

Pinnacle Health Care  
2829 University Drive S Ste 204  
Fargo, ND 58103

## **NOTICE OF PRIVACY PRACTICES**

*Your information. Your Rights. Our Responsibilities*

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

### **Your Rights**

When it comes to your health information, you have certain rights. This section outlines them.

You may:

#### **Get an electronic or paper copy of your medical record**

- You can ask to see or get a paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### **Ask us to correct your medical record**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

#### **Request Confidential Communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests

#### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or healthcare item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

#### **Get a list of those with whom we’ve shared your information**

- You can ask us for a list (accounting) of the times we’ve shared your information, who we have shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### **Get a copy of this privacy notice**

- You can ask for a paper copy of this notice at any time, or download an electronic copy version through our website.

#### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

#### **File a complaint if you feel your rights have been violated**

- You can complain if you feel we have violated your rights by contacting us in writing.

- You can file a complaint with the U.S. Department of Health and Human Services Offices for Civil Rights by sending a letter to 200 Independence Ave S.W. in Washington, D.C. 20201, by calling 1-877-696-6775, or at [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

### **Your Choices**

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below talk with us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and the choice to tell us to:

- Share information with you family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious or imminent threat to health or safety.

### **Our Uses and Disclosures**

We typically use or share your health information in the following ways:

#### **Treat You**

We can use your health information to run our practice, improve your care, and contact you when necessary. For example, we use health information about you to manage your treatment and services.

#### **Bill for your services**

We can use and share your health information to bill and get payment from health plans or other entities. For example, we give information about you to your health insurance plan so it will pay for services.

#### **How else can we use or share your health information?**

We are allowed or required to share your information in other ways - usually in ways that contribute to the public good, such as public health or research. We have to meet conditions in the law before we can share your information for these purposes. For more information see

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

#### **Help with public health and safety issues**

In the following situations, we may share health information about you:

- Disease prevention or disease tracking
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

#### **Do research**

- We can use or share your information for health research

#### **Education**

- We can use or share your information in the process of educating students in the healthcare field

#### **Comply with the law**

We will share information about you if state or federal laws require it, including the Department of Health and Human services if it wants to see that we're complying with federal privacy law.

#### **Work with a medical examiner or funeral director**

We can share information with a coroner, medical examiner, or funeral director when an individual dies.

#### **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with law enforcement officials

- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

**Respond to lawsuits and legal actions**

We can share health information about you in response to court or administrative order, or in response to a subpoena.

**Our Responsibilities**

We are required by law to maintain the privacy and security of your protected health information.

We will let you know if a breach occurs that may have compromised the privacy or security of your information.

We must follow the duties and privacy practices described in this notice and provide you a copy of it at your request.

We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

I hereby acknowledge that I received and reviewed the Notice of Privacy Practices document from Pinnacle Health Care, PLLC, which sets forth the ways in which my personal protected health information may be used or disclosed and outlines my rights with respect to such information. I have been provided a copy to keep, if desired, and know that I may download an electronic version of the policy online or request a printed copy at any time. <sup>1</sup>

\_\_\_\_\_ Date \_\_\_\_\_  
 Patient, Parent, or Legal Guardian Signature

\_\_\_\_\_ Date of birth \_\_\_\_\_  
 Patient Name

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<sup>1</sup> Effective 06/21/2023 Please contact our office if you have any questions. Please note we never market or sell personal information. We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request from our office.