



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

USES AND DISCLOSURES OF HEALTH INFORMATION

Treatment: Your health information may be used by staff members or disclosed to other health care professionals for purpose of evaluating your health, diagnosing medical or dental conditions, and providing treatment. For example, your physician may be contacted if we have questions about your medical history, or to provide them with information that we feel is relevant to your health. We might disclose your health information to a pharmacy when ordering a prescription for you. We may find it necessary to communicate with your physician or dentist via facsimile transmission (fax). This could result in inadvertent release of your private health information to unintended parties. We will make every effort to minimize such risk.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. For example, information on the services you received may be used in the training of staff to promote the quality of our services.

Release of Information to Family or Persons Involved In Your Care: Our practice may release your health information to family members involved in your care, or to those who assist in taking care of you. For example, our office may call your home to follow up on your progress following treatment. A family member who answers may indicate that you are not available. Using reasonable judgment, we may disclose information about your treatment or medications that have been prescribed for you. If you do not want us to discuss your treatment with your family or other persons with whom you live, then please request an additional restriction be placed on release of your personal health information. Your restriction must be specific and in writing. We may use or disclose health information to notify (including locating) a family member, your personal representative or another person responsible for your care, of your location and your general condition. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

Marketing Health-Related Services: We will not use your health information for marketing purposes. We will never sell your PHI for any reason. For either circumstance, your authorization would be required for such disclosure.

Required by Law: We may use or disclose your health information when we are required to do so by law.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

Your Authorization: Disclosure of your health information or its use for any purpose other than those listed above requires your specific authorization. You may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

INDIVIDUAL RIGHTS

Access: You have the right to look at or get copies of your health information, with limited exceptions. You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. If you prefer, we will prepare a summary or an explanation of your health information. We may charge you a reasonable cost-based fee for expenses such as copies and staff time.

Communications: You have the right to receive confidential communications concerning your treatment. For example, you may request that we call your home, rather than work (except in emergencies).

Disclosure Accounting: You have the right to receive an accounting of how and to whom your protected health information has been disclosed. Use of your health information as part of the routine patient care in our practice is not required to be documented. You have the right to notification of any breach of unsecured PHI.

Restrictions: If you choose to pay for services with cash rather than have us submit claims on your behalf to an insurance company, then you may restrict what information we are permitted to release to such companies. You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). In order to request a restriction you must make your request in writing to the Privacy Officer at our office.

Amendments: You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.

Complaints: If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to the address listed below.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made, you should bring the matter to our attention. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request. We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Address Requests/Complaints to:

District Square Bldg. | 622 Roosevelt Road, #180 | St. Cloud, MN 56301

Central Bank Bldg. | 750 Central Ave. E, #202 | St. Michael, MN 55376

Monticello Office | 9381 Cedar St. | Monticello, MN 55362

Willmar Office | 1100 19th Ave. SW, STE 2 | Willmar, MN 55376

Privacy Officer | 320-259-5078