

NOTICE OF PRIVACY PRACTICES

Effective Date: December 1, 2014

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.

OUR PLEDGE REGARDING HEALTH INFORMATION

We understand that health information about you is personal. We are committed to protecting the privacy of your health information by complying with all applicable federal and state privacy and confidentiality laws.

We are required by law to maintain the privacy of your health information and to provide you with this notice about the ways in which we may use and disclose health information about you, our legal obligations and privacy practices, and your privacy rights. We also are required to notify you if there is a breach of your health information.

HEALTH INFORMATION COVERED BY THIS NOTICE

Personal health information or health information is information that we create or receive that identifies you and relates to your past, present or future physical or mental health or condition; the provision of health care to you; or the past, present, future payment for health care furnished to you.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures we explain what we mean and give an example. Not every use or disclosure in a category will be listed; however, all of the ways we are permitted to use and disclose information under federal law will fall within one of the categories. Except in certain limited cases such as in emergencies, Minnesota law requires we obtain your written consent prior to releasing your medical records to another party. Your written authorization also is required prior to any use or disclosure of your health information for marketing purposes or for any disclosure of your health information that is a sale of that information.

Treatment: We use your health information to give you medical treatment and coordinate your care. To treat you properly, we may need to share your health information with doctors, nurses, and other staff taking care of you at University of Minnesota Physicians. We will ask for your consent before sharing your health information with health care providers outside of University of Minnesota Physicians, unless it is an emergency or required by law.

Electronic Health Records/Health Information: University of Minnesota Physicians uses electronic health records that are maintained in secure systems. The electronic health record allow care providers within University of Minnesota Physicians and at non-University of Minnesota Physicians' facilities that use this same electronic health record to store, update and use your health information. They may do so as needed at the time you are seeking care, even if they work at different clinics and hospitals. We do this so it is easier for your providers to access your health information when you are seeking care and to better coordinate and improve the quality of your care. For example, if you are brought to the hospital in an emergency and cannot tell us what is wrong, we will be able to see your health records (if your doctor takes part in the common electronic health record). If you receive care from more than one provider who uses the common electronic health record, your health information will be combined into one record.

For Broadway Family Medicine Clinic, the electronic health record is maintained by North Memorial Medical Center. This electronic health record system includes Maple Grove Hospital and some non-North Memorial care providers.

For University of Minnesota Physicians Dental Clinics, the electronic health record is maintained by the University Of Minnesota Department Of Dentistry. This electronic health record system includes all University of Minnesota Dental School Dental Clinics.

For other University of Minnesota Physicians clinics, the electronic health record is maintained by Fairview Health Services. For a list of the health care providers that use this electronic health record, please go to www.fairview.org/medicalrecords.

For more information about the use of common health records you may also contact University of Minnesota Physicians Privacy Administration at the phone number or address listed at the end of this notice.

Payment: We may use and disclose health information about you in order to obtain payment for services. For example, we may provide your health plan with information about a surgery you received so your health plan will pay us or reimburse you for the clinic visit. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your health plan will cover the treatment.

Health Care Operations: We may use and disclose health information about you for health care operations. These uses and disclosures are necessary to operate our facility and make sure that all of our patients receive quality care. For example, we may use and disclose your health information to conduct quality assessment and improvement activities, to engage in care coordination or case management, or to manage our business. We may also disclose your health information for the health care operations of another provider or health plan under limited circumstances. In addition, because of our close relationship with the University of Minnesota and Fairview Health Services, we share certain health care operations, and in connection with these joint operations, we may disclose health information to these organizations.

Appointment Reminders: We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or health care.

Treatment Alternatives: We may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services: We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care: If we feel it is in your best interest, we will disclose health information to a family member, friend or others involved in your care if you are unable to agree due to your incapacity or emergency circumstances, or are not present. We may disclose information about you to a disaster relief organization if there is a disaster, so that your family can be notified.

Research: By performing research, we learn new or better ways to diagnose and treat illnesses. We may disclose your health information to internal researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information. We may permit access to your health information by internal researchers who are preparing to conduct research. In some cases, Minnesota law requires your consent prior to disclosures to external researchers.

If you disagree with the use of your information for research purposes, contact us at the phone number or address listed at the end of this notice.

Fundraising: University of Minnesota Physicians and the University of Minnesota may use and release some of your information to contact you about supporting its activities through donations. The information that may be used or released for this purpose is limited to the following: demographic information such as your name, age, gender, date of birth, and address and other contact information (phone number, email address); health insurance status; dates on which you received care; department from which you received care (e.g., cardiology); treating physician, and treatment outcome. These contacts may come through the University of Minnesota Foundation. You can choose not to be contacted for fundraising by following the "opt-out" instructions contained in the fundraising communication or contact University of Minnesota Physicians Privacy Administration at the phone number or address listed at the end of this notice.

Uses and Disclosures You Specifically Authorize: Other than described in this notice, uses and disclosures of your health information will be made only with your written authorization. You may revoke that authorization at any time for future uses and disclosures by submitting a written revocation that disallows the disclosure. However, we are unable to take back any disclosures we have already made with your permission. Without your written authorization, we may not use or disclose your health information for any reason except those described in this notice.

As Required By Law: We will disclose your health information when required to do so by federal, state, or local law.

SPECIAL SITUATIONS

We may use and disclose health information without an authorization:

- For public health activities as permitted or required by law. For example, to report disease exposures and statistics, births and deaths, abuse or neglect, reactions to medication and problems with products.
- To a health oversight agency for activities authorized by law. Examples of oversight activities include audits, investigations, inspections and licensing.
- For judicial or administrative proceedings, such as responding to a court order.
- For law enforcement purposes as permitted or required by law or in response to a search warrant or court order.
- To avoid a serious threat to your health or safety or the health and safety of the public or another person.
- To coroners, medical examiners and funeral directors in regard to a deceased person. This may be necessary for example, to identify a deceased person or determine the cause of death. We may disclose health information to funeral directors as allowed by law to enable them to carry out their duties.
- For organ procurement and to organ donation organizations to assist with organ or tissue donation and transplantation following applicable laws.
- For special government functions, such as disclosures to authorized federal officials for national security activities.
- For workers' compensation and similar programs for work-related injuries or illness.
- If you are a member of the armed forces, to appropriate military command authorities as required.
- If you are an inmate of a correctional institution or under the custody of a law enforcement official, to the correctional institution or law enforcement official as permitted by law, for example, as necessary for your health and safety and the health and safety of others.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

Your rights regarding your health information are explained in this section. To exercise any of these rights we may ask you to submit a request in writing. Forms to request any of the following are available at each practice location or may be obtained from University of Minnesota Physicians Privacy Administration at the phone number or address listed at the end of this notice. These forms contain the necessary information we need to process your request.

Access: You have the right to look at or get copies of your health information, with limited exceptions. If you request copies, we may charge you a fee to cover the costs of copying, mailing and other supplies. We may deny your request in very limited circumstances. If we deny your request, you may be entitled to a review of that denial.

Amendment: If you feel that your health information is wrong or something is missing, you have the right to request that we amend it. We may deny your request if we did not create the information you want amended or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be included in your records.

Accounting of Disclosures: You have the right to receive a list of disclosures we have made of your health information. This right does not apply to disclosures for treatment, payment, health care operations and certain other purposes. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee. Your request must state a time period which may not be longer than six years.

Restriction Requests: You have the right to request that we place restrictions on our use or disclosure of your health information for treatment, payment or health care operations. We may not be able to agree to all requests for restriction, but if we do, we will abide by our agreement (except in an emergency). Unless we are required by law to submit claims for services to your health plan, we will agree to restrict disclosures to your health plan for payment or health care operations if you pay in full at the time of service.

Confidential Communication: You have the right to request that we communicate with you in confidence about your health information by alternative means or to an alternative location. For example, you may ask that we contact you only at work or by mail. We will accommodate all reasonable requests.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice at any time even if you have agreed to receive this notice electronically. You may obtain a copy of this notice at our website, www.umphysicians.org. To obtain a paper copy of this notice, you may request a copy at any of our practice locations or contact University of Minnesota Physicians Privacy Administration at the phone number or address listed at the end of this notice.

Others Acting on Your Behalf: These rights may also be exercised by someone who has the legal right to act on your behalf.

WHO MUST FOLLOW THE TERMS OF THIS NOTICE

All of our employees, volunteers, and agents will comply with the terms of this notice. Furthermore, the University of Minnesota Physicians and the University of Minnesota jointly participate in the clinical instruction of medical students and engage in joint education and research activities. Consistent with such joint activities, University of Minnesota Physicians may share your health information with the University of Minnesota, and the University of Minnesota will be subject to the requirements contained in this notice with respect to such shared information.

If you receive services at a University of Minnesota Physicians facility from a health care provider who is not a University of Minnesota Physicians staff member, that health care provider will still be required to follow the terms of this notice with regard to those services.

CHANGES TO THIS NOTICE

We are required to abide by the terms of our Notice of Privacy Practices currently in effect. We reserve the right to change our privacy practices and the terms of this notice at any time, and to have those changes be effective for all information that we have, including health information we created or received before the effective date of the new notice. Except when required by law, any significant change in our privacy practices will not be implemented prior to the effective date of the new notice. We will post a copy of the current notice in each facility and on our website at www.umphysicians.org.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you want more information about our privacy practices, have questions, concerns, or believe that we may have violated your privacy rights, please contact:

University of Minnesota Physicians Privacy Administration
720 Washington Avenue SE, Suite 300
Minneapolis, MN 55414
612-884-0600
compliance@umphysicians.umn.edu

You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address upon request. We support your right to protect the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint.