

# NOTICE OF PRIVACY PRACTICES

Formerly  Hospice of the Red River Valley



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.

## USE AND DISCLOSURE OF HEALTH INFORMATION

**HIA Hospice** may use your health information, information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996, for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. HIA Hospice has established policies to guard against unnecessary disclosure of your health information.

### THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED:

**To Provide Treatment.** HIA Hospice may use your health information to coordinate care within HIA Hospice and with others involved in your care, such as your attending physician, primary caregiver(s), members of the HIA Hospice interdisciplinary team and other health care professionals who have agreed to assist HIA Hospice in coordinating care. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. HIA Hospice also may disclose your health information to individuals outside of HIA Hospice involved in your care including family members, significant others as designated by you, clergy who you have designated, pharmacists, suppliers of medical equipment or other health care professionals.

**To Obtain Payment.** HIA Hospice may include your health information in invoices to collect payment from third parties for the care you receive from HIA Hospice. For example, HIA Hospice may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or HIA Hospice. HIA Hospice also may need to obtain prior approval from your insurer and may need to explain to the insurer your need for HIA Hospice care and the services that will be provided to you.

**To Conduct Health Care Operations.** HIA Hospice may use and disclose health information for its own operations in order to facilitate the function of HIA Hospice and as necessary to provide quality care to all of HIA Hospice's patients, including such activities as:

- Quality assessment and improvement;
- Activities designed to improve quality of life or reduce health care costs;
- Protocol development, case management and care coordination;
- Contacting health care providers and patients with information about treatment alternatives and other related functions that do not include treatment;
- Reminding you that you have an appointment for a home visit;
- Professional review and performance evaluation;
- Training programs including those in which students, trainees or practitioners in health care learn under supervision;
- Training of non-health care professionals;
- Accreditation, certification, licensing or credentialing activities;
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs;
- Business planning and development including cost management and planning-related analyses and formulary development;
- Business management and general administrative activities of HIA Hospice.

For example, HIA Hospice may use your health information to evaluate its staff performance, combine your health information with other HIA Hospice patients in evaluating how to more effectively serve all HIA Hospice patients, disclose your health information to HIA Hospice staff and contracted personnel for training purposes, or contact you as part of general community information.

**For Fundraising Activities.** HIA Hospice may use information about you including your name, address, phone number and the dates you received care in order to contact you or your family. If you don't want to be contacted (opt out), notify HIA Hospice.

### THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY ALSO BE USED AND DISCLOSED.

**When There Are Risks to Public Health.** HIA Hospice may disclose your health information for public activities and purposes in order to:

- Prevent or control disease, injury or disability, report disease, injury, vital events such as birth or death and the conduct of public health surveillance, investigations and interventions;
- Report adverse events, product defects, to track products or enable product recalls, repairs and replacements and to conduct post-marketing surveillance and compliance with requirements of the Federal Food and Drug Administration;
- Notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease;
- Notify an employer about an individual who is a member of the workforce, as legally required.

**To Coroners and Medical Examiners.** HIA Hospice may disclose your health information to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized by law.

For Minnesota patients: HIA Hospice will release your health information to coroners and medical examiners prior to and in reasonable anticipation of your death, as requested by those authorities. This will occur routinely unless you tell us you do not want your health information released to a coroner or medical examiner prior to your death.

**To Funeral Directors.** HIA Hospice may disclose your health information to funeral directors consistent with applicable law and if necessary, to carry out their duties with respect to your funeral arrangements. If necessary to carry out their duties, HIA Hospice may disclose your health information prior to and in reasonable anticipation of your death.

**For Organ, Eye or Tissue Donation.** HIA Hospice may use or disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue for the purpose of facilitating the donation and transplantation.

**For Research Purposes.** HIA Hospice may, under very select circumstances, use your health information for research. Before HIA Hospice discloses any of your health information for such research purposes, the project will be subject to an extensive approval process.

**When Legally Required.** HIA Hospice will disclose your health information when it is required to do so by any federal, state or local law.

**To Report Abuse, Neglect or Domestic Violence.** HIA Hospice is allowed to notify government authorities if HIA Hospice believes a patient is the victim of abuse, neglect or domestic violence. HIA Hospice will make this disclosure only when specifically required or authorized by law, or when the patient agrees to the disclosure.

**To Conduct Health Oversight Activities.** HIA Hospice may disclose your health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. HIA Hospice, however, may not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

**In Connection with Judicial and Administrative Proceedings.** HIA Hospice may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when HIA Hospice makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

**For Law Enforcement Purposes.** As permitted or required by state law, HIA Hospice may disclose your health information to a law enforcement official for certain law enforcement purposes as follows:

- For reporting of certain types of wounds or other physical injuries pursuant to the court order, warrant, subpoena or summons, or similar process;
- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person;
- Under certain limited circumstances when you are the victim of a crime;
- To a law enforcement official, if HIA Hospice has a suspicion that your death was the result of criminal conduct including criminal conduct at HIA Hospice;
- In an emergency in order to report a crime.

**In the Event of a Serious Threat to Health or Safety.** HIA Hospice may, consistent with applicable law and ethical standards of conduct, disclose your health information if HIA Hospice, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

**For Specified Government Functions.** In certain circumstances, the federal regulations authorize HIA Hospice to use or disclose your health information to facilitate specified government functions relating to military and veterans, national security and intelligence activities, protective services for the president and others, medical suitability determinations and inmates and law enforcement custody.

**For Worker's Compensation.** HIA Hospice may release your health information for workers' compensation or similar programs.

#### **AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION**

Other than is stated above, HIA Hospice will not disclose your health information other than with your written authorization. If you or your representative authorizes HIA Hospice to use or disclose your health information, you may revoke that authorization in writing at any time.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION THAT HIA HOSPICE MAINTAINS

**Right to Request Restrictions.** You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on HIA Hospice's disclosure of your health information to someone who is involved in your care or the payment of your care. However, HIA Hospice is not required to agree to your request, except with respect to treatment paid for out of pocket.

**Right to Receive Confidential Communications.** You have the right to request that HIA Hospice communicate with you in a certain way. For example, you may ask that HIA Hospice only conduct communications pertaining to your health information with you privately with no other family members present. If you wish to receive confidential communications, HIA Hospice will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.

**Right to Inspect and Copy Your Health Information.** You have the right to inspect and copy your health information, including billing records. If you request a copy of your health information, HIA Hospice may charge a reasonable fee for copying and assembling costs associated with your request.

**Right to Amend Health Care Information.** You or your representative have the right to request that HIA Hospice amend your records, if you believe that your health information is incorrect or incomplete. That request may be made as long as the health information is maintained by HIA Hospice. A request for an amendment of records must be made in writing. HIA Hospice may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if your health information records were not created by HIA Hospice, if the records you are requesting are not part of HIA Hospice records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy, or if, in the opinion of HIA Hospice, the records containing your health information are accurate and complete.

**Right to an Accounting of Disclosures.** You or your representative have the right to request an accounting of disclosures of your health information made by HIA Hospice for certain reasons, including reasons related to public purposes authorized by law and certain research. The request for an accounting must be made in writing and should specify the time period for the accounting starting on or after April 14, 2003. Accounting requests may not be made for periods of time in excess of six (6) years. HIA Hospice would provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

**Right to a Paper Copy of This Notice.** You or your representative have a right to a separate paper copy of this Notice at any time even if you or your representative have received this Notice previously. You or your representative may obtain a separate copy from the HIA Hospice privacy official or on the HIA Hospice website.

#### **DUTIES OF HIA HOSPICE**

HIA Hospice is required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of its duties and privacy practices. HIA Hospice will notify you if there is a breach that compromises the privacy or security of your protected health information as required by law. HIA Hospice is required to abide by the terms of this Notice as may be amended from time to time. HIA Hospice reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all health information that it maintains.

#### **COMPLAINTS**

You or your legal representative have the right to express complaints to HIA Hospice and to the Secretary of Health and Human Services, if you or your representative believe that your privacy rights have been violated. HIA Hospice encourages you to express any concerns you may have regarding the privacy of your health information. You will not be retaliated against in any way for filing a complaint.

#### **Notice of Privacy Practices Addendum**

Effective February 16, 2026

#### **Substance Use Disorder Treatment Information**

The HIA Health Notice of Privacy Practices ("Notice") describes how we may use or disclose your Protected Health Information (PHI). This federally required addendum relates to the confidentiality of medical records pertaining to substance use disorder ("SUD") treatment.

Some of your PHI may be part of a substance abuse disorder patient record and be subject to additional protections under federal law (42 C.F.R. Part 2) governing the confidentiality of SUD patient records.

If we receive or maintain any information about you from SUD treatment program that is covered by 42 C.F.R. Part 2 (a "Part 2 Program") through a general consent you provide to the Part 2 Program to use and disclose the SUD patient record for purposes of treatment, payment, or health care operations, we may use and disclose your SUD patient record for treatment, payment, and health care operations purposes as described in this Notice. If we receive or maintain your SUD patient record through specific consent you provide to us or another third-party, we will use and disclose your SUD patient record only as expressly permitted by you in your consent as provided to us.

In no event will we use or disclose your SUD patient record, or testimony that describes information contained in your SUD patient record, in any civil, criminal, administrative, or legislative proceedings by any federal, state, or local authority, against you, unless authorized by your consent or the order of a court after it provides you notice of the court order.

#### **HOW TO CONTACT HIA HOSPICE REGARDING USE AND DISCLOSURE OF YOUR HEALTH INFORMATION**

Issues related to these privacy practices should be directed to:

Privacy Official  
HIA Hospice  
3800 56th Ave. S.  
Fargo, ND 58104  
(701) 356-1500 or (800) 237-4629  
email at [privacy@hiahealth.org](mailto:privacy@hiahealth.org)

Privacy information is available on the HIA Hospice website [hiahospice.org](http://hiahospice.org)

4/14/2003 – revised 05/2026

Hospice of the Red River Valley, dba HIA Hospice (HIA Hospice).