throwing objects; behavior that creates fear for one's immediate safety; verbal or physical gestures that pose an immediate threat; assault or aggression; use of a gun or other weapon; forcefully controlling the actions of another against their will; threat of or use of a bomb or other explosive device; or illegal acts such as theft or forgery.

## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY!**

The following notice describes the privacy practices of Spectra Health for all staff and personnel, including students and volunteers. All Spectra Health locations may share health information with each other when necessary for the purpose treatment, payment or healthcare operations as described in this notice.

**OUR PLEDGE TO YOU:** We understand that health information about you is personal and we are committed to protecting privacy while providing quality care. This Notice of Privacy Practices applies to all of the records of your care generated by Spectra Health. We are legally required to:

- protect the privacy of your health information
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and keep about you
- abide by the terms of this notice
- notify you if we are unable to agree to a requested restriction
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

## Your Health Information Rights

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have a right to:

- request a restriction or limitation on the health information we use or disclose about you for treatment, payment or healthcare operations. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.
- obtain a paper copy of this Notice of Information Practices upon request.
- inspect and copy health information that may be used to make decisions about your care
- correct or update your health record if you feel that health information we have about you is incorrect or incomplete.
- obtain an accounting of disclosures of your health information. This is a list of the disclosures we made of health information about you.
- request communications of your health information by alternative means or at alternative locations.

## How We May Use and Disclose Health Information About You

The following categories describe different ways that we use and disclose health information. Not every use or disclosure in a category can be listed, however, examples are provided to explain some of the categories. All of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment:** Information obtained by a nurse, provider or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your provider will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the provider will know how you are responding to treatment.

**For example:** A provider treating you for a leg injury may need to disclose your health information to the x-ray department to coordinate your care. We will also provide copies of various reports to other healthcare entities caring for you that should assist them in treating you.

- **For Payment:** We may use and disclose health information about you so that the treatment and services you receive at Spectra Health may be billed to and payment may be collected from you, an insurance company, or a third party.

**For example:** We may tell your health plan about a treatment you are going to receive to obtain prior approval or to determine if your plan will cover the treatment. We may also disclose health information to other health care providers for their payment purposes. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.

- **For Healthcare Operations:** We may use and disclose health information about you for Community Health Center operations. These uses and disclosures are necessary to ensure patients receive quality care.  
***For Example:*** We may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may combine health information about many Health Center patients to decide what additional services Spectra Health should offer, what services are not needed, and whether certain treatments are effective.
- **Business Associates:** There are some services provided in our organization through contracts with business associates.  
***Examples:*** accountants, attorneys, consultants, billing agency, and others in order to make sure we are complying with the laws that affect us. When these services are contracted, we may disclose your health information to our business associate so they can perform the job we have asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information.
- **As Required by Law:** We will disclose health information about you when required to do so by federal, state or local law, judicial or administrative proceedings, or law enforcement. For example, we make disclosures when a 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 or other wounds; or when ordered in a judicial or administrative proceeding
- **Communication with family:** Health professionals, using their best judgment, may disclose health information to a family member, other relative, close personal friend or any other person you identify is involved in your healthcare. We may also give information to someone who helps pay for your care. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition and location.
- **Research:** In certain circumstances, we may provide your health information to others to conduct medical research.
- **Public Health Activities:** 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. We may disclose health information to funeral directors, consistent with applicable law, to carry out their duties. We may release medical information to a coroner or medical examiner; this may be necessary to determine the cause of death.
- **Appointment Reminders/Treatment Alternatives:** We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- **Fundraising:** We may contact you as part of a fundraising effort for Spectra Health. The money raised through these activities is used to expand and support the health care services and educational programs we provide to the community. If you do not wish to be contacted as part of our fundraising efforts, please contact the Privacy and Security Officer at Spectra Health.
- **Food and Drug Administration (FDA):** We may disclose, to the FDA, health information relative to adverse events with respect to food, supplements, and product defects or post marketing surveillance information to enable product recalls, repairs or replacement.
- **Worker's Compensation:** We may disclose health information about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

- **Correctional Institution:** Should you be an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose to the institution, or agents thereof, health information necessary for your health and the health and safety of other individuals.
- **Military and Veterans:** If you are a member of the armed forces, we may disclose health information about you as required by military command.
- **Health Oversight Activities:** We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance of civil rights laws.
- **National Security Activities:** We may release health information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law. We may disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state.

## Changes to the Notice of Information Practices

We reserve the right to change this notice and our privacy policies. Any changes will apply to the health information which is currently in our possession. Should our information practices change, a copy of the updated notice will be displayed.

## Other Uses of Health Information

We will not disclose your health information without your written authorization, except as described in this notice. If you provide us with authorization to use or disclose health information about you, you may revoke that authorization in writing at any time. You understand that we are unable to take back any disclosures we have already made with your permission.

***Spectra Health is a Health Center Program Grantee under 42 U.S.C 254b, and  
a Deemed Public Health Service Employee and FTCA Deemed facility under 42 U.S.C 233 (g)-(n).***