

4. CHANGES TO THIS NOTICE:

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facility. In addition, each time you register for treatment or health care services, we will offer you a copy of the current notice in effect.

5. COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with us or with the Office of Civil Rights, U.S. Department of Health and Human Services, 233 North Michigan Avenue, Suite 240, Chicago, IL 60601, (312) 886-2359 or 1-800-368-1019 or E-mail: OCRComplaint@hhs.gov. To file a complaint with us, contact the Administrative Manager. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

6. OTHER USES OF HEALTH INFORMATION:

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

7. ACKNOWLEDGEMENT OF RECEIPT OF THIS NOTICE:

We will request that you sign a separate form or notice acknowledging you have received a copy of this notice. If you choose, or are not able to sign, a staff member will sign their name, date. This acknowledgement will be filed with your records.



Blaine

CDI Building
2305 108th Lane NE
Blaine, MN 55449

Buffalo

303 Catlin Street
Buffalo, MN 55313
*Park in the Orange or
Yellow Lot and enter
door 9 (Heart Center)*

Burnsville

Oak Ridge Professional
Building East
675 Nicollet Blvd East
Suite 130
Burnsville, MN 55337

Cambridge

701 South Dellwood
Cambridge, MN 55008

Coon Rapids

Mercy Specialty Center
11850 Blackfoot St NW
Suite 405
Coon Rapids, MN 55433

Minneapolis

(All mail to this address)
913 East 26th Street
Suite 600

New Ulm

New Ulm Medical Center Clinic
1324 5th Street N
New Ulm, MN 56073

Plymouth

WestHealth
2855 Campus Drive
Suite 610
Plymouth, MN 55441

Shakopee

1601 St. Francis Avenue
(2nd Floor)
Shakopee, MN 55379

St. Paul

225 North Smith Avenue
(3rd Floor)
St. Paul, MN 55102

Vadnais Heights

1155 E County Road E
Suite 100
Vadnais Heights, MN 55110

Woodbury

8675 Valley Creek Road
(3rd Floor)
Woodbury, MN 55125

HIPAA NOTICE OF PRIVACY PRACTICES

Health Insurance Portability & Accountability Act

This notice describes how medical information about you may be used or disclosed, and how you can get access to this information.
Please review it carefully

If you have questions about this notice, please contact our Administrative Manager, at (612) 775-6200

www.tcpspine.com • 612.775.6275

1. OUR PLEDGE REGARDING HEALTH INFORMATION:

We understand that health information about you and your health care is personal. We are committed to protecting health information about you. This notice applies to all of the records of your care generated by this health care practice, whether made by your personal doctor or others working in this office.

This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to the health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information.

We are required by law to:

- make sure that health information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to health information about you; and
- follow the terms of the notice that is currently in effect.

2. HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that we use and disclose your protected health information. For each category of uses or disclosures we will explain what we mean and try to give some examples.

Examples of these uses and disclosures include:

- **For Treatment:** To provide, coordinate, or manage your health care and any related services. For example, we may disclose your protected health information, as necessary, to a home health agency or a physician that provides care to you.
- **For Payment:** To bill for and receive payment for the services we provide and to other health care providers for their payment activities. For example, we will disclose information in order to verify insurance and submit bills or claims to insurance companies, Medicare or Medical Assistance.
- **For Health Care Operations:** To help run our practice and make sure that all of our patients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you.
- **Research:** For research purposes that meet all state and federal privacy law requirements. For example, a research project may involve comparing the health and recovery of all patients who received one medication

to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of health information, trying to balance the research needs with patients' need for privacy of their health information.

• **Health Products and Services:** To provide you with information about treatment alternatives, health-related benefits, products or services that may be of interest or beneficial to you. You may contact our Administrative Manager to request that these materials not be sent to you.

• **Appointment Reminders:** To contact you as a reminder that you have an appointment. Please let us know if you do not wish to have us contact you concerning your appointment, or if you wish to have us use a different telephone number or address to contact you for this purpose.

• **In Special Situations:** These situations include when required by law; for public health activities; to report suspected abuse, neglect, or domestic violence; for health oversight activities; for judicial and administrative proceedings to the extent permitted by law; for law enforcement purposes, as permitted or required by law; to coroners, medical examiners, and funeral directors, as permitted by law; for organ donation purposes; to avert a serious threat to health or safety; for certain specialized government functions, such as military discharge and national security and intelligence; for workers' compensation purposes; or to government agencies or private disaster relief or disaster assistance organizations engaged in disaster relief activities.

3. YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU:

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

• **Right to Inspect and Copy:** You may ask to review or receive a copy of your medical records, unless the law otherwise protects the information you are requesting. This request should be made in writing. We will act upon your request within 30 days. If your request to review or receive a copy of your medical record is denied, you have the right to have the denial reviewed by a health care professional. We reserve the right to charge you for copying, consistent with limits established by state and federal law.

• **Right to Amend:** If you feel that the health information we have about you is incorrect or incomplete, you may ask us to update or amend it. To

request an amendment, your request must be made in writing, submitted to the Administrative Manager. In addition, you must provide a reason that supports your request for an amendment. We may deny your request for an amendment for only limited reasons. Any amendment we make to your health information will be disclosed to those with whom we disclose information as previously specified.

• **Right to an Accounting of Disclosures:** You have the right to request a list accounting for any disclosures of your health information we have made, except for uses and disclosures that you have authorized us to make such as disclosures made directly to you or to friends or family members involved in your care. To request this list of disclosures, you must submit your request in writing to the Administrative Manager. Your request must state a time period which may not be longer than six years and may not include dates before April 13, 2003. The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list.

• **Right to Request Restrictions:** You may request that we not use medical information in certain ways or for certain purposes. You may also request that we not provide your medical information to certain people. We have the right to refuse your request. We may also use or disclose your medical information in situations requiring emergency treatment, in which case we will ask the person(s) who receives the information not to further use or disclose the information. To request a restriction, you must make your request in writing to the Administrative Manager.

• **Right to Request Confidential Communications:** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail to a post office box. To request confidential communications, you must make your request in writing to the Administrative Manager. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

• **Right to a Paper Copy of This Notice:** You have the right to obtain a paper copy of this notice at any time. To obtain a copy, please request it from the Administrative Manager. You may also obtain a copy of this notice from our website, www.tcspine.com. Even if you have received a notice electronically, you still retain the right to receive a paper copy upon request.