

CENTRAL MINNESOTA NEUROSCIENCES, LTD.  
NOTICE OF PRIVACY PRACTICES

EFFECTIVE DATE OF THIS NOTICE: JANUARY 30, 2012

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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.

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**Our Pledge And Legal Duty To Protect Health Information About You.**

The privacy of your health information is important to us. We are required by federal and state laws to protect the privacy of your health information. We refer to this information as “protected health information,” or “PHI”. We must give you notice of our legal duties and privacy practices concerning PHI, including:

- We must protect PHI that we have created or received about your past, present, or future health condition, health care we provide to you, or payment for your health care.
- We must notify you about how we protect PHI about you.
- We must explain how, when and why we use and/or disclose PHI about you.
- We may only use and/or disclose PHI as we have described in this Notice.

We are required to abide by the terms of this Notice. We reserve the right to change the terms of this Notice and to make new notice provisions effective for all PHI that we maintain. When the notice is revised, it will be posted at our office. It will also be available upon request at our office, by mail (at the address listed for our Privacy Official at the end of this Notice), and via our web site, [www.centralminnesotaneurosciences.com](http://www.centralminnesotaneurosciences.com).

**Federal and State Privacy Laws**

When federal and state privacy laws differ, and the state law is more protective of your information or provides you with greater access to your information, then state law will override federal law. For example, where we have specifically identified additional applicable state law requirements in this Notice, we will follow the more stringent state law requirements.

**Minnesota Patient Consent for Disclosures**

For most disclosures of your health information we are required by State of Minnesota Laws to obtain a written consent from you, unless the disclosure is authorized by law. This includes disclosures outside of our organization for treatment (except in cases of medical emergency, with related health care entities when necessary for current treatment, or to third parties who requested or paid for independent medical exams), payment and health care operations. We will ask for your consent for routine disclosures at the beginning of receiving services and once a year thereafter. We will ask for your consent to non-routine disclosures at the beginning of your treatment, during the first delivery of health care service, or at a later point in your care, when the need arises to disclose your health information to others outside of our organization.

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USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

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**A. Uses and Disclosures of Your Protected Health Information for Purposes of Treatment, Payment and Health Care Operations.**

**Treatment.** We may use and disclose health information about you to provide, coordinate or manage your health care and related services. For example, we may use and disclose health information about you to consult or coordinate services with other providers who are treating you or to refer you to another health care provider.

**Payment.** We may use and disclose your health information to bill and collect payment for the treatment and services provided to you. For example, we may provide your health plan with information about treatment you received so your health plan will pay us or reimburse you for the services we provided. Before you receive scheduled services, we may share information about these services with your health plan. Sharing information allows us to ask for coverage under your plan and for approval of payment before we provide the services.

**Health Care Operations.** We may use and disclose your health information for our “health care operations.” Health care operations are the uses and disclosures necessary to operate our practice and make sure all of our patients receive quality care. For example, we may use and disclose your health information to conduct quality assessment and improvement

activities. We may also use your health information to evaluate the performance of our staff in caring for you and to conduct training programs.

**Business Associates.** There are some services provided in our organization through contracts with business associates. Examples of business associates include consultants, billing companies and attorneys. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do. So that your health information is protected, however, we require the business associate to sign a contract ensuring their commitment to protect your health information consistent with this Notice and to appropriately safeguard your information.

**Appointment Reminders.** We may use or disclose your health information to send you reminders or leave voice mail messages about future appointments. We may also contact you with information about new or alternative treatments or other health care services.

#### **B. Uses and Disclosures of Your Protected Health Information that Require Your Authorization.**

In addition to our use of your PHI for treatment, payment or healthcare operations, you may give us written authorization to use your PHI or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your PHI for any reason except those described in this Notice.

- *Research:* We may disclose information to external researchers with your authorization, which we will attempt to collect in a manner consistent with applicable state laws.
- *Marketing:* We will not be able to use or disclose your name, contact information or other PHI for purposes of marketing without your written authorization. This does not include informing you about treatment alternatives or other health related products or services we provide that may be of interest to you.
- *Fundraising:* We may use and/or disclose PHI about you, including disclosure to a foundation, to contact you to raise money for our organization. We would only release contact information and the dates you received treatment or services at our facility. If you do not want to be contacted in this way, you must notify in writing our contact person listed in this Notice.

#### **C. Uses and Disclosures of Your Protected Health Information that Require Your Opportunity to Agree or Object.**

In the following instances we will provide you the opportunity to agree or object to a use or disclosure of your PHI:

- *Communication with Family:* Our health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care. Generally, we will obtain your written consent prior to making disclosures about you to family and friends. If you are able to make your own health care decisions, we will ask for your permission before using your medical information for these purposes. If you are unable to agree, due to your incapacity or emergency circumstances, we may disclose your information if we feel it is in your best interest. In addition, we may use or disclose your health information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

If you would like to object to our use or disclosure of PHI about you in the above circumstances, please contact our Privacy Official.

#### **D. Use And Disclosure Authorized by Law that Do Not Require Your Consent, Authorization or Opportunity to Agree or Object.**

Under certain circumstances we are authorized to use and disclose your health information without obtaining a consent or authorization from you or giving you the opportunity to agree or object. These include:

- When the use and/or disclosure is authorized or required by law. We will disclose medical information about you when we are required to do so under federal, state or local law.
- When the use and/or disclosure is necessary for public health activities. For example, we may disclose PHI about you if you have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.
- When the disclosure relates to victims of abuse, neglect or domestic violence. For example, we may disclose PHI about you to report suspected maltreatment of a vulnerable adult.
- When the use and/or disclosure is for health oversight activities. For example, we may disclose PHI about you to a state or federal health oversight agency which is authorized by law to oversee our operations.

- When the disclosure is for judicial and administrative proceedings. For example, we may disclose PHI about you in response to an order of a court or administrative tribunal.
- When the disclosure is for law enforcement purposes. For example, we may disclose PHI about you in order to comply with laws that require the reporting of certain types of wounds or other physical injuries.
- When the use and/or disclosure relates to decedents. For example, we may disclose PHI about you to a coroner or medical examiner, consistent with applicable laws, to carry out their duties.
- When the use and/or disclosure relates to products regulated by the Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects or post marketing surveillance information to enable product recalls, repairs or replacement.
- When the use and/or disclosure relates to cadaveric organ, eye or tissue donation purposes. Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.
- When the use and/or disclosure relates to Worker's Compensation information: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.
- When the use and/or disclosure is to avert a serious threat to health or safety. For example, we may disclose PHI about you to prevent or lessen a serious and eminent threat to the health or safety of a person or the public. Any disclosure must be only to someone able to help prevent the threat.
- When the use and/or disclosure relates to specialized government functions. For example, we may disclose PHI about you if it relates to national security and intelligence activities, protective services for the President, and medical suitability or determinations of the Department of State.
- When the use and/or disclosure relates to correctional institutions and in other law enforcement custodial situations. For example, in certain circumstances, we may disclose PHI about you to a correctional institution having lawful custody of you.

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## YOUR INDIVIDUAL RIGHTS

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### **A. Right to Request Restrictions on Uses and Disclosures of PHI.**

You have the right to request that we restrict the use and disclosure of PHI about you. We are not required to agree to your requested restrictions. However, even if we agree to your request, in certain situations your restrictions may not be followed, such as if the information is needed provide you with emergency treatment. You may request a restriction by submitting your request in writing to our Privacy Official. In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply (for example, if you want to prohibit disclosures to your spouse). We will notify you if we are unable to agree to your request.

### **B. Right to Request Communications via Alternative Means or to Alternative Locations.**

You have the right to request that we communicate with you through alternative means or to alternative locations. For example, you may ask that we only contact you at your work address or phone number or by email. We will not ask you for the reason for your request. While we are not required to agree with your request, we will make efforts to accommodate reasonable requests. You must submit your request in writing to our Privacy Official, specifying the communication method or alternative location being requested. If your request could result in our organization not being able to collect for the services we provide, we reserve the right to require you to provide additional information about how payment for services will be handled.

### **C. Right to See and Copy PHI.**

You have the right to request to see and receive a copy of PHI contained in clinical, billing and other records used to make decisions about you. If you wish to inspect and obtain a copy of this information, you must submit your request in writing to our Privacy Official. We may charge you reasonable, cost-based fees to cover the expense of providing and mailing the copies to the extent permitted by federal and state law. Instead of providing you with a full copy of the PHI, we may give you a summary or explanation of the PHI about you, if you agree in advance to the form and cost of the summary or explanation. There are certain situations in which we are not required to comply with your request. Under these circumstances, we will respond to you in writing, stating why we will not grant your request and describing any rights you may have to request a review of our denial.

**D. Right to Request Amendment of PHI.**

You have the right to request that we make amendments to clinical, financial and other health-related information that we maintain and use to make decisions about you. You must submit your request in writing to our Privacy Official and your request must explain your reason(s) for the amendment and, when appropriate, provide supporting documentation. We may deny your request if: 1) the information was not created by us (unless you prove the creator of the information is no longer available to amend the record); 2) the information is not part of the records used to make decisions about you; 3) we believe the information is correct and complete; or 4) you would not have the right to see and copy the record as described in paragraph C above. We will tell you in writing the reasons for the denial and describe your rights to give us a written statement disagreeing with the denial. If we accept your request to amend the information, we will make reasonable efforts to inform others of the amendment, including persons you name who have received PHI about you and who need the amendment.

**E. Right to Accounting of Disclosures of PHI.**

You have the right to a listing of certain disclosures we have made of your PHI. This list will not obtain disclosures for treatment, payment and health care operations; disclosures that you have authorized or that have been made to you; disclosures for national security or intelligence purposes; disclosures that occurred before April 14, 2003; and certain other disclosures. To obtain this list, you must a request in writing to our Privacy Official. Your request must state a time period for which you would like the accounting. You may ask for disclosures made up to six (6) years before the date of your request (not including disclosures made prior to April 14, 2003). The list will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed, and the purpose of the disclosure. You may receive one free accounting in any 12-month period. If you request a list of disclosures more than once in 12 months, however, we can charge you a reasonable fee.

**F. Right to Receive a Copy of This Notice.**

You have the right to request and receive a paper copy of this Notice at any time. To obtain a paper copy, you may request a copy at any of our offices or in writing to our Privacy Official. We will provide a copy of this Notice no later than the date you first receive service from us (except for emergency services or when the first contact is not in person, and then we will provide the Notice to you as soon as possible). We will also make this Notice available in electronic form and post it in our web site.

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**QUESTIONS OR COMPLAINTS**

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If you want more information about our privacy practices or have questions or concerns, please contact our Privacy Official. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may file a complaint with our Privacy Official. You can also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

**Privacy Official Contact Information**

Janet Hallermann, Business Office Manager  
Central Mn Neurosciences  
166 19<sup>th</sup> Street south, suite 201, Sartell, Mn 56317  
320-259-1405 Fax 320-259-5896

**Acknowledgement of Receipt of the Notice of Privacy Practices**

Name: \_\_\_\_\_

**I have received a copy of the Central Minnesota Neurosciences, Ltd. Notice of Privacy Practices.**

\_\_\_\_\_  
**Signature of Patient or Personal Representative**

\_\_\_\_\_  
**Date**

If the individual has a personal representative with legal authority to make health care decisions on the individual's behalf, the notice must be given to and acknowledgment obtained from the personal representative.

**If signed by a Personal Representative:**

Print Name \_\_\_\_\_ Role \_\_\_\_\_  
(Parent, guardian, etc.)

\* \* \*

**If the individual or Personal Representative did not sign above, staff must document when and how the notice was given to the individual, why the acknowledgment could not be obtained, and the efforts that were made to obtain it.**

Notice of Privacy Practices given to the individual on \_\_\_\_\_ by \_\_\_\_\_.  
Date Meeting, Mailing, Email, Other

Reason Individual or Personal Representative did not sign this form:  
\_\_\_\_\_

Good Faith Efforts: The following good faith efforts were made to obtain the signature of the individual or Personal Representative. *Please document in detail the efforts that were made to obtain the signature, such as date, time, individuals spoken to, and outcome of events. More than **one** attempt must have been made.*

Face to face presentation(s) \_\_\_\_\_  
Telephone contact(s) \_\_\_\_\_  
Mailing(s) \_\_\_\_\_  
Email(s) \_\_\_\_\_  
Other \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Original – Chart

Copy – Patient/Responsible Party

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