

# 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.**

## **We Are Required By Law To:**

- Make certain that medical information that identifies you is kept private and confidential.
- Provide you this notice of our legal duties and privacy practices with respect to medical information about you.
- Abide by our current Notice of Privacy Practices.
- Communicate any changes in the notice to you.

## **Who Will Follow This Notice:**

- All departments and units of this office practice.
- All employees, staff and other office personnel.
- All other entities, sites and locations where the health care professionals in this office practice and follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or operations purposes as described in this notice.
- Any volunteer we allow to help you while you are in the office.
- Any medical student, intern, resident or fellow that we allow to help you while you are in the office.
- Any representative of an insurance carrier, managed care organization, clinical research organization, data analysis organization, or quality improvement organization that is participating in a review of your medical care.

## **Uses and Disclosures for Treatment, Payment and Health Care Operations:**

- **Treatment:** We may use your information to provide, coordinate, and manage your care and treatment. For example, a Minnesota Gastroenterology, P.A. provider or one of their affiliates may share your protected information with another physician for a consultation. We will get your written consent prior to making disclosures outside Minnesota Gastroenterology, P.A. or one of their affiliates for treatment purposes, except in emergency circumstances when it is not possible to get your consent.
- **Payment:** We may use and disclose medical information about you so that the treatment and services you receive may be billed to, and payment may be collected from, you, an insurance company, or another third party. For example, we may need to give your health plan information about treatment you received at Minnesota Gastroenterology, P.A. or one of their affiliates so your health plan will pay us or reimburse you for the treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We will get written consent prior to making disclosures for payment purposes.
- **Health Care Operations:** We may use and disclose medical information about you for Minnesota Gastroenterology, P.A.'s or one of their affiliates health care operations. Health care operations are the uses and disclosures of information that are necessary to run Minnesota Gastroenterology, P.A. or one of their affiliates and to make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services, and to evaluate the performance of our staff and physicians in caring for you. We will get written

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consent before making disclosures to others outside Minnesota Gastroenterology, P.A. or one of their affiliates for health care operations purposes.

## We May Use and Disclose Health Information for the Following Reasons:

- ***Appointment Reminders and Other Health Information:*** We may use your medical information to send you reminders about future appointments. We may also contact you with information about new or alternative treatments or other health care services.
- ***To Avert a Serious Threat to Health or Safety:*** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure must be only to someone able to help prevent the threat. In addition, Minnesota law generally does not permit these disclosures unless we have your written consent to do so or when the disclosure is specifically required by law, including the limited circumstances in which Minnesota Gastroenterology, P.A. health care professionals and their affiliates have a “duty to warn.”
- ***To People Assisting in Your Care:*** Minnesota Gastroenterology, P.A. or one of their affiliates will only disclose medical information to those taking care of you, helping you pay for your bills, or other close family members or friends if these people need to know this information to help you, and then only to the extent permitted by law. We may, for example, provide limited medical information to allow a family member to pick up prescriptions for you. Generally, we will get your written consent prior to making disclosures about you to your family or friends. If you are unable to make your own health care decisions, Minnesota Gastroenterology, P.A. or one of their affiliates will ask permission before using your medical information for these purposes. If you are unable to make health care decisions, Minnesota Gastroenterology, P.A. or one of their affiliates will disclose relevant medical information to family members or other responsible people if we feel it is in your best interest to do so, including in an emergency situation.
- ***As Required by Law:*** We will disclose medical information about you when we are required to do so by federal, state, or local law.
- ***Research:*** Federal law permits Minnesota Gastroenterology, P.A. or one of their affiliates to use and disclose medical information about you for research purposes, either with your specific, written authorization or when the study has been reviewed for privacy protection by an Institutional Review Board or Privacy Board before the research begins. In some cases, researchers may be permitted to use information in a limited way to determine whether the study or the potential participants are appropriate. Minnesota law generally requires that we get your general consent before we disclose your health information to an outside researcher. We will make a good faith effort to obtain your consent or refusal to participate in any research study, as required by law, prior to releasing any identifiable information about you to outside researchers.
- ***To Business Associates:*** Some services are provided by or to Minnesota Gastroenterology, P.A. or one of their affiliates through contract with business associates. Examples include Minnesota Gastroenterology, P.A.’s or one of their affiliates attorneys, consultants, collection agencies, and accreditation organizations. We may disclose information about you to our business associate so that they can perform the job we have contracted with them to do. To protect the information that is disclosed, each business associate is required to sign an agreement to appropriately safeguard the information and not to re-disclose the information unless specifically permitted by law.
- ***Military and Veterans:*** If you are a member of the armed forces, we may release medical information about you as required by military command authorities if we are required to do so by law, or when we have your written consent. We may also release medical information about foreign military personnel to the appropriate foreign military authority as required by law, or with written consent.
- ***Organ and Tissue Donation:*** If you are an organ donor, we may release medical information to

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organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

- **Public Health:** We may disclose medical information about you for public health activities. These activities generally include the following:
  - To prevent or control disease, injury or disability
  - To report births and deaths
  - To report child abuse or neglect
  - To report reactions to medications or problems with products
  - To notify people of recalls of products they may be using
  - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
  - To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law
- **Worker's Compensation:** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Health Oversight Activities:** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **National Security and Intelligence Activities:** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Law Enforcement:** We may release medical information if asked to do so by a law enforcement official:
  - In response to a court order, subpoena, warrant, summons or similar process
  - To identify or locate a suspect, fugitive, material witness, or missing person
  - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement
  - About a death we believe may be the result of criminal conduct
  - About criminal conduct at the office or ambulatory surgery center
  - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime
- **Coroners, Medical Examiners and Funeral Directors:** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.
- **Protective Services for the President and Others:** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or conduct special investigations. We may use medical information about you to make decisions regarding your medical suitability for a security clearance or service abroad. We may also release your medical suitability determination to the officials in the Department of State who need access to that information for these purposes.
- **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional

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institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

## Uses and Disclosures with Your Authorization:

- **Uses and disclosures with your authorization:** Except as described above, Minnesota Gastroenterology, P.A., or one of their affiliates will not use or disclose your protected health information without your specific written authorization. For example psychotherapy notes, marketing communications and the sale of PHI are all unauthorized without your written authorization. If you provide us with written authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization, except to the extent we have already relied on your authorization. We are unable to take back any disclosures we have already made with your permission, and we are required to retain our records of the care that we provided to you.

## Your Rights Regarding Health Information:

- **Right to an Accounting of Disclosures:** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you.
  - To request this list or accounting of disclosures, you must submit your request in writing to Minnesota Gastroenterology, P.A. Attn: Privacy Officer, PO Box 14909 Minneapolis, MN 55414. Your request must state a time-period that may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to

withdraw or modify your request at that time before any costs are incurred.

- **Right to Notice of Breach:** Minnesota Gastroenterology, P.A. and their affiliates are required by law to notify affected individuals in the event there is a breach of unsecured protected health information.
- **Right to Inspect and Copy:** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records.
  - If you wish to inspect and copy your medical information, you must submit your request in writing to: Minnesota Gastroenterology, P.A.; Attn: Privacy Officer, PO Box 14909; Minneapolis, MN 55414.
  - If you request a copy of the information, we may charge a fee as permitted by state law for the costs of copying, mailing or other supplies associated with your request.
  - We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. We will comply with the outcome of the review.
- **Right to Request Amendment:** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is retained by our office.
  - To request an amendment, your request must be made in writing and submitted to: Minnesota Gastroenterology, Attn: Privacy Officer, PO Box 14909; Minneapolis, MN 55414. In addition, you must provide a reason that supports your request.
  - We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

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- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment
- Is not part of the medical information kept by or for the office
- Is not part of the information which you would be permitted to inspect and copy
- Is accurate and complete

- **Right to Request Confidential Communications:** You have the right to request confidential communications. For example, you can ask that we only contact you at work or by mail. You must make your request in writing to Minnesota Gastroenterology, P.A., Attn: Privacy Officer, PO Box 14909 Minneapolis, MN 55414. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to Request Restrictions:** You have the right to request a restriction on the protected information we use or disclose about you for treatment, payment or health care operations. For example, you could ask that we not use or disclose information about a surgery that you had. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. If you pay for the full amount of your treatment or product out-of-pocket, however, we will honor requests to restrict disclosures to health plans or insurers for payment or health care operations purposes unless required by law or used for treatment purposes.
  - To request restrictions, you must make your request in writing to Minnesota Gastroenterology, P.A. Attn: Privacy Officer, PO Box 14909 Minneapolis, MN 55414. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.
- **Right to a Paper Copy of This Notice:** You may ask us to give you a paper copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

- You may obtain a copy of this notice at our web site: [www.mngastro.com](http://www.mngastro.com)
- To obtain a paper copy of this notice, contact Minnesota Gastroenterology, P.A.:
  - Mail- Attn: Privacy Officer, PO Box 14909; Minneapolis, MN 55414
  - Phone- 612-871-1145, opt 2

## Questions and Complaints:

- **Complaints:** If you believe your privacy rights have been violated, you may file a complaint with our office, or with the Department of Health and Human Services. You will not be penalized for filing a complaint. All complaints must be submitted in writing.

### To File A Complaint With:

#### **Our Office:**

Minnesota Gastroenterology, P.A.  
Attn: Patient Advocate  
Box P.O. 14909  
Minneapolis, MN 55414

#### **Health & Human Services:**

US Department of Human Services  
Attn.: Office of Civil Rights  
200 Independence Ave. SW  
Washington, D.C. 20201

- **Questions and Additional Information:** If you have any questions or would like additional information regarding our privacy practices and specifically this notice please contact Health Information Management (HIM) at 612-871-1145, opt 2.

**Changes to This Notice:** We reserve the right to change this notice. This notice takes effect April 14, 2003 and it will remain in effect until we replace it. We reserve the right to make the revised or changed notice effective for all health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the office. This notice will be provided to you upon initial service delivery and annually thereafter.