



NOTICE OF PRIVACY PRACTICES Effective April 3, 2003

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

Our Responsibilities:

We are required by law to maintain the privacy of your health information and provide you a description of our privacy practices. We will abide by the terms of this notice and notify you if we cannot agree to a requested restriction.

USES & DISCLOSURES OF YOUR HEALTH INFORMATION

The following categories describe examples of the way we use and disclose medical information:

Treatment: The doctors, nurses and other staff of the Pavilion Surgery Center will use your health information to determine the medical care, tests, procedures and medications you may need. We may disclose your health information to coordinate or manage your health care. For example, we may disclose your information to another health care provider to order a referral, prescriptions, lab work or an X-ray for you.

Appointment reminders and other contacts: We may use your health information to contact you with reminders about your appointments, alternative treatments you may want to consider, or other of our services that may be of interest to you.

Payment: We will use your health information to check your eligibility for insurance coverage and prepare a bill to send to you or your insurance company. We will disclose your health information to others to bill and collect payment for our services. For example, in order to bill an insurance company, we will have to disclose information about when you were treated, the conditions you were treated for, and the type of treatment you received.

Health care operations: We may use and disclose your health information to allow us to perform functions necessary for our business of health care. For example, within our organization, we may use your information to help us train new staff and conduct quality improvement activities. We may disclose your information to consultants and other business associates who help us with billing, computer and transcription services. In limited situations, we may disclose information to allow other health care organizations to perform their health care

operations. For example, we may disclose your information to your insurance company to allow them to conduct quality improvement activities.

Persons involved in your care: If you are present, we may disclose your health information to a relative or other person involved in your treatment or payment for your treatment, but only if you have had an opportunity to agree or object to that disclosure. For example, you may indicate that you don't mind us disclosing your information to a friend or family member by allowing them to join in your meeting with your doctor. If you are not present to agree or object, we will use our professional judgment to determine if disclosing your health information is in your best interests.

Research: We may use or disclose your health information for research purposes if a review board has determined that your privacy will be appropriately protected.

Required by law: We may also use and disclose health information for the following types of entities including but not limited to:

- Food and Drug Administration
- Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability.
- Correctional Institutions
- Workers Compensation Agents
- Health Oversight Agencies, such as Medicare and Medical Assistance.
- Medical Examiners and Funeral Directors
- National Security and Intelligence Agencies

Law Enforcement/Legal Proceedings: We may disclose health information for law enforcement purposes as required by law or in response to a court order or search warrant.

YOUR HEALTH INFORMATION RIGHTS:

You have several important rights with regard to your health information. The following explains those rights and how you may exercise them.

Right to inspect and copy: You have the right to inspect and copy your health information. We ask that you submit your request to inspect or copy in writing. We may charge you a reasonable fee. In some limited circumstances, we may deny your request to inspect or copy your information. If that happens, you may ask that the denial be reconsidered. Your request and the denial will then be reviewed by a different licensed health care professional – not the one who originally denied your request. We will comply with the decision that professional makes.

Right to request amendment: If you believe that health information we have about you is incorrect or incomplete, you may ask us in writing to amend the information. You must explain the reasons for your request. We may deny your request if the information you are asking us to change:

- Was not created by us (unless the person that created the Information is no longer available to make the amendment)
- Is not part of the health information kept by or for us;
- Is not part of the information you are permitted to inspect and copy; or
- Is already accurate and complete.

If we deny your request, you have the right to file a statement of disagreement with us. Your statement will be included in any disclosures of your information we make in the future.

Right to request restrictions on uses and disclosures of your health information: You have the right to ask us to limit how we use and disclose your health information for your treatment or our payment and business operations purposes. You may also ask that we not disclose your health information to family members or friends involved in your treatment or payment for your treatment. We are not required to agree to your request for a restriction. However, if we do agree, we will comply with our agreement unless there is an emergency or we are otherwise required to use or disclose the information.

Right to request confidential communications from us: You have the right to ask us to communicate with you about health matters in a specific way or at a specific location. For example, you may ask that we only contact you at work or by mail. We ask that you make your request for confidential communication in writing. We will comply with reasonable requests.

Right to receive an accounting of certain disclosures of your health information we have made: You have the right to request accounting disclosures that occurred after April 13, 2003. This list will not include disclosures made for treatment, payment or healthcare operations. Other uses and disclosures of your health information not covered in this Notice will be made only with your written authorization.

If you authorize us to use or disclose your health information, you may revoke that authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your information for the purposes covered by your authorization. You must understand, however, that we are unable to take back any disclosures we have already made in reliance on your authorization.

This Notice will remain in effect until we revise it. We reserve the right to change our privacy practices and the terms of this Notice. Any changes we make will apply to all of the health information about you we maintain. We will make you aware of any changes by:

- Posting the revised Notice in our office;
- Making copies of the revised Notice available upon your request (either at our office

Right to receive a copy of this Notice: You have the right to receive a paper copy of this Notice, even if you have agreed to receive it electronically.

**To exercise any of these rights, please contact the Pavilion
Surgery Center's Privacy Officer:**

**Esther Lindeman
Administrative Director
920 East First Street, Suite P-101
Duluth, MN 55805
(218) 279-6200**

**You may also call or send a written complaint directly to
the following:**

Office of Health Facility Complaints

(651) 201-4201

1-800-369-7994

Fax: (651) 281-9796 | 800-369-7994

Mailing Address:

Minnesota Department of Health
Office of Health Facility Complaints
85 East Seventh Place, Suite 300
PO Box 64970
St. Paul, MN 55164-0970

Ombudsman for Long-Term Care

MN board on Aging

(651) 431-2555

218-729-1303

Fax: 218-729-1302

Mailing Address:

Ombudsman for Long-Term Care
PO Box 117
Duluth, MN 55801
St. Paul, MN 55164-0971