



# 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 MNGI Digestive Health, P.A. provider may share your protected information with another physician for a consultation. We will get your written consent prior to making disclosures outside MNGI Digestive Health, P.A. 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 MNGI Digestive Health, P.A. 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 MNGI Digestive Health, P.A.'s health care operations. Health care operations are the uses and disclosures of information that are necessary to run MNGI Digestive Health, P.A. 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 consent before making disclosures to others outside MNGI Digestive Health, P.A. for health care operations purposes.

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

- **Appointment Reminders and Other Health Information.**
- **To Avert a Serious Threat to Health or Safety.**
- **To People Assisting in Your Care.**
- **As Required by Law.**
- **Research.**
- **To Business Associates.**
- **Military and Veterans.**
- **Organ and Tissue Donation.**
- **Public Health.**
- **Worker's Compensation.**
- **Health Oversight Activities.**
- **Lawsuits and Disputes.**
- **National Security and Intelligence Activities.**
- **Law Enforcement.**
- **Coroners, Medical Examiners and Funeral Directors.**
- **Protective Services for the President and Others.**
- **Inmates.**

## Uses and Disclosures with Your Authorization:

**Uses and disclosures with your authorization:** Except as described above, MNGI Digestive Health, P.A., 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.**
- **Right to Notice of Breach.**
- **Right to Inspect and Copy.**

- **Right to Request Amendment.**
- **Right to Request Confidential Communications.**
- **Right to Request Restrictions.**
- **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.mngi.com](http://www.mngi.com)
  - To obtain a paper copy of this notice, contact MNGI Digestive Health, 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:

MNGI Digestive Health, 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

## Organizations Covered by this Notice

- This Notice applies to the privacy practices of MNGI Digestive Health, P.A. and the health care providers and facilities listed below, and their related sites.

### MNGI Digestive Health, P.A.

- Bloomington Clinic
- Coon Rapids Clinic
- Eagan Clinic
- Lakeville Clinic
- Maple Grove Clinic
- NE Mpls Clinic
- Plymouth Clinic
- Vadnais Heights Clinic
- Woodbury Clinic

### Affiliated Endoscopy Centers, LLC

- dba: MNGI Endoscopy – Vadnais Heights
- dba: MNGI Endoscopy – Maple Grove

### MNGI Endoscopy ASC, Inc.

- dba: MNGI Endoscopy – Bloomington
- dba: MNGI Endoscopy – Coon Rapids
- dba: MNGI Endoscopy – Eagan
- dba: MNGI Endoscopy – Lakeville
- dba: MNGI Endoscopy – Plymouth
- dba: MNGI Endoscopy – NE Mpls
- dba: MNGI Endoscopy – Woodbury

**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.

**This poster represents a summary of the full Notice, which is also posted nearby for your information. Reviewed, Revised 6/2026**