

NOTICE  
*of*  
PRIVACY PRACTICES

UNIVERSITY *of* MINNESOTA PHYSICIANS

**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.**

**Effective Date: December 1, 2005**

## **WHO WE ARE AND OUR LEGAL OBLIGATION TO YOU.**

University of Minnesota Physicians provides outpatient health care services through various separate, but related legal entities. For the purposes of following federal privacy regulations, all of University of Minnesota Physicians entities are considered one “covered entity” and all will follow the terms of this Notice. For example, a patient may initially be seen at a University of Minnesota Physicians primary clinic, but then be referred to a University of Minnesota Physicians specialty clinic. We share information among the different parts of the system to help ensure better and more convenient care for the patient. All of our employees, volunteers, and agents will comply with the terms of this Notice. Furthermore, the University of Minnesota Physicians and the University of Minnesota jointly participate in the clinical instruction of medical students and engage in joint education and research activities. Consistent with such joint activities, University of Minnesota Physicians may share your health information with the University of Minnesota, and the University of Minnesota will be subject to the requirements contained in this Notice with respect to such shared information.

If you receive services at a University of Minnesota Physicians facility from a health care provider who is not a University of Minnesota Physicians staff member, that health care provider will still be required to follow the terms of this Notice with regard to those services. However, that health care provider may have different policies or notices regarding their use and disclosure of your health information that is created in their own office or clinic.

## **HEALTH INFORMATION COVERED BY THIS NOTICE**

Personal health information or health information is information that we create or receive that identifies you and relates to your past, present or future physical or mental health or condition; the provision of health care to you; or the past, present, future payment for health care furnished to you.

## **OUR PLEDGE REGARDING HEALTH INFORMATION**

We understand that health information about you is personal. We are committed to protecting the privacy of your health information by complying with all applicable federal and state privacy and confidentiality laws.

We are required by law to maintain the privacy of your health information and to provide you with this Notice about the ways in which we may use and disclose health information about you, our legal obligations and privacy practices, and your privacy rights.

## **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures we explain what we mean and give an example. Not

every use or disclosure in a category will be listed; however, all of the ways we are permitted to use and disclose information under federal law will fall within one of the categories. Except in certain limited cases such as in emergencies, Minnesota law requires we obtain your written consent prior to releasing your medical records to another party.

**Treatment:** We may use health information about you to provide you with health treatment or services. We may disclose health information about you to physicians, nurses, technicians, medical students, or other personnel who are involved in taking care of you. Different departments of this facility may share health information about you for care coordination, such as prescriptions, lab work, and x-rays. We also may disclose health information about you to a specialist who is consulted about your treatment or care. It is also our practice to provide information about the care and treatment we provide to your referring physician of record so that he or she has appropriate information for providing future care to you.

**Payment:** We may use and disclose health information about you in order to obtain payment for services. For example, we may provide your health plan with information about a surgery you received so your health plan will pay us or reimburse you for the clinic visit. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your health plan will cover the treatment.

**Health Care Operations:** We may use and disclose health information about you for health care operations. These uses and disclosures are necessary to operate our facility and make sure that all of our patients receive quality care. For example, we may use and disclose your health information to conduct quality assessment and improvement activities, to engage in care coordination or case management, or to manage our business. We may also disclose your health information for the health care operations of another provider or health plan under limited circumstances. In addition, because of our close relationship with the University of Minnesota, we share certain health care operations, and in connection with these joint operations, we may disclose health information to the University of Minnesota.

**Appointment Reminders:** We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or health care.

**Treatment Alternatives:** We may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health-Related Benefits and Services:** We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you.

**Individuals Involved in Your Care or Payment for Your Care:** We may disclose health information to a family member, friend or others involved in your care. If you are unable to agree, due to your incapacity or emergency circumstances, or not present we may disclose your health information if we feel it is in your best interest. We may disclose information about you to a disaster relief organization if there is a disaster, so that your family can be notified.

**Research:** By performing research, we learn new or better ways to diagnose and treat illnesses. We may disclose your health information to internal researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information. We may permit access to your health information by internal researchers that are preparing to conduct research. In some cases, Minnesota law requires your consent prior to disclosures to external researchers.

If you participate in a research project that involves treatment, your right to access health information pertaining to that treatment may be limited temporarily to preserve the integrity of the research.

**Fundraising:** University of Minnesota Physicians and the University of Minnesota may use and release some of your information to contact you about raising money to support its activities. Both organizations will only use and release demographic information such as your name, address, and other contact information and dates on which you received care. These contacts may come through the Minnesota Medical Foundation. If you are contacted, you can choose not to be contacted for future fundraising. Any fundraising communication you receive will contain instructions describing how you may “opt out” from receiving further similar communications. You may also write to University of Minnesota Physicians Privacy Administration at the address listed and request not to be contacted.

**Uses and Disclosures You Specifically Authorize:** Other than described in this Notice, uses and disclosures of your health information will be made only with your written authorization. You may revoke that authorization at any time for future uses and disclosures by submitting a written revocation that disallows the disclosure. However, we are unable to take back any disclosures we have already made with your permission. Without your written authorization, we may not use or disclose your health information for any reason except those described in this Notice.

**As Required by Law:** We will disclose your health information when required to do so by federal, state, or local law.

## **SPECIAL SITUATIONS**

We may use and disclose health information without an authorization:

- For public health activities as permitted or required by law. For example, to report disease exposures and statistics, births and deaths, abuse or neglect, reactions to medication and problems with products.
- To a health oversight agency for activities authorized by law. Examples of oversight activities include audits, investigations, inspections and licensing. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.
- For judicial or administrative proceedings, such as responding to a court order.

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## **SPECIAL SITUATIONS** *continued*

- For law enforcement purposes as permitted or required by law or in response to a search warrant or court order.
- To avoid a serious threat to your health or safety or the health and safety of the public or another person.
- To coroners, medical examiners and funeral directors in regard to a deceased person. This may be necessary for example, to identify a deceased person or determine the cause of death. We may disclose health information to funeral directors as allowed by law to enable them to carry out their duties.
- For organ procurement and to organ donation organizations to assist with organ or tissue donation and transplantation following applicable laws.
- For special government functions, such as disclosures to authorized federal officials for national security activities.
- For workers' compensation and similar programs for work-related injuries or illness.
- If you are a member of the armed forces, to appropriate military command authorities as required.
- If you are an inmate of a correctional institution or under the custody of a law enforcement official, to the correctional institution or law enforcement official as permitted by law, for example, as necessary for your health and safety and the health and safety of others.

## **YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU**

Your rights regarding your health information are explained in this section. To exercise any of these rights you must submit a request in writing. Forms to request any of the following are available at each practice location or may be obtained from University of Minnesota Physicians Privacy Administration at the address listed. These forms contain the necessary information we need to process your request.

**You have the following rights regarding health information we maintain about you:**

**Access:** You have the right to look at or get copies of your health information, with limited exceptions. If you request copies, we may charge you a fee to cover the costs of copying, mailing and other supplies. We may deny your request in very limited circumstances. If we deny your request, you may be entitled to a review of that denial.

**Amendment:** If you feel that your health information is wrong or something is missing, you have the right to request that we amend it. We may deny your request if we did not create the information you want amended or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be included in your records.

**Accounting of Disclosures:** You have the right to receive a list of disclosures we have made of your health information. This right does not apply to disclosures for treatment, payment, health care operations and certain other purposes. If you request this list

more than once in a 12-month period, we may charge you a reasonable, cost-based fee. Your request must state a time period, which may not be longer than six years or include any period before April 14, 2003.

**Restriction Requests:** You have the right to request that we place restrictions on our use or disclosure of your health information for treatment, payment or health care operations. We are not required to agree to these restrictions, but if we do, we will abide by our agreement (except in an emergency).

**Confidential Communication:** You have the right to request that we communicate with you in confidence about your health information by alternative means or to an alternative location. For example, you may ask that we contact you only at work or by mail. We will accommodate all reasonable requests.

**Others Acting on Your Behalf:** These rights may also be exercised by someone who has the legal right to act on your behalf.

**Right to a Paper Copy of This Notice:** You have the right to a paper copy of this Notice at any time even if you have agreed to receive this Notice electronically. You may obtain a copy of this Notice at our website, [www.umphysicians.umn.edu](http://www.umphysicians.umn.edu). To obtain a paper copy of this Notice, you may request a copy at any of our practice locations or in writing to Privacy Administration at the address listed.

## **CHANGES TO THIS NOTICE**

We are required to abide by the terms of our Notice of Privacy Practices currently in effect. We reserve the right to change our privacy practices and the terms of this Notice at any time, and to have those changes be effective for all information that we have, including health information we created or received before the effective date of the new Notice. Except when required by law, any significant change in our privacy practices will not be implemented prior to the effective date of the new Notice. We will post a copy of the current Notice in each facility and on our website at [www.umphysicians.umn.edu](http://www.umphysicians.umn.edu).

## **FOR MORE INFORMATION OR TO REPORT A PROBLEM**

If you want more information about our privacy practices, have questions, concerns, or believe that we may have violated your privacy rights, please contact:

**University of Minnesota Physicians Privacy Administration**  
**Suite 300, 720 Washington Avenue SE**  
**Minneapolis, MN 55414**  
**612-884-0600**

You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address upon request. We support your right to protect the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint.