
This Notice Describes How Medical Information About You May Be Used And Disclosed And How You Can Get Access To This Information. Please Review This Notice Carefully. The Privacy Of Your Protected Health Information Is Important To Us.

WHAT'S INCLUDED IN THIS NOTICE

- ✓ Your Protected Health Information (PHI)
- ✓ How We Safeguard Your Protected Health Information
- ✓ Permitted Uses and Disclosures of Protected Health Information
- ✓ Your Rights Concerning Your Protected Health Information
- ✓ Questions and Answers

Your Protected Health Information

This *Notice of Privacy Practices* is directed to all consumers. It describes how we may collect, use and disclose your protected PHI, and your rights concerning your PHI. PHI includes:

- Medical Information
- Individually Identifiable Information, such as
 - ✓ Your Name
 - ✓ Your Address
 - ✓ Your Telephone Number
 - ✓ Your Consumer Number

We understand the sensitivity of privacy issues. We recognize that protecting the privacy and security of the PHI we obtain about you is an important responsibility.

We are required to maintain the privacy of your PHI and to provide you with this notice about our legal duties and privacy practices. We will abide by the privacy practices described in this notice.

- We reserve the right to change our privacy practices and the terms of this notice.
 - We will send a new notice to you prior to making a significant change in our privacy practices.
 - Any changes will apply to all information we have, including PHI created or received before we change this notice.
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Minnesota Patient Consent for Disclosure

For most disclosures of your health information we are required by State of Minnesota Laws to obtain a written consent from you, unless the disclosure is authorized by Law. This consent may be obtained at the beginning of your treatment, during the first delivery of health care service, or at a later point in your care, when the need arises to disclose your health information to others outside of our organization.

How We Safeguard Your Protected Health Information

We are committed to maintaining the security and confidentiality of the information we receive on your behalf. We maintain physical, electronic, and procedural safeguards that comply with Federal and State laws to protect information against unauthorized access and use.

The Privacy Officer, i.e., the Director of Human Resources, has the overall responsibility of implementing and enforcing policies and procedures to safeguard your protected health information against inappropriate access, use, and disclosure.

Permitted Uses and Disclosures of Protected Health Information

We use and disclose protected health information in a number of different ways. The following are a few examples of the uses and disclosures of your PHI that we are permitted by law to make without your authorization.

- Treatment** – We may use and disclose your PHI about you to provide, coordinate, or manage your health care and related services. This may include communicating with other health care providers regarding your treatment and coordinating and managing the delivery of health services with others.
- Payment** – We will use and disclose your medical information to others to bill for services provided to you. For example: a bill may be sent to a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis. Sharing information allows us to ask for payment before we provide the services.
- Health Care Operations** – We may use and disclose your PHI in performing business activities. For example: members of our maintenance task force or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case. This information will then be used in an effort to continually improve the quality and effectiveness of the service we provide.

We may also disclose your protected health information with third party “business associates” that perform payment or health care operations activities for us on your behalf. So that your health information is protected, we require the business associate to sign a contract ensuring their commitment to protect your PHI consistent with this notice and to appropriately safeguard your information. In addition, the law permits us to use or disclose your PHI in the following situations without authorization:

- Required By Law** – We may use and disclose your protected health information to the extent that we are required to do so by State and Federal law.
- Public Health** – We may use and disclose your protected health information to an authorized public health authority for purposes of public health activities. i.e., when exposed to a communicable disease.
- Abuse or Neglect** – We may make disclosures to government authorities concerning abuse, neglect or domestic violence.
- Health Oversight** – We may disclose your protected health information to a government agency authorized to oversee the healthcare system or government programs, including audits, investigations, inspections, and licensure activities.
- Legal Proceeding** – We may disclose your protected health information in the course of any legal proceeding, in response to an order of a court or administrative judge and, in certain cases, in response to a subpoena, discovery request, or other lawful process.
- Law Enforcement** – We may disclose your protected health information under limited circumstances to law enforcement officials, i.e., in response to a warrant or subpoena or for the purpose of identifying or locating a suspect, witness or missing persons or to provide information concerning victims of crimes.
- Coroners and Medical Examiners** – We may disclose your protected health information in certain circumstances.
- Research**– We may disclose your protected health information to researchers, provided that certain established measures are taken to protect your privacy.
- Threat to Health or Safety** – We may disclose your protected health information to the extent necessary to avert a serious and imminent threat to your health or safety or to the health or safety of others.

Any uses and disclosures not described in this notice will require your written authorization. If you give us an authorization, you may cancel it in writing at any time.

Your Rights Concerning Your Protected Health Information

We would like you to know that you have additional rights with respect to your protected health information

- Right to Request Restrictions** – You have the right to ask us to place restrictions on the way we use or disclose your PHI. Contact Human Resources for correct procedures on this process.
- Confidential Communications** – We will accommodate reasonable requests to communicate with you about your PHI through alternative means or to alternative locations, if requested in writing.
- Access to PHI** – You have the right to receive a copy of protected health information about you. You must make your request in writing to access copies of your records and provide us with the specific information we need to fulfill your request.
- Amendment of PHI** – You have the right to ask us to amend any PHI about you. All requests for amendments must be in writing. Contact Human Resources for the correct procedures on this process.
- Accounting of Certain Disclosures** – You have the right to have us provide you an accounting of times when we have disclosed your PHI for any purpose other the following: ✓ Treatment, payment, or health care operations as described in this notice; ✓ Disclosures that you or your personal representative have authorized; or ✓ Certain other disclosures, such as disclosures for national security purposes. All requests for an accounting must be in writing. We will require you to provide us with the specific information we need to fulfill your request.

“This accounting requirement applies for six years from the date of the disclosure, beginning with disclosures occurring after April 14, 2003.”

Questions and Answers

Q: Will you give my protected health information to my family or others?

- A:** We may share protected health information about you with a family member or another in two ways:
1. You are present, either in person or on the telephone, and give us permission to talk to the other person, or
 2. You sign an authorization form.

Q: Who should I contact to get more information or to get an additional copy of this notice?

A: For additional information, questions about this *Notice of Privacy Practices*, or if you want another copy, please call 763- 494-4553 or write: Mains'l Services, Inc. ATTN: Director of Human Resources at 6900 Wedgwood Road N., Suite 250, Maple Grove, MN 55311.

Q: What should I do if I believe my privacy rights have been violated?

A: If you think that we may have violated your privacy rights, or you disagree with a decision we made about access to your protected health information, you may either:

1. Call the Human Resources Department at 763-494-4553.
2. File a written complaint with Mains'l Services, Inc. ATTN: Director of Human Resources at 6900 Wedgwood Road N., Suite 250, Maple Grove, MN 55311. (Call to obtain a complaint form), or
3. Notify the Secretary of the U.S. Department of Health and Human Services (HHS). Send your complaint to:

Medical Privacy
Complaint Division Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC, 20201

We emphasize that we will not take retaliatory action against you if you file a complaint about our privacy practices either with us or HHS.