

## NOTICE OF PRIVACY PRACTICES

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

### **Our Responsibilities**

North Shore Health is required by law to maintain the privacy and security of your protected health information (PHI). We must provide you with this Notice of our legal duties and privacy practices and follow the terms of the Notice currently in effect.

Protected health information is information about you, including demographic information (such as your name, address, and phone number), that relates to your past, present, or future physical or mental health or condition and the health care services you receive, and that identifies you or could reasonably be used to identify you.

We reserve the right to change the terms of this Notice at any time. Any changes will apply to all PHI we maintain. The revised Notice will be available upon request, posted in our facilities, and posted on our website if we maintain one.

### **Your Rights**

You have the following rights regarding your protected health information. You may contact our staff or Privacy Officer with any questions.

#### **Right to Get a Copy of This Notice**

You have the right to receive a paper or electronic copy of this Notice of Privacy Practices at any time.

#### **Right to Access Your Health Information**

You have the right to inspect and obtain a copy of your medical record and other PHI we maintain about you. If your information is maintained electronically, you may request an electronic copy or ask us to send the information to another person or entity you choose.

We do not impose a fee for copies. In limited circumstances, we may deny your request. If access is denied, you may request a review of the denial.

#### **Right to Request an Amendment**

You may request that we correct or amend your PHI if you believe it is incorrect or incomplete. We may deny your request in certain circumstances, but we will explain the reason in writing.

#### **Right to Request Confidential Communications**

You have the right to ask us to contact you in a specific way (for example, only at home or work) or to send mail to a different address. We will accommodate all reasonable requests.

### **Right to Request Restrictions**

You may request that we restrict how we use or disclose your PHI for treatment, payment, or health care operations. We are not required to agree to most requests. However, if you pay for a service or item in full out of pocket, you have the right to request that we not share information about that service or item with your health plan, and we must honor that request unless disclosure is required by law.

### **Right to an Accounting of Disclosures**

You may request a list of certain disclosures of your PHI made by us, other than disclosures for treatment, payment, or health care operations. The request may cover up to six (6) years prior to the date of your request.

### **Right to Be Notified of a Breach**

You have the right to be notified if there is a breach of your unsecured PHI that requires notification under the law.

### **Right to File a Complaint and No Retaliation**

You have the right to complain if you believe your privacy rights have been violated. You may file a complaint with North Shore Health or directly with the U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint.

### **How We May Use and Disclose Your Information**

The following categories describe different ways we may use or disclose your PHI. Not every use or disclosure is listed.

#### **Treatment**

We may use and disclose your PHI to provide, coordinate, or manage your health care and related services. For example, we may share information with doctors, nurses, pharmacies, or other health care providers involved in your care.

#### **Payment**

We may use and disclose your PHI to bill for services and receive payment from health plans or other payers. This may include eligibility determinations, coverage reviews, and medical necessity reviews.

#### **Health Care Operations**

We may use and disclose your PHI to support our business activities, such as quality improvement, patient safety, training, licensing, auditing, legal services, and administrative activities.

### **Appointment Reminders and Health Information**

We may contact you to remind you of appointments, provide test results, or give you information about treatment options or other health-related benefits and services.

### **Individuals Involved in Your Care**

Unless you object, we may share your PHI with family members, friends, or others involved in your care or payment for your care. If you are unable to agree or object, we may use professional judgment to determine whether sharing information is in your best interest.

### **Health Information Exchange**

We may participate in a health information exchange or similar organization that allows health care providers to securely share health information for treatment, payment, and health care operations.

### **Other Uses and Disclosures Permitted or Required by Law**

We may use or disclose your PHI without your authorization for certain purposes, including as required by law; for public health activities; health oversight activities; reporting abuse, neglect, or domestic violence; Food and Drug Administration activities; research; to prevent or lessen a serious threat to health or safety; legal proceedings; law enforcement; coroners, medical examiners, and funeral directors; organ donation; workers' compensation; military and national security activities; correctional institutions; and for compliance with the U.S. Department of Health and Human Services.

### **Uses and Disclosures That Require Your Written Authorization**

We will obtain your written authorization before using or disclosing your PHI for:

- Most marketing purposes
- The sale of your PHI
- Most uses and disclosures of psychotherapy notes

You may revoke an authorization at any time in writing, except to the extent that action has already been taken in reliance on your authorization.

### **Who This Notice Applies To**

This Notice applies to North Shore Health and its workforce, including employees, medical staff, trainees, students, volunteers, and other personnel involved in your care.

### **Our Commitment to Your Privacy**

We understand that health information is personal. We are committed to protecting your privacy and complying with all applicable federal and Minnesota privacy laws. We have safeguards in place to protect your information and train our workforce on privacy and security obligations.

### **Privacy Complaints and Contact Information**

If you have questions about this Notice or wish to file a complaint, please contact:

Privacy Officer  
North Shore Health  
515 5th Avenue West  
Grand Marais, MN 55604

Or

Hospital Administrator  
515 5<sup>th</sup> Avenue West  
Grand Marais, MN 55604

We will not retaliate against you for filing a complaint.

You may also file a complaint with the U.S. Department of Health and Human Services.

Filing a complaint will not affect your care or result in retaliation.

Updated Date 9/26/2014, Effective Date 9/26/2014  
Updated Date 6/6/2020; Effective Date 6/6/2020  
Updated Date 1/16/2026; Effective Date 1/16/20226



North Shore  
HEALTH  
COOK COUNTY | MINNESOTA

515 W 5TH AVE  
GRAND MARAIS, MN 55604-3017  
(218) 387-3040

## RECEIPT OF PRIVACY NOTICE

I have received a copy of the *Notice of Privacy Practices* from

North Shore Health,  
515 5<sup>th</sup> Avenue West  
Grand Marais, MN 55604

Patients Name: \_\_\_\_\_

Representative's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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GRAND MARAIS, MN 55604-3017  
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