HIPAA NOTICE OF PRIVACY PRACTICES
Effective Date: September 23, 2013

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.

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 laws. We are required by law to maintain the privacy of your protected health information, provide you with this Notice of Privacy Practices (“Notice”) describing our legal obligations and privacy practices and notify you if there is a breach of your unsecured protected health information. If you would like to read the Notice of Privacy Practices using a different format, please use the Contact Information at the end of this Notice to contact us for assistance.

HEALTH INFORMATION COVERED BY THIS NOTICE
Protected health information (“PHI”) is individually identifiable information that we create or receive and notify you if there is a breach of your unsecured protected health information. If you would like to read the Notice of Privacy Practices using a different format, please use the Contact Information at the end of this Notice to contact us for assistance.

HOW WE MAY USE AND DISCLOSE PHI
We may use and disclose your PHI:

• For Treatment or the coordination of your care. To treat you properly, we may need to share your health information with doctors, nurses, and other staff taking care of you.

• For Payment of services provided to you. For example, we may provide your health plan with PHI to conduct quality assessment and improvement activities, to engage in care coordination or case management, or to manage our business.

• To Individual Involved in Your Care or those who help pay for your care (such as a family member) if you are involved in an emergency or when you agree or fail to object when given the opportunity. If you are unavailable or unable to object, we will use our best judgment to decide if a disclosure is in your best interest.

• For Research Projects such as research related to the evaluation of certain treatments or to learn new or better ways to diagnose and treat illnesses. Any research must meet all privacy law requirements applicable to research.

• For Fundraising Purposes on behalf of the University of Minnesota. Only a limited amount of your PHI can be used for this purpose, including contact information and treatment dates. You can choose not to be contacted for fundraising by following the opt-out instructions contained in any fundraising communications, or by contacting us using the information in the Contact Information section below.

• To Business Associates on our behalf or provide us with services, provided PHI is necessary for such functions or services. Our business associates are required to enter into contracts with us that require them to protect the privacy of your PHI and prohibit them from using your PHI for any purpose other than that specified in our contract with them.

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

• For Public Health Activities such as reporting or preventing disease outbreaks.

• For Reporting Victims of Abuse, Neglect or Domestic Violence to government authorities that are authorized by law to receive such information, including social service or protective service agency.

• For Health Oversight Activities to a health oversight agency for activities authorized by law, such as the Licensure, governmental audits and fraud and abuse investigations.

• For Judicial or Administrative Proceedings such as responding to a court order, subpoena, discovery request or other lawful process.

• For Law Enforcement Purposes permitted or required by law such as responding to requests from administrative agencies, responding to requests to locate missing persons, reporting criminal activity or providing information about victims of crime.

• To Provide Information Regarding Decedents to a person or entity for purposes of carrying out the duties of the person or entity as required by law.

• For Organs Procurement Purposes to entities that handle procurement, banking or transplantation of organs, eyes or tissue to facilitate donation and transplantation.

• To Avoid a Serious Threat to Health and Safety to you, another person or the public. For example, we may disclose information to public health agencies or law enforcement authorities in the event of an emergency or natural disaster.

• For Special Government Functions such as national security and intelligence activities, protective services for the President and others, and military and veteran activities (if you are a member of the Armed Forces). If you are an inmate at a correctional institution, we may use or disclose your PHI to provide health care to you or to protect your health and safety or that of others or the security of the correctional institution.

• For Workers’ Compensation as authorized by, or to the extent necessary to comply with, state workers’ compensation laws that govern job-related injuries or illness.

We Will Not Use or Disclose Your PHI Without Your Authorization:

• For Marketing Purposes, unless it is specified permittted under law, such as interacting with you in person or providing you with a gift of nominal value.

• As Part of a Sale or a Third Party unless the transaction is permitted under law, such as the sale of an entire business operation.

• Where Your PHI is Psychotherapy Notes, unless the use and disclosure is related to treatment, payment, healthcare operations or is otherwise required by law.

• For Any Other Purposes not identified in this Notice.

Minnesota law requires your authorization for most disclosures of your PHI, except for your treatment by providers within related health care entities, during emergencies, or as otherwise authorized by law. If you provide us with an authorization, you may revoke that authorization at any time by submitting a written revocation to the address listed in the Contact Section of this Notice. Please keep in mind we will be unable to take back any disclosures we have already made with your authorization.

YOUR RIGHTS REGARDING YOUR PHI
To exercise any of your rights described below please submit your request in writing using the information in the Contact Information section of this Notice:

• You have the right to receive a copy of your PHI for such time period you request, but not more than six years prior to your request. The list of disclosures will not include disclosures made: (a) for treatment, payment, or health care operations; (b) to you or as authorized by you; (c) to correctional institutions or law enforcement officials; and (d) for certain other purposes for which the law does not require us to provide an accounting. If you request a list of disclosures more than once in a 12-month period, we may charge you a reasonable fee.

• You have the right to request that we place restrictions on uses or disclosures of your PHI for treatment, payment or health care operations. You also have the right to request restrictions on disclosures to family members or others who are involved in your health care or payment of your health care. We are not required to agree to your request, unless the request is to restrict disclosures to your health plan for services which have been paid in full and such a disclosure is not otherwise permitted by law.

• You have the right to request that we communicate with you in confidence by communicating with you about your PHI in a certain manner or at a certain location (for example, by sending information to a P.O. box instead of your home address). We will accommodate all reasonable requests.

• You have the right to request a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. To obtain a paper copy of this Notice, you may request a copy at any of our practice locations or submit a request to the address included in the Contact Section of this Notice.

WHO MUST FOLLOW THE TERMS OF THIS NOTICE
This Notice applies to all University of Minnesota facilities providing healthcare services and submitting certain electronic transactions to bill for those services, including:

• Boynton Health Services
• UMD Health Services
• Community University Health Care Centers (CUHCC)
• School of Dentistry Student Clinics, Comprehensive Care Clinics, Local Pediatrics & Specialty Clinics

CHANGES TO THIS NOTICE
We are required to abide by the terms of the 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 PHI that we have, including PHI 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 at each of our facilities and on our website at www.umn.edu. Paper copies will be available at each of our healthcare services facilities.

FOR MORE INFORMATION OR TO REPORT A PROBLEM
If you want more information about our privacy practices, have questions, concerns, or would like to file a complaint, please contact us using the information in the Contact Information section below. Complaints may also be submitted to the U.S. Department of Health and Human Services. We will not retaliate in any way if you choose to file a complaint.

CONTACT INFORMATION
University of Minnesota
Privacy Office
Mayo Mail Code 501
420 Delaware Street SE
Minneapolis, MN 55455
privacy@umn.edu
612-624-7447