

**Family Medical Center, P.A. – Little Falls**  
**Community Medical Center – Pierz**

**NOTICE OF PRIVACY PRACTICES**

**Effective April 14, 2003**

**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.**

This is a joint notice of the Family Medical Center, P.A. which also operates the Community Medical Center in Pierz. Both facilities share protected health information with each other to carry out treatment, payment, or health care operations. Both facilities are referred to jointly by the term “Clinic”.

The Clinic may use and disclose protected health information for treatment, payment, or health operations. The Clinic may also use or disclose protected health information in other situations as prescribed by law. Listed below are the purposes for which the Clinic may use and disclose protected health information together with one or more examples of how information might be used or disclosed for each purpose.

- A. Treatment. The physician uses information obtained from a personal health history, physical examination, and laboratory results to diagnose your medical condition and prescribe a course of treatment.
- B. Payment. The business office staff disclose information to your insurance company about the services you received at the Clinic so that the Clinic can receive reimbursement from your insurance company.
- C. Health care operations. The clinic reviews individual patient medical records to determine whether or not a patient with a particular diagnosis is receiving all of the recommended courses of treatment for that particular diagnosis.
- D. Public health activities. The Clinic is required to report to government agencies instances of some communicable diseases as well as vital events such as birth and death.
- E. Suspected abuse, neglect or domestic violence. The Clinic is required to report suspected instances of abuse, neglect, or domestic violence to the county social services office and/or county sheriff.
- F. Health oversight activities. The Clinic cooperates with government agencies auditing the appropriateness of claims submitted for reimbursement by government programs. Such audits require a review of individual medical records and payment claims.

- G. Judicial and administrative proceedings. The clinic responds to court orders to produce medical records or payment records as part of judicial or administrative proceedings.
- H. Law enforcement purposes. The Clinic is required to report certain types of wounds or other injuries, such as gun shot wounds, to appropriate law enforcement officials.
- I. Uses and disclosures about decedents. The Clinic discloses protected health information to coroners or medical examiners for the purpose of identifying a deceased person or determining the cause of death.
- J. Cadaveric organ, eye, or tissue donation. The Clinic discloses protected health information to organizations engaged in procurement, banking, or transplanting organ, eye, or tissue donation.
- K. Medical research. The Clinic participates in university and other sponsored research studies requiring the review of a large number of medical records of individuals with particular diagnoses or other medical circumstances.
- L. Use or disclosures to avert a serious threat to health or safety. In the event that the Clinic knew that a patient was infected with a very contagious disease that posed a threat to the public, such as small pox, the Clinic would report this information to the local public health agency.
- M. Specialized government functions. The Clinic would disclose protected health information to authorized federal officials for the provision of protective services to the President or other authorized persons.
- N. Workers' compensation. The Clinic may disclose protected health information to employers or insurance companies who process claims under workers' compensation programs.
- O. Reminders and notices. The Clinic may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

All other uses and disclosures of protected health information will be made only with your written authorization and you may revoke that authorization at any time by providing notice, in writing, to the Clinic Privacy Official except that you cannot revoke an authorization or consent to the extent that the Clinic has already taken action relying on the authorization or consent.

You have certain rights as explained below.

- A. Restrictions. You have the right to request that there be restrictions on the use or disclosure of protected health information for treatment, payment, or health care operations. Your request must be submitted in writing to the Clinic Privacy Official. The Clinic is not required to agree to any such request. However, if the Clinic does agree to any such request, then the Clinic is obligated to honor that agreement.

- B. Other restrictions. In the event that you are not able to give your authorization or are not available, the Clinic may use or disclose to a family member, other relative, or a close personal friend protected health information directly relevant to their involvement with your care or payment for your care; to assist in notifying such a person in an emergency; or to assist in disaster relief efforts. You have the right to request that there be restrictions on such use or disclosure. Your request must be submitted in writing to the Clinic Privacy Official. The Clinic is not required to agree to any such requests. However, if the Clinic does agree to any such request, then the Clinic is obligated to honor that agreement.
- C. Alternative communications. You may request that communications regarding protected health information be made at a different location than that listed as your primary address. The Clinic is obligated to honor all reasonable requests. Your request must be submitted in writing to the Clinic Privacy Official.
- D. Inspection and Copying. You have the right to inspect or obtain a copy of your protected health information. Your request must be submitted in writing on forms provided by the Clinic. These forms are available at the Clinic or by contacting the Clinic Privacy Official. There may be a charge for obtaining copies of your protected health information.
- E. Amendment. You have the right to request that your protected health information which you feel is incorrect or incomplete be amended. Your request must be submitted in writing to the Clinic Privacy Official. Your request must provide a reason to support your request.
- F. Accounting of Disclosures. You have the right to request an accounting of all disclosures of protected health information during the past six years or after April 14, 2003, whichever is the shorter period of time, other than for treatment, payment, or health care operations; disclosures which you have authorized in writing; or for which the clinic is prohibited by law to report to you, such as a request by law enforcement agencies investing fraud or abuse. Your request must be submitted in writing to the Clinic Privacy Official.
- G. *Notice of Privacy Practices*. You have a right to have your own copy of this *Notice of Privacy Practices*. To obtain your copy, ask the Clinic receptionist.

The Clinic has certain duties as explained below.

- A. The Clinic is required by law to maintain the privacy of protected health information and to provide individuals with notice of it's legal duties and privacy practices with respect to health information. The Clinic does this by posting and distributing this *Notice of Privacy Practices*.
- B. The Clinic is obligated to abide by the terms of the *Notice of Privacy Practices* currently in effect at the clinic.

- C. The Clinic reserves the right to change the terms of its *Notice of Privacy Practices* and to make the new notice provisions effective for all protected health information that it maintains. Any new *Notice of Privacy Practices* would be posted in the Clinic and would be made available at the reception desk to all patients who come to the Clinic.
  
- D. The Clinic must designate a contact person who is responsible for receiving complaints. That person is the Clinic Privacy Official. You may complain to the Clinic as well as to the Secretary of Health and Human Services if you believe that your privacy rights have been violated. If you wish to submit a complaint to the Clinic, you must do so in writing to the Clinic Privacy Official. You will not be retaliated against for submitting a complaint.

For further information or to submit documents in writing as prescribed anywhere above, contact:

Clinic Privacy Official  
Family Medical Center, P.A.  
811 S. E. Second Street, Suite A  
Little Falls, Minnesota 56345  
320-632-6611