

Please Review This Notice Carefully

This notice applies to the medical records maintained by this office and it specifically details how your medical information may be used and disclosed to third parties. This notice also details your individual rights regarding your medical records.

PERMITTED DISCLOSURES

We may use and/or disclose your medical information for the following purposes.

Appointment Reminders

- We may contact you regarding appointment reminders, treatment options, or other health-related benefits and services you may be interested in.
- Correspondence may be completed by mail, telephone, or email.

Treatment

- We will provide your medical information to those health care professionals directly involved in your care so they can understand your health conditions and needs.
- This includes individuals who are part of our treatment staff, as well as staff at outside facilities who coordinate with your care.

Payment

- In order to be paid for our services, we will provide your medical information to outside billing services, third party payors, and is pursuant to their billing and payment requirements.

Health Care Operations

- In order to operate in accordance with applicable law and health care company requirements it may be necessary for us to collect, compile, use and/or disclose your medical information.

Emergency Situations

- We may release your information to aid in emergency treatment to you
- Information can be released to a public or private entity authorized by law or by its chart to assist in disaster relief efforts, to coordinate your care with such entities in an emergency situation.

Family Notification

- Unless you object, we may release your information to a family member, another relative, a close personal friend, or another individual involved in your care.
- In order to notify those relatives, friends, or persons involved in your care, it may be necessary to notify others of your location and general condition.

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Personal Representative	<ul style="list-style-type: none"> We may release information to a person who, under applicable Minnesota law, has the authority to represent you in making decisions related to your care. This includes persons you may have appointed in writing as your representative (including a health care agent under Chapter 145C of Minnesota statutes) your parent or guardian if you are a minor unless you are an emancipated minor and/or have received health care services pursuant to Minnesota Statutes sections 144.341 to 144.347
Business Associate	<ul style="list-style-type: none"> We may release information to a business associate if we obtain satisfactory written assurance, in accordance with applicable law, that a business associate will appropriately safeguard the information. A business associate is an entity that assists in an essential function to your treatment, such as a billing company that submits claims to insurance.
Public Health	<ul style="list-style-type: none"> Information collected by the National Center for Disease Control, the Food and Drug Administration, the Minnesota Department of Health, or the Minnesota Health Data Institute will be released as authorized or required by law.
Threat to Health and/or Safety	<ul style="list-style-type: none"> We may release information as necessary to prevent or lessen a serious threat to the health of a person or the public, in accordance with applicable laws.
Health Oversight Activities	<ul style="list-style-type: none"> We may release information to a health oversight agency, such as the Minnesota Department of Health, any of the licensing boards of the providers, or the U.S. Department of Health and Human Services as required by law.
Judicial Proceedings	<ul style="list-style-type: none"> We may be required to disclose your medical information in response to a court order or a lawfully issued subpoena.
Criminal Conduct and Law Enforcement	<ul style="list-style-type: none"> We may release information 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.
Coroner, Medical Examiners and Funeral Directors	<ul style="list-style-type: none"> 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.
Organ Procurement Organizations	<ul style="list-style-type: none"> If you are an organ donor, we may disclose information to an entity engaged in the procurement, banking, or transportation of organs to facilitate organ, eye or tissue donation and transplantation.
Military and Veterans	<ul style="list-style-type: none"> 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.
National Security and Intelligence Activities	<ul style="list-style-type: none"> 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.
De-Identified Information	<ul style="list-style-type: none"> Information that does not identify you and, even without your name, cannot be used to identify you.
Required by Law	<ul style="list-style-type: none"> Whenever and to the extent that such a disclosure is required by law that has not 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.

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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.

YOUR RIGHTS

You have certain rights in controlling your health information, including the following.

Inspect and Copy Your Medical Information

- You may access your medical and billing records by submitting a written request to our Privacy Officer.
- There is no charge for requesting records for review of your **current** medical care.
- For other requests of previous medical records (including X-rays), we can charge you for the cost of copying, mailing, or other supplies associated with carrying out your request.
- In situations that are defined by law, we may deny your request, but you have the right to have the denial reviewed as set forth in the written denial notice.

Amend your Medical Information

- To request an amendment, you must submit a written request to our Privacy Officer, including a reason that supports your request.
- We may deny your request if it is not in writing, if you do not provide a sufficient reason, if the information is not part of your records maintained by us, or for another reason not previously defined.

Request Restrictions

- 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 and for whom the limit applies to.
- We are not obligated to agree to any requested restrictions, and doing so may not be possible within the electronic medical records software our clinic uses.

Receive Confidential Communications

- Your request must be made in writing to our Privacy Officer.
- You must specify how and where you wish to be contacted, we will do our best to accommodate all reasonable requests.

Receive an Accounting of Disclosures

- To request an accounting, you must submit a written request to our Privacy Officer.
- The time period requested may not be longer than six (6) years and may not include dates before the current compliance date (this date is dependent on the date of the request).
- Request should indicate in what form you want to receive the list (paper or electronic).
- The first list requested within a twelve (12) month period will be free, but there may be a charge for additional lists. We will notify you of these costs before moving forward with your request.

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Revoke any Authorization

- To request a revocation and/or consent, you must submit a written request to our Privacy Officer.

Revoke a Paper Copy of this Notice

- To request a paper copy of this Privacy Notice, contact the Privacy Officer.

Complaints

- If you believe your privacy rights have been violated, you may submit a complaint to us, your health plan company, the Minnesota Department of Health, any of the licensing boards of the providers, or the Secretary of the federal Department of Health and Human Services.
- We will **not** retaliate against you for filing a complaint.

To Obtain More Information

- Questions or concerns can be directed to our Privacy Officer at 320-251-2600 or via email at info@integracareclinics.com



We typically use, share and protect your health information in the following ways.

Maintaining Privacy

- We are required by law to maintain the privacy of your medical information and provide you with this Privacy Notice detailing our legal duties

Abide by this Notice

- We are required to abide by the terms of this notice
- We reserve the right to change the terms of this Privacy Notice and to make the new Privacy Notice provisions effective for all your medical information that we maintain.
- We will distribute any revised Privacy Notice before implementation

EFFECTIVE DATE - This Notice is in effect as of April 23, 2021

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.