

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

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.

YOUR **RIGHTS** When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

your medical

record

Get an electronic - You can ask to see or get an electronic or paper copy of your medical record and other health **or paper copy of** information we have about you. Ask us how to do this.

> - We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

your medical Ask us how to do this.

Ask us to correct - You can us to correct health information about you that you think is incorrect or incomplete.

record - We may say "no" to your request, but we'll tell you why in writing within 60 days.

confidential communications

Request - You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.

- We will say "yes" to all reasonable requests.

share

- Ask us to limit You can ask us not to use or share certain health information for treatment, payment, or our what we use or operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
 - If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those - You can ask for a list (accounting) of the times we've shared your health information for six with whom we've years prior to the date you ask, who we shared it with, and why.

shared information

- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get copy of this You can for a paper copy of this notice at any time, even if you have agreed to receive the **privacy notice** notice electronically. We will provide you with a paper copy promptly.

to act for you

- Choose someone If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
 - We will make sure that person has the authority and can act for you before we take any action.

rights are violated

- File a complaint if You can complain if you feel we have violated your rights by contacting us using the **you feel your** information at the bottom of the page.
 - You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by contacting them at:

200 Independence Avenue SW, Washington, DC 20201 877-696-6775 www.hhs.gov/ocr/privacy/hipaa/complaints

- We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

- In these cases, you Share information with your family, close friends, or others involved in your care
- **have both the right** Share information in a disaster relief situation
 - and choice to tell Include your information in a hospital directory

us to: - Contact you for fundraising efforts

If you are unable to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

permission:

We may contact you for fundraising efforts, but you can tell us not to contact you again.

OUR **USES AND DISCLOSURES** How do we typically use or share your health information? We typically use or share your health information in the following ways.

Treat you

- We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our - We can use and share your health information to run our practice, improve your care, and **organization** contact you when necessary.

Example: We use health information about you to manage your treatment and services

Bill for services

- We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

OUR **USES AND DISCLOSURES CONTINUED**

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers

health and safety

Help with public We can share health information about you for certain situations such as:

- Preventing disease
- issues Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety

Do research We can use or share your information for health research.

Comply with the We will share information about you if state or federal laws require it, including with the law Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

and tissue donation requests

Respond to organ We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

Work with a We can share health information with a coroner, a medical examiner, or funeral director when cal examiner an individual dies.

Address workers' compensation, law enforcement, and other government

requests

Address workers' We can share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with law enforcement officials
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

Respond to We can share health information about you in response to a court or administrative order, or in ts and legal response to a subpoena.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Change to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

Effective Date of Notice: April 14, 2003; Updated May 1, 2016

Privacy Contact: Teresa Bragg, tbragg@sawtoothmountainclinic.org, 218-387-2330

This Notice of Privacy Practices applies to the following organizations: Sawtooth Mountain Clinic and the satellite clinics of Grand Portage Health Services (Grand Portage, MN) and the Birch Grove Clinic (Tofte, MN).

^{*}We never share any substance abuse treatment records without your written permission.

^{*}Request for medical record corrections must be made in writing.