

# We Care About Your Privacy

As we care for your health, we learn about you. Some of what we learn becomes part of your medical record and billing records. To protect your privacy, our organization follows certain rules about handling your health information. These rules and your health information rights are summarized on this page. The attached Notice of Privacy Practices (Notice) provides more detail about these rules.

## HOW WE USE AND DISCLOSE YOUR HEALTH INFORMATION

We use your health information to treat you, to facilitate payment for services, to perform our business and services, to inform you of helpful services and to meet government requirements. We may share this information with people involved in your care. We may also share limited information for fundraising and to conduct research to better serve you. And we may disclose information to law enforcement and certain government offices if there is a threat to public health or safety.

See the enclosed Notice for a complete list of ways we use and disclose health care information.

## YOUR HEALTH INFORMATION RIGHTS

We fully support your right to manage your health information. A summary of these rights appears below and the attached Notice reviews these rights in more detail.

- 1) In general, you can see your health information upon request.
- 2) You can request restrictions on who can see your health information.
- 3) You can request corrections to your health information.
- 4) You can request a list of certain disclosures we have made of your health information.
- 5) We must get your written permission to share health information for purposes other than those summarized in the box on the left side of the page. If you give us permission, you may withdraw it at any time.
- 6) You may ask questions about our privacy practices. If you disagree with any decision we make about your rights, you may contact us directly or contact the federal government, as provided in the attached document.

You may call or write us at any time with questions about your privacy rights. Please write to us at the address listed on page 4 of this sheet. Fulfilling some requests may result in a cost to you. We will let you know in advance which of these requests will be charged and the approximate amount of the charges.

*We are pleased you have chosen us as your health care provider, and we are committed to protecting your health information.*

# 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.

## Our Health Information Responsibilities

- We have a duty to protect the privacy of your health information and to give you this Notice.
- We have a duty to follow our current Notice of Privacy Practices.

“Health information” means information about your past or present health status, condition, diagnosis, treatment, prognosis, or payment for health care. (There are some exceptions.)

## Who Will Follow this Notice

This notice describes Allina Health’s practices and that of:

- all departments and units of Allina Health Providers
- all residents, medical students and other trainees affiliated with Allina Health
- all volunteers who may assist you while you receive services at Allina Health and
- all employees, staff and other Allina Health workers.

## Your Health Information Rights

**Restrictions on Use or Disclosure.** This Notice describes some restrictions on how we can use and disclose your health information. You may ask us for extra limits on how we use or to whom we disclose the information. You need to make such a request in writing. If you request that information about a service not be sent to your insurer and pay for the service in full we will agree to this restriction. We are not required to agree to other requests. If we do agree, we will follow the restriction except:

- in an emergency where the information is needed for your treatment
- if you give us written permission to use or disclose your information
- if you decide or we decide to end the restriction, or
- as otherwise required by law.

If you restrict us from providing information to your insurer, you also need to explain how you will pay for your treatments and you will be responsible for arranging for payment of the bills.

**Alternative Communication.** Normally, we will communicate with you at the address and phone number you give us. You may ask us to communicate with you in other ways or at another location. We will agree to your request if it is reasonable.

**Patient Access.** You may request to look at or get copies of your health information. If you request a copy of your electronic health record or other health information we keep electronically we will provide it in an electronic format upon your request. You need to make your request in writing. If you ask for copies, we may charge photocopying fees, the cost of making copies of x-rays or other images, and postage if the copies are mailed. If you ask for another format we can provide, we may charge a reasonable fee based on our costs. If your request is denied, we will send the denial in writing. This will include the reason and describe any rights you may have to a review of the denial.

**Amendment.** You may ask us to change certain health information. You need to make such a request in writing. You must explain why the information should be changed. If we accept your change, we will try to inform prior recipients (including people you list in writing) of the change. We will include the changes in future releases of your health information. If your request is denied, we will send the denial in writing. This denial will include the reason and describe any steps you may take in response.

**Disclosure List.** You may receive a list of disclosures of your health information – with some exceptions – made by us or our business associates. The list does not include:

- disclosures made for treatment, payment or health care operations (this term is defined in the next section)
- disclosures made before April 14, 2003, and
- other disclosures as allowed by law.

You need to make your request in writing. If you ask for a list more than once in a 12-month period, we may charge you a fee for each extra list. You may withdraw or change your request to reduce or eliminate the charge.

**Paper Copy of Notice.** You may receive a paper copy of our current Notice of Privacy Practices.

## Uses and Disclosures of Health Information

To provide you the best quality care, we need to use and disclose health information. We safeguard your health information whenever we use or disclose it. We follow our notice of privacy practices and the law when we use and disclose health information. We may use and disclose your health information as follows:

**Treatment, Payment and Health Care Operations.** We may use and disclose your health information for:

- treatment (includes working with another provider)
- payment (such as billing for services provided), and
- our health care operations. These are non-treatment and non-payment activities that let us run our business or provide services. These include quality assessment and improvement, care management, reviewing the competence or qualifications of health professionals, and conducting training programs.

**Medical Emergency.** We may use or disclose your health information to help you in a medical emergency.

**Appointment Reminders and Treatment Alternatives.** We may send you appointment reminders, or tell you about treatments and health-related benefits or services that you may find helpful.

**Patient Information Directory.** We may disclose the following information to people who ask about you by name:

- location in the facility
- general condition
- religious affiliation (given only to clergy).

You may choose not to have us disclose some or all of this information. For example, if you do not want us to tell people your location, we will agree to your instructions. (In some cases, such as medical emergencies, we may not get your instructions until you can communicate with us.)

**People Involved in Your Care.** We may disclose limited health information to people involved in your care (for example, a family member or emergency contact) or to help plan your care. If you do not want this information given out, you can request that it not be shared. If appropriate, we may allow another person to pick up your prescriptions, medical supplies or X-rays.

**Foundations/Fundraising.** We may contact you or have our foundations contact you about fundraising programs and events. We will use or disclose only your name, how to contact you, demographic information, the dates we served you and other limited information about your care and services you received and the dates we served you. We may disclose this information to companies that help us with our fundraising programs. You have the right to opt out of fundraising communications.

**Research.** We may use or share your health information for research purposes as allowed by law or if you have given permission.

**Death; Organ Donation.** We may disclose certain health information about a deceased person to the next of kin. We may also disclose this information to a funeral director, coroner, medical examiner, law enforcement official or organ donation agency.

**Health Care Workplace Medical Surveillance/Injury/Illness.** If your employer is a health care provider, we may share health information required by state or federal law:

- for workplace medical surveillance activities, or
- about work-related illness or injury.

**Law Enforcement.** We may disclose certain health information to law enforcement. This could be:

- about a missing child, or
- when there may have been a crime at the facility, or
- when there is a serious threat to the health or safety of another person or people.

**Correctional Facility.** We may disclose the health information of an inmate or other person in custody to law enforcement or a correctional institution.

**Abuse, Neglect or Threat.** We may disclose health information to the proper authorities about possible abuse or neglect of a child or a vulnerable adult. If there is a serious threat to a person's health or safety, we may disclose information to the person or to law enforcement.

**Food and Drug Administration (FDA) Regulation.** We may disclose health information to entities regulated by the FDA to measure the quality, safety and effectiveness of their products.

**Military Authorities/National Security.** We may disclose health information to authorized people from the U.S. military, foreign military and U.S. national security or protective services.

**Public Health Risks.** We may disclose health information about you for public health purposes, such as:

- reporting and controlling disease (such as cancer or tuberculosis), injury or disability
- reporting vital events such as births and deaths
- reporting adverse events or surveillance related to food, medications or problems with health products
- notifying persons of recalls, repairs or replacements of products they may be using, or
- notifying a person who may have been exposed to a disease or may be at risk for catching or spreading a disease or condition.

**Health Oversight Activities.** We may disclose health information to government, licensing, auditing and accrediting agencies for actions allowed or required by law.

**Required by Other Laws.** We may use or disclose health information as required by other laws. For example:

- we may disclose health information to the U.S. Department of Health and Human Services during an investigation.
- we may disclose health information under workers' compensation or similar laws.
- we may disclose health information:
  - to social services and other agencies or people allowed to receive information about certain injuries or health conditions

- for social service, health or law enforcement reasons
- about an unemancipated minor or a person who has a legal guardian or conservator regarding a pending abortion
- about an emancipated minor or a minor receiving confidential services to prevent a serious threat to the health of the minor.

**Notice.** We are required to promptly notify you of a breach to your health information.

**Legal Process.** We may disclose health information in response to a state or federal court order, legal orders, subpoenas or other legal documents.

**Health Records under State Law.** Release of health records (such as medical charts or X-rays) by licensed Minnesota providers usually requires the signed permission of a patient or the patient’s legal representative. Exceptions include you having a medical emergency, you seeing a related provider for current treatment, and other releases required or allowed by law.

**With Your Authorization**

**Your Authorization.** We may use or disclose health information only with your written permission, except as described above. If you give written permission, you may withdraw it at any time by notifying us in writing. A form to revoke your permission is available from the Allina Health facility where you received services, or by contacting us. Your permission will end when we receive the signed form or when we have acted on your request.

**Questions and Complaints**

If you have questions about our privacy practices, please contact us:

For release of information questions (re: copy fees and release of records) contact 612-262-2300.

If you think your privacy rights have been violated, or if you disagree with a decision about any of your rights, you may file a complaint with us by contacting 612-262-4900 or submit your complaint in writing and mail to the following address:

Allina Health  
P.O. Box 43  
Minneapolis, MN 55440-0043

You also may send a written complaint to the U.S. Department of Health and Human Services – Office of Civil Rights (OCR). We will give you the address to file a complaint upon request. Please know you will not be penalized for filing a complaint. If you have any questions or concerns about our privacy practices and specifically this notice please contact Health Information Management at 612-863-3664.

**Organizations Covered by this Notice**

This Notice applies to the privacy practices of the Allina Health providers and facilities listed below, and their related sites. These businesses are part of an organized health care system. We may share health information within our system for treatment, payment or health care operations.

- Abbott Northwestern Hospital
- Abbott Northwestern – WestHealth
- Allina Health Home Care Services
- Allina Health Emergency Medical Services
- Allina Health clinics
- Allina Health Pharmacy
- Allina Medical Clinic
- Allina Health Laboratory
- Minneapolis Cardiology Associates
- Buffalo Hospital
- Cambridge Medical Center
- Cardiovascular Surgeons of St. Paul
- Courage Kenny Rehabilitation Institute
- Crosby Cardiovascular Services
- Mercy Hospital
- Metro Cardiology
- Metropolitan Heart & Vascular Institute
- New Ulm Medical Center
- Owatonna Hospital
- Phillips Eye Institute
- Quello Clinic, Ltd.
- St. Francis Regional Medical Center
- Southwest Surgical Center**
- United Heart & Vascular
- United Hospital
- United Neurosurgical Associates
- United OB GYN Associates
- Unity Hospital

River Falls Area Hospital, also part of the organized health care system, uses a different Notice because it is located in Wisconsin.

This Notice takes effect April 14, 2003. It will remain in effect until we replace it. We may change the terms of this Notice and make the new terms applicable for all health information we have. This includes health information we created or received before we made the changes to our Notice. We will make any revised Notice available in hard copy and display it in our facilities and on our web site. Also, you can request the revised Notice in person or by mail.