



**Public Health**  
Prevent. Promote. Protect.

# NELSON-GRIGGS DISTRICT HEALTH UNIT (NGDHU)

116 Main Street • PO Box 365 • McVile, ND 58254  
Phone: 701-322-5624 • Fax: 701-322-5111  
Monday – Friday 8 a.m. to 4:30 p.m.

## Notice of Privacy Practices

### Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed by NGDHU and how you can get access to this information.  
**Please review it carefully.**

NGDHU is committed and required by law to maintain the privacy of your protected health information, to provide you with this notice of its duties and privacy practice and abide by the privacy policies that are currently in effect. "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. Any personal health information about you that is generated by this office or received from health care providers will be kept confidential to the full extent required by law. As permitted by law, NGDHU reserves the right to amend or modify our privacy policies and practices at any time. The new notice will be effective for all protected health information that we maintain at that time and upon your request, we will provide you with any revised Notice of Privacy Practices by mail or electronically. Notice of Privacy Practices can also be access on our website.

**Your Rights:** When it comes to your health information, you have certain rights. This section explains your rights and some of NGDHU's responsibilities to help you.

#### Get an electronic or paper copy of your medical records

- Upon written request, you have the right to access, to inspect, and copy your medical record, including 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. Fees, not to exceed ND Century Code 23-12-14, may apply.

#### Ask NGDHU to correct your medical record

- If you believe that information within your designated record set is incorrect or incomplete, you may request an amendment of health information for as long as we maintain this information. To request an amendment, you need to complete a Request for Amendment of Protected Health Information Medical Records form. This form can be obtained from NGDHU.
- 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.

#### Request confidential communications

- You have the right to request to receive confidential communication from NGDHU by alternative means or an alternative location. We will accommodate reasonable requests. You may request this by completing the Request for Confidential Communication of Protected Health Information form. The form can be obtained from NGDHU.

#### Ask NGDHU to limit what we use or share

- You have the right to request a restriction on your protected health information. You may ask us not to use or disclose any part of your protected health information for the purpose 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. We are not required to agree to the restriction. You may request a restriction by completing the Request of Restriction of Protected Health Information. This form can be obtained from NGDHU.

#### Get a list of those with whom we've shared information

- 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 for notifications purposes. You may request this accounting by completing the Request for Accounting of Disclosures form. This form can be obtained from NGDHU.

#### Get a copy of this privacy notice

- You have the right to obtain a paper copy of this notice from us, even if you have agreed to accept this notice electronically.

#### File a complaint if you feel your rights are violated

- If you want more information about our privacy practices or have questions or concerns, please contact NGDHU. If you are concerned that we may have violated your privacy rights or if you disagree with a decision we made about use or disclosure of your personal health information, you may contact the person listed below. You will not be penalized for filing a complaint. You also may submit a written complaint to the Secretary of the US Department of Health and Human Services, 200 Independence Avenue S.W., Room 515R HHH Bldg., Washington, D.C. 20201.
- If you would like to submit a comment or complaint about NGDHU privacy practices, you may do so by send a letter outlining your concerns to:

- **Privacy Officer:** Nelson-Griggs District Health Unit      Phone Number: 701.322.5624  
PO Box 365  
McVile, ND 58254

*Nelson-Griggs District Health Unit is committed to the vision of Healthy People in Healthy Communities.  
To achieve this vision, our mission is to prevent diseases, protect the environment and  
promote healthy behaviors.*

**Our Uses and Disclosures:** The following is how we, our business associates, and their subcontractors typically use or share your health information in the following ways that are permitted or required by law. The following are examples of the types of uses and disclosures of your protected health care information that the provider is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures.

**Treat you**

- We will use and disclose to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. This may also include family members and/or other caregivers you've identified.

**Seek payment from your health plan**

- We will use your health information to seek payment from your health plan, such as Medicare, Medicaid or other third-party payers.

**Healthcare operations**

- We may use or disclose, as needed, your protected health information in order to support our business activities. This may include employee performance evaluations. We may contact you to remind you of appointments or inform you of other health activities we provide.

**Other Uses:** We may use or disclose your protected health information in the following situations without your authorization or opportunity to object.

**Public Health**

- For public health purposes to public health authority or to a person who is at risk of contracting or spreading disease.

**Health Oversight**

- To a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.

**Abuse and Neglect**

- To an appropriate authority to report child abuse or neglect, if we believe that you have been a victim of abuse, neglect, or domestic violence.

**Food and Drug Administration**

- As required by the Food and Drug Administration to track products.

**Legal Proceedings**

- In the course of legal proceedings

**Law Enforcement**

- For the law enforcement purposes, such as pertaining to victims of a crime or to prevent a crime.

**Coroners, Funeral Directors, and Organ Donations**

- For the coroner, medical examiner, or funeral director to perform duties authorized by law and for organ donation purpose.

**Research**

- To researchers when their research has been approved by an Institutional Review Board of Privacy Board.

**Soldiers, Inmates, and National Security**

- To military supervisors of Armed Forces personnel or the custodians of inmates, as necessary. Preserving national security may also necessitate disclosure of protected health information.

**Workers' Compensation**

- To comply with workers' compensation laws.

**Compliance**

- To the Department of Health and Human Services to investigate our compliance.

**Written Authorization:**

Other uses and disclosures of your protected health information will be made only with written authorization, unless otherwise permitted or required by law as described above. You may revoke your written authorization, at any time, in writing.

**Opportunity to object:** We may use and disclose your protected health information in the following instances. You have the opportunity to object. If you are not present or able to object, then we may use professional judgement to determine whether the disclosure is in our best interest.

- Emergencies- in an emergency treatment situation, we will provide you a Notice of Privacy Practices as soon as reasonably practical after the delivery of treatment.
- Communication Barriers- We may use and disclose your protected health information if we have attempted to obtain acknowledgement from you of our Notice of Privacy Practices but have been unable to do so due to substantial communication barriers and we determine, using professional judgement, that you would agree.