

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW CAREFULLY

PURPOSE OF THIS NOTICE:

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), is a federal program that requires all medical information and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept confidential. As required by HIPAA, we have prepared this Notice of Privacy Practices to explain how we are required to maintain the privacy of your health information and how we may use or disclose your health information. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information and who is responsible for following this notice.

We are required by law to:

- Make certain medical information that identifies you is kept private and confidential.
- Provide you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of this notice.

WHO WILL FOLLOW THIS NOTICE:

- Any health care professional authorized to enter information into your office chart;
- All departments and units of this office practice;
- Any medical student, intern, resident or fellow that we allow to help you while you are in the office;
- Any representative of an insurance carrier, managed care organization, clinical research organization, data analysis organization, or quality improvement organization that is participating in a review of your medical care;
- All employees, staff and other office personnel; and,
- All other entities, sites and locations where the health care professionals in this office practice and follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or operations purposes as described in this notice.

HOW WE MAY LAWFULLY USE AND DISCLOSE INFORMATION ABOUT YOU:

Treatment: We may use your information to provide, coordinate, and manage your care and treatment. For example, an AALFA Family Practice, P.A. physician may share your medical information with another physician for a consultation or a referral. We will get your written consent prior to making disclosures outside AALFA Family Practice, P.A. for treatment purposes, except in emergency circumstances when it is not possible to get your consent.

Payment: We may use and disclose medical information about you so that the treatment and service you receive may be billed to, and payment may be collected from, you, an insurance company, or another third party. For example, we may need to give your health plan information about treatment you received at AALFA Family Practice, P.A. so your health plan will pay us or reimburse you for the treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We will get written consent prior to making disclosures for payment purposes.

Health Care Operations: We may use and disclose medical information about you for AALFA Family Practice, P.A.'s health care operations. Health care operations are the uses and disclosures of information that are necessary to run AALFA Family Practice, P.A. and to make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services, and to evaluate the performance of our staff and physicians in caring for you. We will get written consent before making disclosures to others outside AALFA Family Practice, P.A. for health care operations purposes.

Appointment Reminders and Other Health Information: We may use your medical information to send you reminders about future appointments. We may also contact you with information about new or alternative treatments or other health care services.

To People Assisting in Your Care: AALFA Family Practice, P.A. will only disclose medical information to those taking care of you, helping you pay for your bills, or other close family members or friends if these people need to know this information to help you, and then only to the extent permitted by law. We may, for example, provide limited medical information to allow a family member to pick up prescriptions for you. Generally, we will get your written consent prior to making disclosures about you to your family or friends. If you are unable to make your own health care decisions, AALFA Family Clinic, P.A. will ask permission before using your medical information for these purposes. If you are unable to make health care decisions, AALFA Family Clinic, P.A. will

disclose relevant medical information to family members or other responsible people if we feel it is in your best interest to do so, including in an emergency situation.

To Business Associates: Some services are provided by or to AALFA Family Clinic, P.A. through contract with business associates. Examples include AALFA Family Clinic, P.A.'s attorney, consultants, collection agencies, and accreditation organizations. We may disclose information about you to our business associate so that they can perform the job we have contracted with them to do. To protect the information that is disclosed, each business associate is required to sign an agreement to appropriately safeguard the information and not to disclose the information unless specifically permitted by law.

Research: Federal law permits AALFA Family Clinic, P.A. to use and disclose medical information about you for federal research purposes, either with your specific, written authorization or when the study has been reviewed for privacy protection by an Institutional Review Board or Privacy Board before the research begins. In some cases, researchers may be permitted to use information in a limited way to determine whether the study or the potential participants are appropriate. Minnesota law generally requires that we get your general consent before we disclose your health information to an outside researcher. We will make a good faith effort to obtain your consent or refusal to participate in any research study, as required by law, prior to releasing any identifiable information about you to outside researchers.

SPECIAL SITUATIONS ALLOWING RELEASE OF INFORMATION WITHOUT WRITTEN AUTHORIZATION:

As Required by Law: We will disclose medical information about you when we are required to do so by federal, state or local law.

Organ and Tissue Donation: If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans: If you are a member of the armed forces, we may release medical information about you as required by military command authorities if we are required to do so by law, or when we have your written consent. We may also release medical information about foreign military personnel to the appropriate foreign military authority as required by law, or with written consent.

Worker's Compensation: We may release your information for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

To Avert a Serious Threat to Health or Safety: We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure must be only to someone able to help prevent the threat. In addition, Minnesota law generally does not permit these disclosures unless we have your written consent to do so or when the disclosure is specifically required by law, including the limited circumstances in which AALFA Family Practice, P.A. health care professionals have a "duty to warn."

Public Health Activities: We may release medical information about you for public health activities. These activities generally include the following:

- Preventing or controlling disease, injury or disability;
- Reporting births and deaths;
- Reporting child abuse or neglect;
- Reporting reactions to medications or problems with products;
- Notifying people of recalls of products they may be using;
- Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and
- Notifying the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities: We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement: We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the office; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors: We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities: We may release medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or conduct special investigations. We may use medical information about you to make decisions regarding your medical suitability for a security clearance or service abroad. We may also release your medical suitability determination to the officials in the Department of State who need access to that information for these purposes.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

WHEN YOUR AUTHORIZATION IS REQUIRED:

Except as described above, AALFA Family Clinic, P.A., will not use or disclose your protected health information without a specific written authorization from you. If you provide us authorization to use or disclose your information, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your information for the reasons covered by your written authorization, except to the extent we have already relied on your authorization. We are unable to take back any disclosures we have already made with your permission, and we are required to retain our records of the care that we provided to you.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU:

Right to Inspect and Copy: You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records.

If you wish to inspect and copy your medical information, you must submit your request in writing to: AALFA Family Clinic, P.A.; Attn: Privacy Officer; 4465 white Bear Parkway; White Bear Lake, MN 55110.

If you request a copy of the information, we may charge a fee as permitted by state law for costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the office will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the request.

Right to Request Amendment: If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have a right to request an amendment for as long as the information is retained by our office.

To request an amendment, your request must be made in writing and submitted to: AALFA Family Clinic, P.A.; Attn: Privacy Officer; 4465 white Bear Parkway; White Bear Lake, MN 55110. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if:

- The amendment is not in writing,
- The amendment does not include a reason to support this request.

- The information was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- The information is not a part of the medical information kept by or for the office;
- The information is not part of the information which you would be permitted to inspect and copy; or,
- The information is accurate and complete.

Right to an Accounting of Disclosures: You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you.

To request this list or accounting of disclosures, you must submit your request in writing to AALFA Family Clinic, P.A.; Attn: Privacy Officer; 4465 White Bear Parkway; White Bear Lake, MN 55110. Your request must state a time-period that may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you for costs of providing the list. We will notify you of cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions: You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had. You have the right to request that we communicate with you about medical 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.

***We are not required to agree to your request.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to AALFA Family Clinic, P.A.; Attn: Privacy Officer; 4465 White Bear Parkway; White Bear Lake, MN 55110. In your request, you must tell (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, disclosures to your spouse.

Right to Restrict Confidential Communications: You have the right to request confidential communications. You must make your request in writing to AALFA Family Clinic, P.A.; Attn: Privacy Officer; 4465 White Bear Parkway; White Bear Lake, MN 55110. 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 may ask us to give you a paper copy of this notice at any time.

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 medical 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 the office. The notice will contain on the first page, in the top right hand corner, the effective date. In addition, each time you register at or are seen at the office for treatment or health care services as an outpatient, we will offer you a copy of the current notice in effect.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with our office, or with the Department of Health and Human Services. You will not be penalized for filing a complaint. All complaints must be submitted in writing.

To File a Complaint with our office:

**AALFA Family Clinic, P.A.
Attn: Patient Advocate
4465 White Bear Parkway
White Bear Lake, MN 55110**

To File a Complaint with Health & Human Services:

**US Department of Human Services
Attn: Office of Civil Rights
200 Independence Av. SW
Washington, D.C. 20201**