



PATIENT RIGHTS AND RESPONSIBILITIES

As a patient of Dakota Gastroenterology Clinic, you have the following rights and responsibilities:

PATIENT BILL OF RIGHTS

You have the right to:

- Receive respectful treatment and the best care possible consistent with the mission and capabilities of Dakota Gastroenterology Clinic, and without being subjected to any discrimination.
- You have the right to receive care in a safe setting and be free of all forms of abuse or harassment.
- Obtain information about the services you will receive, including the names of your physician and the medical staff caring for you.
- Participate in decisions regarding your care and to refuse treatment.
- Have all communications and records pertaining to your care treated confidentially.
- Obtain information in advance about any medical research in which you might participate.
- Examine and receive an explanation of your bill and fees for specific services provided at Gastroenterology Clinic regardless of your source of payment.
- Receive information from your physician or his designee regarding your discharge and follow-up care and activities.
- Be informed of the grievance procedure.
- Have the right to contact the North Dakota Department of Health and Human Services to report dissatisfaction with care received at Dakota Gastroenterology Clinic.

PATIENT RESPONSIBILITIES

You have the responsibility to:

- Provide accurate and timely information about healthcare status, including medications and past medical history.
- Cooperate with your physician and the clinic staff by following policies and procedures as directed by asking questions if instructions are unclear and by informing clinic staff if you choose to refuse treatment.
- Be considerate of other patients in the clinic and to direct any accompanied persons to act in a similar manner.
- Promptly pay for services rendered consistent with your current health plan.
- Request a translator if you need one, which we will provide for you. If you have someone who can translate confidential medical and financial information for you, please make arrangements for them to accompany you to your appointments.



Complaints regarding this facility can be forwarded to:

Division of Health Facilities
1720 Burlington Dr Suite A
Bismarck, ND 58504-7736
Phone: 701-328-2352
Fax: 701-328-1890
Email: hfconcerns@nd.gov

Or through the website for the Office of Medicare Beneficiary Ombudsman:
<https://www.cms.gov/Center/Special-Topic/Ombudsman/Medicare-Beneficiary-Ombudsman-Home>

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.**

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record.

- You may ask to see or get an electronic or paper copy of your medical record and other health information we have about you.
- We will provide a copy or a summary 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 may ask us to correct health information about you that you think is incorrect or incomplete.
- We may deny your request, but we'll tell you why in writing within 60 days.

Request confidential communications.

- You may 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 comply with all reasonable requests.

Ask us to limit what we use or share.

- You may 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 deny it if we feel it affects your care.



- If you pay for a service or health care item out of pocket in full, you may ask us not to share that information for the purpose of payment or our operations with your health insurer. We will comply unless a law requires us to share that information.

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

- You may ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we 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 may ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

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 are violated.

You may complain if you feel we have violated your rights by contacting our medical director, Dr. Fadel Nammour:

- o By mail: 5049 33rd Ave S Fargo, ND 58104
- o By email: nammour@dakotagi.com
- o Or by phone: 701-356-1001

We will address your concern promptly and contact you personally by letter, email or phone to inform you of actions taken to address your complaint.

We will not retaliate against you for filing a complaint and will continue to provide you with the best and appropriate care.

You may file a complaint with the ND Department of Health by sending a letter to the director of health facilities:

- o By mail: 1720 Burlington Dr Suite A Bismarck, ND 58504-7736
- o By email: hfconcerns@nd.gov
- o Or by phone: 701-328-2352



You may file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights:

- o By mail: 200 Independence Avenue S.W., Washington, D.C. 20201
- o Online: <https://www.hhs.gov/conscience/complaints/index.html>
- o Or by phone: 1-877-368-1019

You may file a complaint with the Office of Medicare Beneficiary Ombudsman at the following website:

<https://www.cms.gov/Center/Special-Topic/Ombudsman/Medicare-Beneficiary-Ombudsman-Home>

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 we will follow your wishes as instructed.

You have both the right and choice to tell us to:

- Share information with your family, close friends or others involved in your care.
- Share information in a disaster relief situation.
- Include your information in a hospital directory.

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 and imminent threat to health or safety.

We never share your information unless you give us written permission for the following situations:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

Regarding fundraising:

- We can contact you for fundraising efforts, but you may tell us not to contact you again.

OUR USES AND DISCLOSURES

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

Treat You

We can use your health information and share it with other professionals who are treating you.



Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run Our Organization

We can use and share your health information to run our practice, improve your care and contact you when necessary. *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. *Example: We give information about you to your health insurance plan so it will pay for your 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 and research. We have to meet many 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.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- 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.

Comply with the Law

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

Respond to Organ and Tissue Donation Requests

We can share health information about you with organ procurement organizations.

Work with a Medical Examiner or Funeral Director

We can share health 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 a law enforcement official.
- With health oversight agencies for activities authorized by law.
- For special government functions such as military, national security and presidential protective service

Respond to law Lawsuits and Legal Actions

We can share health information about you in response to a 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 promptly 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 give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. You may change your mind at any time; notification must be made in writing if you change your mind.

For more information: [hhs.gov/conscience/complaints/filing-a-complaint/index.htm](https://www.hhs.gov/conscience/complaints/filing-a-complaint/index.htm)

Changes to the terms of this notice

We reserve the right to change the terms of this notice, and the changes will apply to all information we have about you as well as any information we receive in the future. The current notice will be available upon request in our office. This notice will be provided to you upon initial service delivery.