NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND/OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ THIS INFORMATION CAREFULLY.

Our Responsibilities

Bismarck–Burleigh Public Health (BBPH) is required by law to:

- Maintain the privacy and security of your protected health information (PHI)
- Provide you with this Notice of Privacy Practices
- Follow the terms of the notice currently in effect
- Notify you if a breach occurs that compromises the privacy or security of your PHI

We may change this Notice at any time. Any changes will apply to all PHI we maintain. The most current Notice will be available at our offices and on our website. You may request a paper copy at any time.

How We May Use & Disclose Your Information (No Authorization Required)

For Treatment

We may use and share your PHI to provide, coordinate, or manage your health care and related services. This may include sharing information with other health care providers or agencies involved in your care.

For Payment

We may use and disclose your PHI to bill and collect payment for services. This may include sharing information with insurance companies, Medicaid, Medicare, or other payers.

For Health Care Operations

We may use your PHI to support our operations, including quality improvement, training, licensing, audits, and compliance activities. We may contact you about appointments, services, or health-related programs we offer.

As Required by Law

We may use or disclose your PHI when required to do so by federal, state, or local law.

For Public Health Activities

As a public health authority, we may share PHI to:
Prevent or control disease, injury, or disability
Conduct public health surveillance and investigations
Report adverse events or product defects
Notify individuals who may have been exposed to a communicable disease

Abuse, Neglect, or Domestic Violence

We may disclose PHI to appropriate authorities if required or permitted by law to report suspected abuse, neglect, or domestic violence.

Health Oversight Activities

We may disclose PHI to agencies responsible for oversight activities such as audits, inspections, investigations, or licensure.

Legal Proceedings and Law Enforcement

We may disclose PHI in response to court orders, subpoenas, or other lawful processes, or to law enforcement officials as permitted by law.

Coroners, Medical Examiners, Funeral Directors

We may disclose PHI to identify a deceased person, determine cause of death, or assist with funeral arrangements.

Serious Threats to Health or Safety

We may use or disclose PHI to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Workers' Compensation

We may disclose PHI as authorized by workers' compensation laws.

Research

We may disclose PHI for research purposes when approved by law.

North Dakota Health Information Network

BBPH participates in the North Dakota Health Information Network (NDHIN), which allows participating health care providers to securely share health information for treatment purposes. Participation helps improve care coordination and reduce duplication of services. You may choose to opt out of NDHIN participation at any time. Opting out will not affect your ability to receive services. Opt-out forms are available at our office or at www.ndhin.org.

Uses and Disclosures That Require Your Authorization

We will obtain your written authorization before using or disclosing your PHI for purposes not described in this Notice, including: marketing, sale of PHI, most uses of psychotherapy notes. You may revoke your authorization in writing at any time. This will stop future uses or disclosures, but it will not affect information already shared.

Your Rights

You have the right to:

Access Your Information

Request to inspect or receive a copy of your PHI in paper or electronic format. Fees may apply as allowed by law.

Request an Amendment

Ask us to correct or amend your PHI if you believe it is incorrect or incomplete.

Request Restrictions

Ask us to limit how we use or disclose your PHI. We are required to agree to certain restrictions if you pay for a service in full out-of-pocket and request the information not be shared with your health plan.

Request Confidential Communications

Ask us to communicate with you in a different way or at a different location.

Receive an Accounting of Disclosures

Request a list of certain disclosures of your PHI made by BBPH.

Receive a Paper Copy of This Notice

You may request a paper copy at any time, even if you agreed to receive it electronically.

Be Notified of a Breach

You will be notified if a breach occurs that compromises the privacy or security of your PHI.

Minimum Necessary

We limit the use, disclosure, and access to PHI to the minimum necessary to perform job duties or accomplish lawful purposes. Our workforce receives HIPAA training and signs confidentiality agreements.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with BBPH or with the U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint.

Contact:

Bismarck–Burleigh Public Health
Attention: Privacy Officer
407 S 26th St.
Bismarck, ND 58504
Phone: 701-355-1540
Email: bbph@bismarcknd.gov

U.S. Department of Health and Human Services Office for Civil Rights:
Website: www.hhs.gov/ocr/privacy/hipaa/complaints
Phone:1-800-368-1019