

Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

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.

Your Rights

You have certain rights about your health information.

This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

You may ask to see or get an electronic or paper copy of your medical record and other health information we have about you. We may charge a fee for some requests. In very limited cases we may deny the request. If we deny the request you may request a review of our decision.

Ask us to correct your medical record

You may ask us to correct health information about you that you think is incorrect or incomplete. We may say "no" to your request, but we'll give you a written statement explaining our decision.

Request confidential communications

You may ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

You may ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.

If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information with your health insurer for the purpose of payment or operations. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

You may ask for a list of the times we've shared your health information, with whom we shared it, and why. You may ask for a specific time period to be covered by the list, but we will not provide any information that goes back more than 6 years before your request. The list will not include any sharing done at your request or for treatment, payment, health care operations or certain other cases. We'll provide one list for free but will charge a fee if you ask for another list within 12 months. To get a list send a written request to the address at the end of this notice.

File a complaint if you feel your rights are violated

You may complain if you feel we have violated your rights. You may use the contact information at the end of this notice to make your complaint.

You may also contact the U.S. Department of Health and Human Services to complain.

We will not retaliate against you for any complaints you make.

Get a copy of this privacy notice

You may ask for a paper copy of this notice at any time, even if you have agreed to receive it electronically. You may request a paper copy at any of our practice locations, or you may send a written request to the address at the end of this notice.

Our Responsibilities

We have responsibilities for your health information.

- › We are required by law to maintain the privacy and security of your protected health information, and notify you if there is a breach of your unsecured health information.
- › We must follow the duties and privacy practices described in this notice and give you a copy of it.
- › We will not use or share your information other than as described in this notice unless you give us permission. Unless we have already taken action on your permission, you may take back or revoke your permission at any time by writing to us using the contact information at the end of this notice.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

We may use your health information to treat you, but Minnesota law requires us to get your consent before we may share your information with health care professionals at other clinics who are treating you.

EXAMPLE: A doctor treating you for an injury at another clinic asks us about your medical history. Minnesota law requires us to get your written consent before we may share this information.

Run our organization

We may use and share your health information to run our practice, improve your care, and contact you when necessary. We may share your information with business partners called "business associates" who help us to run and manage our operations.

EXAMPLE: We use health information about you to manage your treatment and services.

Bill for your services

We are required by Minnesota law to get your consent before we may use and share your health information to bill and get payment from health plans or other entities for your treatment.

EXAMPLE: Your health plan contacts us about payment for services. Minnesota law requires us to get your consent before we may give any of your information to your health plan so it can pay for services we provide you.

How else do we use or share your health information?

We are allowed, and sometimes required, to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

Help with public health and safety issues

We may share health information about you for certain situations such as preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, preventing or reducing a serious threat to anyone's health or safety, or to lessen a serious and imminent threat to health or safety in general

Do research

We may use your information for our health research and may share your information with outside researchers if you do not object.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to make sure we're complying with federal privacy law.

Respond to donation requests

We may share health information about you with organ and tissue procurement organizations.

Work with a coroner

We may share health information with a coroner or medical examiner when an individual dies.

Respond to lawsuits and legal actions

We may share health information about you in response to a court or administrative order, subpoena, discovery request or other legal process.

Address workers' compensation, law enforcement, and other government requests

We may use or share health information about you:

- › For workers' compensation claims
- › For law enforcement purposes or with a law enforcement official as required by law
- › With health oversight agencies for activities authorized by law
- › For special government functions such as military, national security, and presidential protective services as required by law

Your Choices

For some health information, you may make choices about what we share.

Let us know if you have a preference for how we share your information in the situations below, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

Share information with your family, close friends, or others involved in your care.

Share information in a disaster relief situation.

If you are not able to tell us your preference, for example if you are unconscious, we may decide to share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission or we meet certain specific conditions:

Marketing purposes

Without your consent, the only time we may use or share your information for marketing purposes is when it is specifically permitted under the law, such as interacting with you face to face or providing you a token gift.

Sale of your information

Without your consent, the only time we may use or share your information in a sales transaction is when it is specifically permitted under the law, such as the sale of an entire business operation.

Most sharing of psychotherapy notes

Without your consent, the only time we may use or share your psychotherapy notes is when the law requires or specifically permits it, when they are an issue in a legal action brought by you, they are related to treatment, payment or health care operations, or certain other limited situations such as oversight of your treating provider.

In the case of fundraising:

We may contact you for fundraising efforts, but you may tell us not to contact you again.

Effective Date and Changes to the Terms of This Notice

The effective date of this notice is February 1, 2019. We may change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, at our facilities, and on our web site.

This Notice of Privacy Practices applies to all University of Minnesota facilities providing healthcare services and submitting certain electronic transactions to bill for those services, including:

Boynton Health Services
Community University Health Care Centers (CUHCC)
Julia M. Davis Speech-Language-Hearing Center
School of Dentistry Student Clinics, Comprehensive Care Clinics,
Local Pediatrics & Specialty Clinics
UMD Health Services

This notice may apply to additional University of Minnesota facilities not listed above. Those facilities will make this notice available to you if it is applicable.

This notice does not apply to the University of Minnesota Medical Center, Fairview, or facilities branded as M Health.

Contact Information:

University of Minnesota
Health Information Privacy & Compliance Office
MMC 23
420 Delaware Street SE
Minneapolis, MN 55455

privacy@umn.edu
612.624.7447



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