

## ADVANCED SPINE AND PAIN CLINICS OF MINNESOTA

### NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.  
PLEASE REVIEW THIS NOTICE CAREFULLY.

#### **Purpose of this Notice**

Advanced Spine and Pain Clinics of Minnesota (ASPCMN) is required by law to maintain the privacy of your personal health information. We are required by the federal Health Insurance Portability and Accountability Act (HIPAA), Public law 104-191, and HIPAA regulations, 45 CFR Part 160 and 164, to provide you with this Notice of our privacy practices, our legal duties, and your rights concerning your health information. This Notice will take effect on September 1, 2012 and will remain in effect until it is replaced. ASPCMN must abide by all terms of this Notice as long as it is in effect. ASPCMN reserves the right to revise or change this Notice at any time. Any such revision will affect information we already have about you and any information we receive in the future. If there is any significant change in our privacy practices, this Notice will be changed and the new Notice will be mailed to you. You do not have to take any action in response to this Notice. If you do have any questions about this Notice, please direct your questions to the Privacy Office whose contact information can be found at the end of this notice.

#### **How ASPCMN Will Use or Disclose your Health Information**

ASPCMN uses and discloses your health information for the following purposes:

**Treatment:** We may use or disclose your health information to provide, coordinate, or manage your health care treatment between health care providers. For example, this may include coordination of treatment by your health care provider with a third party, consultation between health care providers relating to you, or referral for your health care from one health care provider to another.

**Payment:** We may use or disclose your health information to determine and remit proper payment for health care treatment or services you receive, or to receive payment for health care treatment provided to you by an ASPCMN health care provider or facility. For example, your health information may be used to determine eligibility for coverage, billing, claims management and collection activities.

**For Health Care Operations:** We may use or disclose health information about you for operational purposes. For example, your health information may be used to conduct quality assessment and improvement activities, training and supervision of staff members, licensing and conducting or arranging for other business activities. We may also disclose your health information to the Minnesota Department of Health or other State of Minnesota agencies as applicable. We may also use your health information to contact you in connection with limited marketing activities for our practice that are permitted under federal privacy rules.

**Business Associates:** We will share your protected health information with third party "business associates" that perform various activities that are essential to the operations of the organization. Whenever we have an arrangement between our organization and a business associate, we will limit the amount of protected health information shared to the minimum necessary to accomplish the task and we will have a written contract that appropriately safeguards the privacy of your health information.

**Appointment reminders:** We may use or disclose your health information, as necessary, to provide you with appointment reminders or information related to your treatment or other related health benefits and services that may be of interest to you.

**To avert a serious threat to health or safety:** We may use your health information when necessary to prevent a serious threat to your health or safety, or the health and safety of the public, or another person.

**Public health activities:** We may share your health information for public health activities or legal authorities charged with preventing or controlling disease, injury, or disability.

**Required by law:** We may use or share your health information to comply with federal or state law, such as to report child or elder abuse or neglect.

**Law enforcement:** We may disclose health information for law enforcement purposes in response to a valid subpoena, warrant, court order, summons, or crime on the premises of ASPCMN.

**Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to harmful events with respect to food, supplements, product and product defects, to enable product recalls, repairs or replacement.

**Health oversight activities:** We may disclose health information to a health oversight agency such as the Department of Health and Human Services, for activities authorized by law. These include facility audits, investigations, inspections and licensure, and are necessary for the government to monitor the health care system with regard to government programs and compliance.

**Administrative or legal proceedings:** If you are involved in an administrative or legal proceeding, we may be required to disclose your health information in response to a court or administrative order, subpoena, discovery request or other lawful process. If your authorization cannot be obtained, we will request a court order protecting your information.

**Correctional institutions:** Should you be an inmate of a correctional institution, a resident of another form of court-ordered placement, or in the custody of law enforcement, we may disclose to the institution or their agents health information necessary for your health and the health and safety of other individuals.

**Government functions:** Your health information may be used or disclosed to carry out specialized government functions, such as protection of public officials, for national security, or to an agency administering a public benefits program.

**Worker's compensation:** We may release your health information for worker's compensation or similar programs.

**Relating to decedents:** We may disclose health information regarding an individual's death to coroners, medical examiners or funeral directors consistent with applicable law.

**Other uses and disclosures:** Other uses and disclosures of your health information will be made only with your written authorization, unless otherwise permitted or required by law as described in this Notice. You may revoke this authorization at any time, in writing, except to the extent that we have already relied upon your authorization in making a disclosure.

#### **Uses and Disclosures We May Make Unless You Object**

In the following situations, we may disclose your health information if you do not object.

**Notification:** We may use or disclose information to notify or assist in notifying a family member or friend of your location and general condition.

**Communications:** Staff members may disclose your health information to a family member, other relative, or close personal friend relevant to that person's involvement in your care or payment related to your care.

If you are present, or otherwise available, and able to make health care decisions, we will try to find out if you want us to share this information. If you are in an emergency situation and not able to make your wishes known, we will use our best judgment to decide whether to share information. If it is thought to be in your best interest, we will only share information that others really need to know.

#### **Your Health Information Rights**

Although your health or medical record is the physical property of the health care practitioner or facility that compiled it, the information belongs to you. You have the right to:

- Obtain a copy of this notice upon request. It will be available to you through your health care provider and on the practice website.
- Inspect a copy of your health record (there may be a reasonable copying/printing charge) as provided under Federal law (45 CFR 164.524).
- Request a restriction on certain uses and disclosures of your information as provided by Federal law (45 CFR 164.522).
- Request to amend your health record as provided by Federal law (45 CFR 164.526).
- Obtain an accounting of disclosures of your health information, except routine disclosures for treatment, payment, health care operations, and certain other disclosures, as provided by Federal law (45 CFR 164.528).
- Request that we communicate with you regarding your health information by alternative means or at alternative locations, such as only calling you at work or mailing appointment reminders to a post office box.
- Revoke authorization to use or disclose health information except to the extent that action has already been taken.

Under certain circumstances, we may deny access to your health record, and we are not required to agree to or accommodate requested restrictions or disclosures. However, we will provide you with a full explanation at that time.

Please request the appropriate forms by contacting the ASPCMN Privacy Officer whose contact information is listed below.

If you feel your privacy rights have been violated, you may file a written complaint with the Advanced Spine and Pain Clinics of Minnesota Privacy Officer at the address below, or with the Secretary of the Department of Health and Human Services at 200 Independence Ave., S.W., Washington, D.C. 20201.

#### **You will not be penalized for filing a complaint.**

If you have question, need more information about this notice, or if you wish to file a complaint, please contact:

Advanced Spine and Pain Clinics of Minnesota  
Privacy Officer  
7373 France Ave. S., Ste 606  
Edina, MN 55435  
Phone: (952) 831-0188