



# FAMILY HealthCare

Notice of Privacy Practices

Patient Bill of Rights & Responsibilities

*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.*

Effective: February 16, 2026

**Family HealthCare complies with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, or sex.**

Language Assistance: If you speak a language other than English, language assistance services are available at no cost. Call 701-271-3340.

## Your Rights as a Patient of Family HealthCare

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

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| <p><b>Get an electronic or paper copy of your medical record</b></p> | <ul style="list-style-type: none"> <li>• You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.</li> <li>• 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.</li> </ul>  |
| <p><b>Ask us to correct your medical record</b></p>                  | <ul style="list-style-type: none"> <li>• You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.</li> <li>• We may say "no" to your request, but we'll tell you why in writing within 60 days.</li> </ul>  |
| <p><b>Request confidential communications</b></p>                    | <ul style="list-style-type: none"> <li>• 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.</li> <li>• We will say "yes" to all reasonable requests.</li> </ul>  |
| <p><b>Ask us to limit what we use or share</b></p>                   | <ul style="list-style-type: none"> <li>• You can ask us not to use or share certain health information for treatment, payment, or our operations.</li> <li>• We are not required to agree to your request, and we may say "no" if it would affect your care.</li> <li>• If you pay for a service or health care 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.</li> <li>• We will say "yes" unless a law requires us to share that information</li> </ul>  |
| <p><b>Get a list of those with whom we've shared information</b></p> | <ul style="list-style-type: none"> <li>• You can 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.</li> <li>• 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.</li> </ul>   |
| <p><b>Get a copy of this privacy notice</b></p>                      | <ul style="list-style-type: none"> <li>• You can 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.</li> </ul>  |
| <p><b>Choose someone to act for you</b></p>                          | <ul style="list-style-type: none"> <li>• 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.</li> <li>• We will make sure the person has this authority and can act for you before we take any action.</li> </ul>  |
| <p><b>File a complaint if you feel your rights are violated</b></p>  | <ul style="list-style-type: none"> <li>• You can complain if you feel we have violated your rights by contacting the FHC Privacy Officer at 701-271-3340 or writing to: Family HealthCare, Attn: HIPAA Privacy Officer, 301 NP Avenue Fargo, ND 58102</li> <li>• You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696- 6775, or visiting <a href="http://www.hhs.gov/ocr/privacy/hipaa/complaints/">www.hhs.gov/ocr/privacy/hipaa/complaints/</a></li> <li>• We will not retaliate against you for filing a complaint.</li> </ul> |

## 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 to us. Tell us what you want us to do, and we will follow your instructions.

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| <b>In these cases, you have both the right and choice to tell us to:</b>                     | <ul style="list-style-type: none"> <li>• Share information with your family, close friends, or others involved in your care</li> <li>• Share information in a disaster relief situation</li> <li>• Include your information in a hospital directory</li> </ul> <p>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.</p> |
| <b>In these cases we never share your information unless you give us written permission:</b> | <ul style="list-style-type: none"> <li>• Marketing purposes</li> <li>• Sale of your information</li> <li>• Most sharing of psychotherapy notes</li> </ul>   |
| <b>In the case of fundraising:</b>   | <ul style="list-style-type: none"> <li>• We may contact you for fundraising efforts, but you can tell us not to contact you again.</li> </ul>   |

## Our Uses and Disclosures

### How do we typically use or share your health information?

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

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| <b>Treat you</b>                                 | <ul style="list-style-type: none"> <li>• We can use your health information and share it with other professionals who are treating you.</li> </ul> <p><b>Example:</b> A doctor treating you for an injury asks another doctor about your overall health condition.</p>  |
| <b>Run our organization</b>                      | <ul style="list-style-type: none"> <li>• We can use and share your health information to run our practice, improve your care, and contact you when necessary.</li> </ul> <p><b>Example:</b> We use health information about you to manage your treatment and services.</p>  |
| <b>Bill for your services</b>                    | <ul style="list-style-type: none"> <li>• We can use and share your health information to bill and get payment from health plans or other entities.</li> </ul> <p><b>Example:</b> We give information about you to your health insurance plan so it will pay for your services.</p>  |
| <b>Help with public health and safety issues</b> | <ul style="list-style-type: none"> <li>• We can share health information about you for certain situations such as:             <ul style="list-style-type: none"> <li>• Preventing disease</li> <li>• Helping with product recalls</li> <li>• Reporting adverse reactions to medications</li> <li>• Reporting suspected abuse, neglect, or domestic violence</li> </ul> </li> <li>• Preventing or reducing a serious threat to anyone’s health or safety</li> </ul> |
| <b>Do research</b>                               | <ul style="list-style-type: none"> <li>• We can use or share your information for health research.</li> </ul>   |

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| <b>Comply with the law</b>   | <ul style="list-style-type: none"> <li>• 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.</li> </ul>   |
| <b>Work with a medical examiner or funeral director</b>                              | <ul style="list-style-type: none"> <li>• We can share health information with a coroner, medical examiner, or funeral director when an individual dies.</li> </ul>  |
| <b>Address workers' compensation, law enforcement, and other government requests</b> | <ul style="list-style-type: none"> <li>• We can use or share health information about you: <ul style="list-style-type: none"> <li>• For workers' compensation claims</li> <li>• For law enforcement purposes or with a law enforcement official</li> <li>• With health oversight agencies for activities authorized by law</li> </ul> </li> <li>• For special government functions such as military, national security, and presidential protective services</li> </ul> |
| <b>Respond to lawsuits and legal actions</b>   | <ul style="list-style-type: none"> <li>• We can share health information about you in response to a court or administrative order, or in response to a subpoena.</li> </ul>   |
| <b>Disaster Relief</b>   | <ul style="list-style-type: none"> <li>• We may disclose your health information to disaster relief organizations that coordinate your care, or notify family and friends of your location or condition in a disaster.</li> </ul>   |

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

### Important Notice About Information Sharing

**IMPORTANT:** When we share your health information with others (such as your insurance provider, labs, or other healthcare providers), HIPAA privacy protections may no longer apply. This means they might be able to share your information again. We protect your information carefully while it's with us.

### STATE LAW PROTECTIONS

Family HealthCare operates in North Dakota and Minnesota. Both states have laws providing additional privacy protections beyond federal HIPAA, including:

- **Minor Consent:** In North Dakota, patients age 14+ may consent to STI and substance use treatment without parental involvement and control access to those records. In Minnesota, any minor may consent to services for pregnancy, STIs, and substance abuse; minors 16+ may consent to outpatient mental health services.
- **HIV/Bloodborne Testing:** North Dakota requires specific consent for HIV testing and disclosure of results.
- **Mental Health Records:** Both states provide additional protections for mental health and commitment records.
- **Minnesota Health Records Act:** Minnesota law requires written patient consent for release of health records except when specifically authorized by Minnesota law.

When state law provides greater privacy protection than federal HIPAA, we follow the more protective state law. Contact our Privacy Officer at 701-271-3340 with questions.

## **SUBSTANCE USE DISORDER RECORDS**

We understand that information about substance use is sensitive. When our providers treat substance use concerns as part of your primary care, this information is protected under HIPAA with the same privacy safeguards as all your other health information. We handle this information with care and respect your privacy.

## **REPRODUCTIVE HEALTH INFORMATION**

We protect your reproductive health care information with the same care and confidentiality as all other health information. This includes information about contraception, pregnancy, fertility services, and other care related to your reproductive system.

### **Questions/Concerns**

If you have questions and/or would like additional information regarding any rights included in this Notice of Privacy Practices and Patient's Bill of Rights, please get in touch with Family HealthCare's Privacy Officer by dialing 701-271-3340 or writing to:

Family HealthCare  
Attn: HIPAA Privacy Officer  
301 NP Avenue, Fargo, ND 58102

### **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. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information, see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### **Your Responsibilities**

- To provide complete information.
- To report changes in condition.
- To understand and follow your medical treatment plan.
- To keep appointments.
- To take responsibility for your own actions should you refuse treatment or not follow your health care provider's advice.
- To be considerate of the rights of other patients and health center personnel.
- To fulfill your financial obligation to the health center as promptly as possible.

### **What you can Expect as a Patient of Family HealthCare**

- To be informed about the care you will receive.
- To get important information about your care in your preferred language.
- To get information in a manner that meets your needs, if you have vision, speech, hearing, or mental disabilities.
- To decide on your care.
- To refuse care.
- To receive safe care.
- To have your pain addressed.
- To know when something goes wrong with your care.
- To be listened to.

- To not be treated differently because of age, physical or mental disability, race, ethnicity, socioeconomic status, sex, gender identity or expression, sexual orientation, religion, culture, or language.
- To be treated with courtesy and respect.
- To have a personal representative, also called an advocate, with you during your care. Your advocate is a family member or friend of your choice.

### **Changes to the Terms of This Notice**

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 at our office and on our website.

### **Zero Tolerance Statement**

Situations may arise when it is necessary to terminate the Patient/Provider (health center) relationship. A patient's repeated failure to comply with the rules of the health center, in addition to behaviors considered to be abuse, harassment, or violence, may lead to termination. Such behaviors include verbal attacks or coercion; repeated use of obscenities; name-calling; physical threats; hitting, spitting, or throwing objects; behavior that creates fear for one's immediate safety; use of a weapon; threat of or use of an explosive device; or illegal acts such as theft or forgery.