

This notice describes how information about you may be used and disclosed and how you can get access to this information. This notice takes effect October 1, 2015 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by law, and to make new Notice provisions effective for all protected health information that we maintain. If we make a significant change in our privacy practice, we will change this Notice and post the new Notice clearly and prominently at our practice location, and we will provide copies of the new Notice upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

Your information

In this notice, when we use “your information” we’re referring to information that identifies you, as a current or former patient, and relates to your health or condition, your health care services, payment, or coverage for those services. It includes claims and coverage information, and health information, like diagnosis and services you received. It includes demographic information like your name, address, phone number and date of birth. It includes information that comes from you or results from you doing business with us.

Your Health Information Rights

When it comes to your information and privacy, you have important rights under state and federal law. This section explains those rights. Ask us about them and we’ll explain the process, including whether you need to put your request in writing.

You have the right to:

Get an electronic or paper copy of your information

- You can ask to see or get an electronic or paper copy of your information.
- We’ll provide a copy or a summary of your information as quickly as possible.
- If there are records we can’t share or if we limit access, we’ll help you understand why.

Ask us to correct your information

- You can ask us to correct your information if you tell us why you think it’s incorrect or incomplete.
- We may say “no” to your request, but we’ll tell you why in writing as quickly as possible. In that case, you can ask us to keep a copy of your disagreement (a written statement you provide to us) with your records. Ask us to limit what we use or share
- You can ask us not to use or share your information. We’ll always consider your request, but we may say no if it would affect our ability to provide care or service to you, or if we are unable to make the change in our systems.

Request confidential communications

- 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.
- We’ll do our best to meet your needs. We must agree to your request if you tell us that you would be in danger if we don’t.
- You can ask for a list (an “accounting”) of the times we’ve shared your information with outside organizations or individuals, who we shared it with, and why.
- We’ll include all the times we’ve shared your information, except for when it was about your treatment, payment for your treatment or health care operations, and certain other times we’ve released your information (such as if you asked us to share it and releases we’ve already told you about).

Get a copy of this notice

- You can ask for a paper copy of this notice at any time. We’ll provide it as soon as possible.

File a complaint if you feel your privacy rights have been violated

- You can complain directly to us if you feel we’ve violated your privacy rights by contacting us using the information on the last page of this notice.
- You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. Find contact information at hhs.gov/ocr/privacy/hipaa/complaints.
- We won’t act against you for making a complaint.

Your choices

In some situations, you have additional choices about how we use and share your information. If you have a preference in the situations described below, let us know. Tell us what you want us to do and we’ll follow your instructions while following the law.

You can tell us *not* to:

- Share your information with your family, close friends or others involved in your care or payment for your care.
 - Contact you to raise money to support our mission.
- Share your information with others for health research. (We can still use your information for our own research as long as we follow the law.)
- Share your information with market researchers that we contract with but are not affiliated with.

We must get your written permission *before* we:

- Use or share your information to market another organization’s products or services.
- Use or share your information to market our own products or services, if another organization is paying us to do it or if the products or services aren’t health-related.
- Sell or rent your information to another organization.

Our responsibilities

We protect your information because your privacy is important to us, and because it's the law.

- We must follow the responsibilities and privacy practices described in this notice.
- We must make this notice available to you when you become a member and must post it prominently at our practice location.
- We can change this notice, and the changes will apply to all information we have about you. If we make significant changes, we'll post the new notice prominently at our practice.
- We'll let you know quickly if a breach (unauthorized use or sharing) occurs that may have put the privacy of your information at risk.
- We won't use or share your information, except as covered in this notice, unless you tell us we can in writing. You may change your mind at any time. Let us know in writing if you change your mind.
- When the law requires us to get your permission in writing before we use or share your information, we'll do so.
- We safeguard your information. We allow access to your information by our staff and others, but only to the extent they need that information to provide you with treatment. We maintain physical, electronic and administrative safeguards designed to protect your information and prevent unauthorized access.

We typically use and share your information in the following ways:

- To treat you (treatment)

We may use and disclose your health information for your treatment. For example, we may disclose your health information to a specialist providing treatment to you.

Please note that we don't need your permission to share your information in a medical emergency if you can't give us permission due to your condition.

- To receive payment for services (payment)

We may use and disclose your health information to obtain reimbursement for the treatment and services you receive from us or another entity involved with your care. Payment activities include billing, collections, claims management, and determinations of eligibility and coverage to obtain payment from you, an insurance company, or another third party. For example, we may send claims to your dental health plan containing certain health information.

- To run our organization (health care operations)

We use and share your information to improve the quality of your care and experience, and to manage our operations. For example, healthcare operations include quality assessment and improvement activities, conduction training programs, and licensing activities.

- Individuals Involved in your Care or Payment for Your Care

We may disclose your health information to your family or friends or any other individual identified by you when they are involved in your care or the payment for your care. Additionally, we may disclose information about you to a patient representative. If a person has the authority by law to make health care decisions for you, we will treat that patient representative the same way we would treat you with respect to your health information.

How else do we use or share your information?

We're allowed or required to share your information in other ways that relate to public health and legal activities. We have to meet many conditions of the law before we can share your information for these purposes.

- Follow the law

We use or share your information if state or federal law requires it.

- Secretary of HHS

We will disclose your health information to the Secretary of the U.S. Department of Health and Human Services when required to investigate or determine compliance with HIPAA.

- Help with public health and safety issues

We share your information with public health authorities or other authorized agencies in certain situations such as to:

- Prevent disease
- Help with product recalls
- Report adverse reactions to medications
- Report suspected abuse, neglect, domestic violence or crimes in our care locations
- Prevent or reduce a serious threat to anyone's health or safety
- Help with health system oversight, such as audits or investigations

- Comply with special government functions such as military, national security, presidential protective services and disclosures to correctional facilities

- Work with a medical examiner or funeral director.

We share your information with a coroner, medical examiner or funeral director.

- Disaster Relief

We may use or disclose your health information to assist in disaster relief efforts.

- Handle workers' compensation

We use and share your information for your workers' compensation claims.

- Health Oversight Activities

We may disclose your health information to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and credentialing, as necessary for licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

- Respond to lawsuits and legal actions

We use and share your information for legal actions, or in response to a court or administrative order or other lawful process. We can share your information with authorized law enforcement officials.

- With your written permission
- Research

We may disclose your health information to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

- Fundraising

We may contact you to provide you with information about our sponsored activities, including fundraising programs, as permitted by applicable law. If you do not wish to receive such information from us, you may opt out of receiving the communications.

If we want to use or share your information in a way not covered in this notice, we're required to get your written permission first.

For more information, questions or complaints

If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or if you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by an alternative means or at alternative locations, you may complain to us by using the contact information listed at the end of this Notice. You may also submit a written complaint to the U.S. Department of Health and Human Services. Upon request we will provide you with the address to file your complaint.

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.

Our Privacy Official: Dr. Russell Peterson

Telephone: (320) 252-2454

Address: 816 West St. Germain Street, #101, St. Cloud, MN 56301

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