



NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you or your minor child (hereinafter described as "you") may be used and/or disclosed and how you can get access to this information. Please review it carefully.

The effective date of this notice is September 23, 2013.

This notice is also available at the front desk at all clinics in brochure form.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable health information used and/or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA and the newest HiTech Act (part of the American Recovery and Reinvestment Act of 2009) provide penalties for covered entities that misuse Protected Health Information (PHI). We are required to notify you if any PHI was accessed, acquired and/or disclosed in a privacy or security breach.

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and/or disclose your health information.

When you sign a General Consent form, we will use and disclose your medical records for each of the following purposes:

Treatment means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would be referrals to a surgical pediatric provider or other pediatric specialist who is not a member of Wayzata Children's Clinic.

Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.

Healthcare operations include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be an internal quality assessment review. We may create and distribute specific health information by removing all references to individually identifiable information.

We may also, **without prior consent**, use and/or disclose PHI to carry out treatment, payment, or healthcare operations in the following circumstances:

- In emergency treatment situations, if we attempt to obtain such consent as soon as reasonably practicable after the delivery of such treatment
- If we are required by law to treat you and we attempt to obtain such consent but are unable to obtain such consent
- If we attempt to obtain your consent but are unable to do so due to substantial barriers to communicating with you, and we determine that, in our professional judgment, your consent to receive treatment is clearly inferred from the circumstances

We may use and/or disclose your PHI when required by law, or when permitted under federal and state law for the following purposes:

Health Information – treatment alternatives or other health-related benefits/ services that may be of interest to you

Disclosure to the Department of Health and Human Services – when required as part of an investigation or determination of our compliance with relevant laws

Family and Friends – other relatives, personal representatives or close personal friends when the PHI is directly relevant to that person’s involvement with your care or the payment for your care, but not if you tell us that you object to us doing so

Notification – to notify a family member, a personal representative or another person responsible for your care of your location or general condition

Disaster Relief – PHI may be disclosed to a public or private entity, such as the American Red Cross, for the purpose of coordinating with that entity to assist in disaster relief efforts.

Health Oversight Activities – for public health activities, including the reporting of disease, injury, vital events and the conduct of public health surveillance, investigation and/or intervention; to a health oversight agency for oversight activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions, administrative and/or legal proceedings

Abuse or Neglect – if there are concerns of abuse/neglect/violence to you in accordance with federal and state law

Legal Proceedings – in the course of certain judicial, administrative or other legal proceedings

Law Enforcement – for law enforcement purposes or other specialized governmental functions

Public Safety – to prevent or lessen a serious threat to the health or safety of another person or to the public; to disclose proof of childhood immunizations to schools, daycares and camps

Workers’ Compensation – as authorized by laws relating to workers’ compensation

Business Associates – with whom we contract to provide services on our behalf; to protect your PHI, we require our business associates to appropriately safeguard the PHI of our patients

Coroners, Medical Examiners and Funeral Directors – as authorized by law

Organ Donation – to an organ donation and procurement organization, if you are an organ donor

Research – for certain research purposes if an Institutional Review Board or a privacy board has altered or waived individual authorization, and the review is preparatory to research or the research is only on information of someone who has died.

If you receive services from us in any state that prohibits or materially limits any use and/or disclosure stated above, we will abide by the applicable state law, regulation, or requirement. More restrictive state requirements are described at the end of this notice.

Any other uses or disclosures, including those consisting of psychotherapy notes, will be made only with your written authorization. Disclosures of your PHI for marketing purposes, and disclosures that constitute the sale of PHI, require your authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

Under federal law, you have the following **rights** with respect to your PHI, which you can exercise by presenting a **written request** to the Wayzata Children’s Clinic Privacy Officer:

The right to request restrictions on certain uses and/or disclosures of your PHI, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are not required to agree to a requested restriction, except when the request is to restrict disclosure of PHI to a health plan, and the PHI pertains solely to a health care item or service for which you have paid in full. If we do agree to your request for a restriction, we must abide by it unless you agree in writing to remove such restriction.

The right to reasonable requests to receive communications from us in a confidential manner, regarding your PHI, by alternative means (such as in a different manner) or at an alternative location (such as at a post office box)

The right to inspect and copy the designated record set of your PHI, including medical and billing records. If the designated record set is maintained in an electronic health record, you may request a copy of it in an electronic format. Federal and state laws allow us to charge a reasonable amount for this copy.

The right to request an amendment to your PHI; if your request is denied, we will provide you with a written explanation for the denial and information regarding further rights you may have available to you.

The right to request an accounting of disclosures of your PHI. We are not required to identify disclosures that were made more than six (6) years from the date of your request. You may be charged a reasonable fee for this accounting, except for the first request in any 12-month period.

The right to receive a notice in the event of a breach, as required under federal regulations. A breach is an unauthorized (not requested by you or permitted by law without your authorization) release, access, use and/or disclosure of your PHI. Not every violation of HIPAA will constitute a breach as defined by federal regulations, which requires a notice to you.

The right to obtain a paper copy of this Notice of Privacy Practices (NPP) from us upon request. An electronic copy is available on our website at: wayzatachildrensclinic.com

We are required by law to maintain the privacy of your PHI and to provide you with this notice of our legal duties and privacy practices with respect to PHI. This notice has been updated as of September 23, 2013 and we are required to abide by the terms of the NPP currently in effect. We reserve the right to change the terms of our NPP and to make new notice provisions effective for all PHI that we maintain, as long as any changes are consistent with state and federal law. We will post any revised NPP on our website listed above, and you may request a written copy of a revised NPP from this office.

You have recourse if you feel that your privacy rights have been violated. You have the right to file a formal, written complaint with us at the address below, or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

Please contact us for more information:

Julie Nelson, Privacy Officer
Wayzata Children's Clinic, P.A.
14001 Ridgedale Drive, Suite 100
Minnetonka, MN 55305
952-473-0211

For more information about HIPAA or to file a complaint:

Office of Civil Rights, DHHS
Region V
233 North Michigan Avenue, Suite 240
Chicago, IL 60601
312-886-2359 or 1-800-368-1019
Fax: 312-886-1807
OCRComplaint@hhs.gov