

**Minnesota Epilepsy Group, P.A.
St. Paul, MN**

Notice of Privacy Practices

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

During your treatment at Minnesota Epilepsy Group, P.A., doctors, nurses, and other caregivers may gather information about your health history and your current health. This notice explains how that information may be used and shared with others. It also explains your privacy rights regarding this kind of information. The terms of this notice apply to health information, including mental health information, created or received by Minnesota Epilepsy Group, P.A. 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.

Your health information may be used and disclosed for the following purposes:

- **Treatment:** We may use and disclose your information to provide, coordinate, and manage your care and treatment. For example, a Minnesota Epilepsy Group, P.A. physician may share your health information with another physician for a consultation or a referral. To make disclosures outside of Minnesota Epilepsy Group, P.A. for treatment purposes, we will get your annual written consent.
- **Payment:** We may use and disclose health information about you so that the treatment and services 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 Minnesota Epilepsy Group, 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. Your annual written consent gives us permission to make disclosures for payment purposes.
- **Health Care Operations:** We may use and disclose health information about you for Minnesota Epilepsy Group, P.A.'s health care operations. Health care operations involving the use and disclosure of information allow Minnesota Epilepsy Group, P.A. to operate effectively and to 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 and physicians in caring for you. Your annual written consent gives us permission to make disclosures to others outside Minnesota Epilepsy Group, P.A. for health care operations purposes.
- **Appointment Reminders and Other Health Information:** We may use your health information to send you reminders about future appointments, test results, medication changes, etc. We may also contact you with information about new or alternative treatments or other health care services.
- **To People Assisting in Your Care.** Minnesota Epilepsy Group, P.A. will only disclose health information to those taking care of you, helping you to pay your bills, or other close family members of friends if these people need to know this information to help you, and then only to the extent permitted by law. Generally, we will get your written consent prior to making disclosures about you to family or friends. If you are able to make your own health care decisions, Minnesota Epilepsy

Group, P.A. will ask your permission before using your health information for these purposes unless we infer from the circumstances that you do not object. For example, if you allow a family member to accompany you during an examination or treatment, we will assume that you do not object to that family member having access to health information that may be disclosed during the course of treatment or examination. If you are unable to make health care decisions without help, Minnesota Epilepsy Group, P.A. will disclose relevant health 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. For example, we may provide health information to allow a family member to pick you up after an appointment, or to pick up a prescription for you.

- **Research:** Federal law permits Minnesota Epilepsy Group, P.A. to use and disclose health information about you for 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.
- **Fund-Raising:** Occasionally, Minnesota Epilepsy Group, P.A. may use limited information (your name, address, and the dates you were seen for health services) to let you know about fund-raising or other charitable events.
- **As Required by Law:** We will disclose health information about you when we are required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety:** We may use and disclose health 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. For example, if we were aware of a case of smallpox, we would report that to local and regional health authorities. 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.
- **To Business Associates:** Some services are provided by or to Minnesota Epilepsy Group, P.A. through contracts with business associates. Examples include Minnesota Epilepsy Group, P.A.'s answering service, billing agency, and computer consultants. 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 redisclose the information unless specifically permitted by law.

Your health information may be released in the following special situations:

- **Organ and Tissue Donation:** We may release your health 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. The information that Minnesota Epilepsy Group, P.A. may disclose is limited to the information necessary to make a transplant possible.
- **Military and Veterans:** If you are a member of the armed forces, we will release health information about you as requested by military command authorities if we are required to do so by law, or when we have your written consent. We may also release health information about foreign military personnel to the appropriate foreign military authority as required by law or with written consent.
- **Workers' Compensation:** We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness. We are permitted to disclose this information to the parties involved in the claim without any specific consent, so long as the information is related to a workers' compensation claim.
- **Public Health:** We may disclose health information to public health authorities about you for public health activities. These disclosures generally include the following:
 - Preventing or controlling disease, injury or disability;
 - Reporting births and deaths;
 - Reporting child abuse or neglect, or abuse of a vulnerable adult;
 - 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; or
 - Reporting to the Food and Drug Administration as permitted or required by law.
- **Health Oversight Activities:** Minnesota Epilepsy Group, P.A. may disclose your information to a health oversight agency for health oversight activities that are authorized by law. These oversight activities include, for example, government audits, investigations, inspections, and licensure activities. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws. Minnesota law requires that patient-identifying information (for example, your name, social security number, etc.) be removed from most disclosures for health oversight purposes, unless you have provided us with written consent for the disclosure.
- **Lawsuits and Disputes:** If you are involved in a lawsuit, dispute, or other judicial proceeding, we will disclose health information about you in response to a valid court order, administrative order, or a grand jury subpoena, or with your written consent.
- **Law Enforcement:** We may release health information if asked to do so by a law enforcement official in response to a valid court order, grand jury subpoena or warrant, or with your written consent. In addition, we are required to report certain types of wounds, such as gunshot wounds and

some burns. In most cases, reports will include only the fact of injury as any additional disclosures would require your consent or a court order.

We may also release information to law enforcement that may not be part of the health record for the following reasons:

- To identify or locate a suspect, fugitive, material witness, or missing person;
 - If you are the victim of a crime, if, under certain limited circumstances, we are unable to obtain your agreement;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at our facility; 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, Health Examiners, and Funeral Directors:** We will release health information to a coroner or health examiner in the case of certain types of death, and we must disclose health records upon the request of the coroner or health examiner. This may be necessary, for example, to identify you or determine the cause of death. We may also release the fact of death and certain demographic information about you to funeral directors as necessary to carry out their duties. Other disclosures from your health record will require the consent of a surviving spouse, parent, a person appointed by you in writing, or your legally authorized representative.
 - **National Security and Intelligence Activities:** We will release health information about you to authorized federal officials for intelligence, counter-intelligence, and other national security activities only as required by law or with your written consent.
 - **Protective Services for the President and Others:** We will disclose health 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 only as required by law or with your written consent.
 - **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we will release health information about you to the correctional institution or law enforcement official only as required by law or with your written consent.

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

- **Right to Inspect and Copy:** You have the right to inspect and receive a copy of your health information that is used to make decisions about your care. Usually, this includes health and billing records maintained by Minnesota Epilepsy Group, P.A..

If you wish to inspect and copy health information, you must submit your request in writing to us. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request, to the extent permitted by state and federal law.

We may deny your request to inspect and copy your information in certain very limited circumstances. For example, we may deny access if your physician believes it will be harmful to your health, or could cause a threat to others. In these cases, we may supply the information to a third party who may release the information to you. If you are denied access to health information, you may request that the denial be reviewed. Another licensed health care professional chosen by

Minnesota Epilepsy Group, P.A. 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 review.

- **Right to Request Amendment:** If you believe that health information we have about you is incorrect or incomplete, you have the right to ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Minnesota Epilepsy Group, P.A.

To request an amendment to your information, your request must be made in writing to us. In addition, you must provide a reason that supports your request.

Minnesota Epilepsy Group, P.A. may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by Minnesota Epilepsy Group, P.A., unless the person or entity that created the information is no longer available to make the amendment;
 - Is not part of the health information kept by or for Minnesota Epilepsy Group, P.A.;
 - Is not part of the information which you would be permitted to inspect and copy; or
 - 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 health information about you. This list will not include disclosures for treatment, payment, and health care operations; disclosures that you have authorized or that have been made to you; disclosures for national security or intelligence purposes; disclosures to correctional institutions or law enforcement with custody of you; disclosures that took place before April 14, 2003; and certain other disclosures allowed by state and federal law.

To request this list of disclosures, you must submit your request in writing to us. Your request must state a time period for which you would like the accounting. The accounting period may not go back further than six years from the date of the request, and it may not include dates before April 14, 2003. You may receive one free accounting in any 12-month period. We will charge you for additional requests.

- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose about you. For example, you could ask that we not use or disclose information about treatment that you received to other physicians or to your insurance company. *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 us. In your request, you must tell us (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, if you want to prohibit disclosures to your spouse.

- **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 request confidential communications, you must make your request in writing to us. 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, and we may require you to provide information about how payment will be handled.

- **Right to a Paper Copy of This Notice:** You have the right to receive a paper copy of this notice. You may ask us to give you a copy of this notice any time. This notice is on our website at www.mnepilepsy.net.

Other Uses of Health Information

Except as described above, Minnesota Epilepsy Group, P.A. will not use or disclose your protected health information without a specific written authorization from you. If you provide us with a written authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information about you 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.

Changes to This Notice

The effective date of this notice is April 14, 2003. 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. If the terms of this notice are changed, Minnesota Epilepsy Group, P.A. will provide you with a revised notice upon request, and we will post the revised notice on our website and in designated locations at Minnesota Epilepsy Group, P.A..

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with Minnesota Epilepsy Group, P.A., contact:

Dr. Gail Risse, Privacy Officer,
Minnesota Epilepsy Group, P.A.
225 Smith Ave. N, Suite 201
St. Paul, MN 55102
Phone number: (651) 241-5290

All complaints must be submitted in writing. You will not be penalized for filing a complaint.