

Williams/Integracare Clinic
100 South 2nd Street
PO Box 296
Sartell, MN 56377

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Please Review This Notice Carefully

This office is committed to maintaining the privacy of your personal medical information, which includes information about your health condition and the care and treatment you receive from us. The creation of a record detailing the care and services you receive helps us to provide you with quality health care and complies with our medical records retention requirements. This notice applies to the medical records maintained by this office and it specifically details the ways in which your medical information may be used and disclosed to third parties. This notice also details your individual rights regarding your medical records.

1. PERMITTED DISCLOSURES

We may use and/or disclose your medical information for the purposes of:

(a) Appointment Reminders - We may, from time to time, contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. The following appointment reminders are used by us: a) by mail to you at the address provided by you; b) telephoning your home and leaving a message on your answering machine or with the individual answering the phone; c) by e-mail to you at the e-mail address(es) provided by you;

(b) Treatment - In order to provide you with the health care you require, we will provide your medical information to those health care professionals, whether on our staff or not, directly involved in your care so that they may understand your health condition and needs. For example, a medical doctor treating you for a broken arm or leg may need to know the results of your latest examination and treatment by this office;

(c) Payment - In order to get paid for services provided to you, we will provide your medical information, directly or through a billing service, to appropriate third party payors, pursuant to their billing and payment requirements. For example, we

may need to provide the Medicare program with information about health care services that you received from us so that we can be properly reimbursed. We may also need to tell your health plan company (e.g. Your health maintenance organization or insurance company) about treatment you are going to receive so that it can be determined whether or not your plan will cover the treatment;

(d) Health care Operations - In order for us to operate in accordance with applicable law and health plan company requirements, and in order for us to continue to provide quality and efficient care, it may be necessary for us to collect, compile, use and/or disclose your medical information. For example, we and the various health plan companies involved in your care may use your medical information in order to evaluate the performance of our personnel in providing care for you;

(e) Emergency Situations -

(i) for the purpose of obtaining or rendering emergency treatment to you; or

(ii) to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordinating your care with such entities in an emergency situation;

(f) Family Notification - Unless you object, to a family member, another relative, a close personal friend, or another person involved in your care; and/or only your location and general condition to others in order to locate and notify those relatives, friends or persons involved in your care;

(g) Personal Representative - To a person who, under applicable Minnesota law, has the authority to represent you in making decision related to your health care, such as persons you may have appointed in writing as your representative (including a health care agent under Chapter 145C of Minnesota statutes); and your parents or guardian if you are a minor, unless you are emancipated minor and/or have received health care services pursuant to Minnesota Statutes sections 144.341 to 144.347;

(h) Business Associate - To a business associate if we obtain satisfactory written assurance, in accordance with applicable law, that the business associate will appropriately safeguard your medical information. A business associate is an entity that assists us in undertaking some essential function, such as a billing company that assists us in submitting claims for payment to insurance companies or other payors;

(i) Public Health - Such activities include, for example, information collected by a public health authority such as the National Center for Disease Control, the Food and Drug Administration, or the Minnesota Department of Health, the Minnesota Health Data Institute, all as authorized or required by law, in their efforts to prevent or control disease

or bio-terrorism, make determinations of quality, safety and/or effectiveness of products or processes;

(j) Threat to Health and/or Safety - If it is necessary to prevent or lessen a serious and imminent threat to the health and/or safety of a person or the public, in accordance with applicable laws;

(k) Health Oversight Activities - In order to provide information to a health oversight agency, such as the Minnesota Department of Health, any of the licensing boards of the providers, or U.S. Department of Health and Human Services, for activities authorized or required by law, including inspections, investigations, audits and licensing issues. For example, this would include situations such as complaints or appeals you may have against a health plan company on coverage or payment issues, and audits by an oversight agency looking into the delivery and/or handling of health care services;

(l) Judicial Proceedings - We may be required to disclose your medical information in response to a court order or a lawfully issued subpoena. For example, you may be involved in a lawsuit, or other dispute such as a workers' compensation case, that would require our cooperation;

(m) Criminal Conduct and Law Enforcement - To a correctional institution or law enforcement official having custody of you, or, to a law enforcement official when it appears necessary for notification of the commission, location, and/or identity of either the victim or perpetrator of a crime, or when criminal conduct has occurred on our office premises.

(n) Coroner, Medical Examiners and Funeral Directors - We may disclose your medical information to a coroner, medical examiner, or funeral director for purposes of identifying an individual, the determination of cause of death, and for burial purposes;

(o) Organ Procurement Organizations - If you are an organ donor, we may disclose information to an entity engaged in the procurement, banking or transportation of organs for the purpose of facilitating organ, eye or tissue donation and transplantation

(p) Military and Veterans - If you are a member of the armed forces, we may disclose your medical information as required by the military command authorities, or, if you are a veteran, disclosures may be made for entitlement and benefit determinations;

(q) National Security and Intelligence Activities, Presidential Protective Services - In order to provide authorized governmental officials with necessary intelligence information for national security activities, the provision of protective services to the President and others as provided for under federal law;

(r) De-identified Information - Information that does not identify you and, even without your name, cannot be used to identify you;

(s) Required by Law - Whenever and to the extent that such a disclosure is required by law that haven't been specified above, such as situations involving, certain types of wounds or injuries, child or vulnerable adult abuse or neglect, domestic violence, and/or if we suspect you are the victim of a crime.

2. AUTHORIZATION

Any other uses and/or disclosures, other than those "permitted disclosures" described above, **will be made only with your written Authorization**. Any written authorization you make may be revoked as set forth in this notice.

3. YOUR RIGHTS - You have the right to:

(a) Inspect and copy your medical information as provided by law. This right includes access to medical and billing records. To inspect and copy your health information, you must submit a written request to our Privacy Officer. We can charge you for the cost of copying, mailing or other supplies associated with your request. We will not charge you a fee for requesting records for a review of your **current** medical care. For all other requests, we can charge you a fee for copying your medical records (including X-rays). We will not charge you more than the actual cost of reproducing x-rays. In certain situations that are defined by law, we may deny your request, but you will have the right to have the denial reviewed as set forth more fully in the written denial notice.

(b) Amend your medical information as provided by law. To request an amendment, you must submit a written request to our Privacy Officer. You must provide a written reason that supports your request. We may deny your request if it is not in writing, if you do not provide a reason in support of your request, if the information to be amended was not created by us (unless the individual or entity that created the information is no longer available), if the information is not part of your medical information maintained by us, if the information is not part of the information you would be permitted to inspect and copy, and/or if the information is accurate and complete. We will either accept or deny your request within 60 days of our receipt of your request. If you disagree with our denial, you will have the right to submit a brief (no more than one page) written statement of disagreement.

(c) Request restrictions on certain use and/or disclosure of your medical information as provided by law. To request restrictions, you must submit a written request to our Privacy Officer. In your written request, you must inform us of what information you want to limit, whether you want to limit our use or disclosure, or both, and to whom you want the limits to apply. We are not obligated to agree to any requested restrictions. If we do agree to your request, we will comply with your request unless the information is needed in order to provide you with emergency treatment.

(d) Receive confidential communications or medical information by alternative means or at alternative locations. You must make your request in writing to our Privacy Officer. We will accommodate all reasonable requests. Your request must specify how and where you wish to be contacted.

(e) Receive an accounting of disclosures of your medical information as provided by law. To request an accounting, you must submit a written request to our Privacy Officer. The request must state a time period which may not be longer than six (6) years and may not include dates before [April 14, 2002/or earlier compliance date]. The request should indicate in what form you want the list (such as a paper or electronic copy). The first list you request within a twelve (12) month period will be free, but we may charge you for the cost of providing additional lists. We will notify you of the costs involved and you can decide to withdraw or modify your request before any costs are incurred. We will provide the accounting within 60 days, unless we notify you in writing of the reasons for a delay and the date we will provide the accounting, which in no event will be later than 90 days from the date we receive your written request.

(f) Revoke any Authorization and/or consent, in writing, at any time. To request a revocation, you must submit a written request to our Privacy Officer.

(g) Receive a paper copy of this Privacy Notice from us upon request to our Privacy Officer.

(h) Complain to us, your health plan company, the Minnesota Department of Health, any of the licensing boards of the providers, or to the Secretary of the federal Department of Health and Human Services if you believe your privacy rights have been violated. To file a complaint with us, you must contact our Privacy Officer. All complaints must be in writing.

(i) To obtain more information on, or have your questions about your rights answered, you may contact our Privacy Officer at 320-251-2600 or via e-mail at info@integracareclinics.com.

4. OUR OFFICE'S REQUIREMENTS - We:

(a) are required by law to maintain the privacy of your medical information and to provide you with this Privacy Notice detailing our legal duties and privacy practices with respect to your medical information;

(b) are required to abide by the terms of this notice;

(c) Reserve the right to change the terms of this Privacy Notice and to make the new Privacy Notice provisions effective for all of your medical information that we maintain.

OUR OFFICE'S REQUIREMENTS - We will:

- (a) distribute any revised Privacy Notice to you prior to implementation; and
- (b) give to you, and you must sign a receipt for, any revised notice.
- (c) Not retaliate against you for filing a complaint.

EFFECTIVE DATE-This Notice is in effect as of April 13, 2003

Print your name here: _____

Sign your name here: _____ Date: _____

By signing a copy of this Notice, you certify that you have received and reviewed this notice and that all of your questions have been answered to your satisfaction in language that you can understand.

Date of effectiveness/revision: April 13, 2003