We are required by law to maintain the privacy and security of your health information about you. We may change the way we use or disclose your health information. If we do, we will make an amendment to your medical record and send a written notice to you if you have an interest in the amendment. 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.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

- **Run our organization**:
  - We may use and share your health information to run our practice, improve your care, and contact you when necessary. We may share your information with business partners called "business associates" who help us to run and manage our operations.

- **Bill for your services**:
  - We are required by Minnesota law to get your consent before we may use and share your health information to bill and get payment from health plan and other entities for your treatment.

- **Help with public health and safety issues**:
  - We may share health information about you for certain situations such as preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, preventing or reducing a serious threat to anyone’s health or safety, or to lessen a serious and imminent threat to health or safety in general.

- **Do research**:
  - We may use your health information for our health research and may share your information with outside researchers if you do not object.

- **Comply with the law**:
  - We will share information about you if it is required by law, including with the Department of Health and Human Services if we want to make sure we’re complying with federal privacy law.

- **Respond to donation requests**:
  - We may share health information about you with organ and tissue procurement organizations.

- **Work with a coroner**:
  - We may share health information with a coroner or medical examiner when an individual dies.

- **Respond to lawsuits and legal actions**:
  - We may share health information about you in response to a court or administrative order, subpoenas, discovery request or other legal process.

- **Address workers’ compensation, law enforcement, and other government requests**:
  - We may use or share health information about you:
    - For workers’ compensation claims
    - For law enforcement purposes or with a law enforcement official as required by law
    - With health oversight agencies for activities authorized by law
    - For special government functions such as military, national security, and presidential protective services as required by law.

Our Responsibilities

We have responsibilities for your health information.

- We are required by law to maintain the privacy and security of your protected health information, and notify you if there is a breach of your unsecured health information.
- We must follow the duties and privacy practices described in this notice unless you give us permission.
- Unless we have an already established relationship with you, you may take back or revoke your permission at any time by writing to us using the contact information at the end of this notice.

Get an electronic or paper copy of your medical record

You may ask us to see or get an electronic or paper copy of your medical record and other health information we have about you. We may charge a fee for some requests. In very limited cases we may deny this request. If we deny the request you may request a review of our decision.

Ask us to correct your medical record

You may ask us to correct health information about you that you think is incorrect or incomplete. We may say "no" to your request, but we will give you a written statement explaining our decision.

Request confidential communications

You may ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will not provide your information unless you are personally present and consent to the information being shared.

Ask us to limit what we use or share

You may ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.

If you pay for a service or health care item out-of-pocket in full, you may ask us not to share that information with your health insurer for the purpose of payment or operations. We will not provide one list for free but will charge a fee if you ask for another list within 12 months. To get a list send a written request to the address at the end of this notice.

Get a list of those with whom we’ve shared information

You may ask for a list of the times we’ve shared your health information, with whom we shared it, and why. You may ask for a specific time period to be covered by the list, but we will not provide any information that goes back more than 6 years before your request. The list will not include any sharing done at your request or for treatment, payment, health care operations or certain other cases. We’ll provide one list for free, but will charge a fee if you ask for another list within 12 months. To get a list send a written request to the address at the end of this notice.

Fill a complaint if you feel your rights are violated

You may complain if you feel we have violated your rights. You may use the contact information at the end of this notice to make your complaint.

You may also contact the U.S. Department of Health and Human Services to complain.

You may complain if you feel we have violated your rights. You may use the contact information at the end of this notice to make your complaint.

Effective Date and Changes to the Terms of This Notice

The effective date of this notice is February 1, 2019. We may change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, at our facilities, and on our web site.

This Notice of Privacy Practices applies to all University of Minnesota facilities providing healthcare services and submitting certain electronic transactions to bill for those services, including:
- Boynton Health Services
- Community University Health Care Centers (CUHCC)
- Julie M. Davis Speech-Language-Hearing Center
- School of Dentistry Student Clinics, Comprehensive Care Clinics, Local Pediatrics & Specialty Clinics
- UMD Health Services

This notice may apply to additional University of Minnesota facilities not listed above. Those facilities will make this notice available to you if it is applicable.

This notice does not apply to the University of Minnesota Medical Center, Fairview, or facilities branded as M Health.

Contact Information:

University of Minnesota Health Information Privacy & Compliance Office
MVIC 233
420 Delaware Street SE
Minneapolis, MN 55455
privacy@umn.edu
612.624.7447