

# 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.
- We will abide by the terms of the Notice. We reserve the right to make changes to this Notice as permitted by law. We reserve the right to make the new Notice provisions effective for all health information we currently maintain, as well as any health information we receive in the future. If we make material or important changes to our privacy practices, we will promptly revise our Notice. Each version of the Notice will have an effective date listed. If we change this Notice, you can access the revised Notice on our website at [allinahealth.org](http://allinahealth.org).

## Who Will Follow this Notice

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

- all providers, departments, and units of Allina Health
- all residents, medical students and other trainees affiliated with Allina Health
- all employees, volunteers, staff and other Allina Health workers, and
- other independent health care providers that deliver care to patients at Allina Health facilities (such as physicians, physician assistants, therapists, and other health care providers not employed by Allina Health), unless these other health care providers give you their own notice of privacy practices that describes how they will protect your health information.

## 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 ask for the restriction in writing. If you ask that information about a service not be sent to your insurer, and pay for the service in

full, we will agree to this restriction. 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. We are not required to agree to other restrictions. 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 the restricted information
- if you decide or we decide to end the restriction, or
- as otherwise required by law.

**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 and direct a copy of your health information to another person/third party designated by you. You need to make your request in writing. If you request a copy of your health information we keep electronically we will provide it in an electronic format upon your request. We may charge you a fee as authorized by law to meet your request. Most patients may inspect and receive a copy of the full medical record. On rare occasions, we may deny a request to inspect and receive a copy of some information in the medical record. For example, this may happen if, in the professional judgment of a patient's physician, the release of the information would be reasonably likely to endanger the life or physical safety of the patient or another person. If a 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 that you think is wrong or missing. You need to make the request in writing and explain why the information

should be changed. 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), and
- other disclosures as allowed by law.

You need to make your request in writing. Your request must state a time period which may not go back further than six (6) years. 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 cancel or change your request to reduce or eliminate the charge.

**Paper Copy of Notice.** A paper copy of this notice will be provided upon request even if you previously agreed to receive this notice electronically.

### **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 this 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).
- Health care operations. These are non-treatment and non-payment activities that let us run our business or provide services. Examples of health care operations include quality assessment and improvement, care management, reviewing the competence or qualifications of health professionals, and conducting training programs.
- Health care operations of a receiving covered entity. We may also disclose your health information to another health care provider who either has or had treated you, or to your insurance company, if such information is needed for certain health care operations of the health care provider or insurance company, such as quality improvement activities, evaluations of health care professionals, and state and federal regulatory reviews.

**Disclosures to Business Associates.** We may contract with other organizations to provide services on our behalf. In these cases, we will enter into an agreement with the organization explicitly outlining the requirements associated with the protection, use, and disclosure of your protected health information.

**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, test results, or tell you about treatments and health-related benefits or services that you may find helpful. Our communication to you may be by telephone, cell phone, e-mail, patient portal or by mail.

**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. We also 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. We may disclose this information to companies that help us with our fundraising programs. You have the right to opt out of fundraising communications. You have the right to opt out of fundraising by contacting Philanthropy at: [communications.philanthropy@allina.com](mailto:communications.philanthropy@allina.com) or 612-262-0635.

**Research.** We may use or share your health information for research purposes as allowed by law or if you have given permission. You may ask us how to contact a researcher who received your health information for research purposes and the date on which it was disclosed.

**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.
- to the U.S. Department of Health and Human Services during an investigation.

**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 our 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 that 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.

**Immunization Records.** We may disclose your immunization records to the Minnesota Immunization Information Connection or Wisconsin Immunization Registry.

**Public Health.** 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.

**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:

- under workers' compensation or similar laws.
- 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.

**Information with additional protections.** Certain types of health information may have additional protection under federal or state law. For example, federally assisted alcohol and drug abuse programs are subject to certain special restrictions on the use and disclosure of alcohol and drug treatment information. To the extent applicable, Allina Health would need to get your written permission before disclosing that information to others in many circumstances. Listed below are state law resources:

Minnesota Health Care Records Act at <https://www.revisor.mn.gov/statutes/cite/144.291>

Wisconsin Confidentiality of Patient Health Care Records at <https://docs.legis.wisconsin.gov/statutes/statutes/146/82> and [146.82https://docs.legis.wisconsin.gov/statutes/statutes/252/15](https://docs.legis.wisconsin.gov/statutes/statutes/252/15)

**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.

### **With Your Authorization**

We may use or disclose health information only with your written permission, except as described above. Most uses and disclosures of psychotherapy notes (special notes kept by mental health providers for only their own use when treating a patient), of health information for marketing purposes, and for the sale of health information require written authorization. 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 and have acted on your request. However, your decision to revoke the authorization will not affect or undo any use or disclosure of your health information that occurred before you notified us of your decision, or any actions that we have taken based upon your authorization

### **Questions and Complaints**

If you have questions about our privacy practices, think your privacy rights have been violated, or if you disagree with a decision about any of your rights, you may file a complaint by calling Allina Health Compliance at 1-800-472-9301 or submitting a complaint in writing to the following address:

**Allina Health Compliance**  
**Mail route 10811**  
**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 for 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.

For release of information questions, such as copy fees and release of records, contact Health Information/Release of Information at 612-262-2300.

If you have any questions or concerns about our privacy practices and specifically this notice, please contact Allina Health Compliance at 1-800-472-9301 or by email at [PrivacySupport@allina.com](mailto:PrivacySupport@allina.com).

### **Organizations Covered by this Notice**

This Notice applies to the privacy practices of the Allina Health providers and facilities and their related sites. These facilities may be part of an Organized Health Care Arrangement. For a list of the Organizations covered by this notice go our website or request a list by contacting Allina Health Compliance at 1-800-472-9301.

Effective Date: April 14, 2003  
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