

Notice of Privacy Practices:
How Fertile Ground protects what is important to you

In order to maintain the level of service that you expect from our office, we may need to share limited personal medical and financial information with your insurance company, with Worker's Compensation (and your employer as well in this instance), or with other medical practitioners that you authorize. We are committed to full compliance with federal and state laws and regulations ensuring the privacy and confidentiality of our patients' personal health information. The practitioners and staff will make every effort to respect your privacy and keep confidential health information safe when it is entrusted to us.

Our Duties: We are required by law to maintain the privacy of your health information, to provide you with this notice of our legal duties and our privacy practices, and to abide by the terms of this notice while it is in effect. However, we reserve the right to change the terms of our privacy notices in accordance with federal or state law; any such changes will apply to all of your information in our files.

- You will be asked to consent to the use or disclosure of your protected health information (PHI) by agreeing Fertile Ground to:
- Use your PHI within the clinic or disclose your health information to another health care provider or facility for the purpose of diagnosis, assessment or treatment of your condition.
- Use your PHI within the clinic or disclose your examination, treatment and billing records to another party such as an insurance carrier, HMO or your employer for the purpose of receiving payment for services rendered to you.
- Use your PHI, examination, treatment and billing records for quality control or other administrative purposes to efficiently and effectively operate the practice.
- Disclose you PHI to business associates that perform services for Fertile Ground for your benefit and bill for it. All Fertile Ground business associates are contractually required by us to similarly safeguard the privacy and confidentiality of any PHI disclosed to them.
- Use PHI to contact you by telephone, mail or email with appointment reminders, newsletters, information about treatment alternatives or other health related information that may be of interest to you. If not at home to receive an appointment reminder, a message may be left on your answering machine (unless otherwise specified).

Required or Permitted Uses and Disclosures Without Your Consent:

Use of disclosure of your health information without your consent may be required or permitted in some circumstances including, but not limited to: 1) The extent that we are required or permitted to do so by applicable federal or state laws; 2) A public health authority for a wide range of public health activities when authorized to collect or receive your health information under federal or state law; 3) An appropriate government authority if there is reason to believe you are the victim of abuse, neglect or domestic violence; 4) Federal or state health care system and government benefit program oversight activities; 5) A response to court order, or in response to a subpoena, discovery request or other lawful purpose; 6) Law enforcement officials when required to report certain types of wounds or physical injuries or to comply with court orders, a grand jury subpoena or administrative requests; 7) An appropriate law enforcement authority if the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of the person or the public; 8) A correctional institution if we provide health care services to you as an inmate; 9) Emergent care situations; and 10) Providing care to you that is related to a work-place injury to the extent necessary to comply with Minnesota's worker's compensation laws.

The Health Care Information Rights of Our Patients Include:

- **Your Right to Revoke Consent:** You may revoke your consent to use or disclose your health information at any time; however, your revocation must be in writing; there are two circumstances under which we will not be able to honor your revocation request: 1) Your health information was released prior to receipt of your request to revoke consent; and 2) Were you required to give your authorization as a condition for obtaining insurance, the insurance company may have a right to your health information if they decide to contest any of your claims.
- **Your Right to Limit Uses or Disclosures:** You have a right to limit the use or disclosure of your personal health information. To do so you must inform us, in writing of any health care providers, hospitals, employers, insurers or other individuals or organizations that you do not want us to disclose your health information to. We are not required to agree to your restrictions; however, if we agree with your restrictions, the restriction is binding.
- **Your Right to Receive Confidential Communication Regarding Your Health Information:** We normally provide information about your health to you in person at the time you receive services from us. We may also mail you information regarding your health or about the status of your account. We will do our best to accommodate any reasonable, written request if you would like to receive information about your health or the services that we provide at a place other than your home or if you would like the information in a different form.
- **Your Right to Inspect and Copy Your PHI:** You have the right to inspect and/or copy your health information for seven years from the date that the record was created or as long as the information remains in our files; such requests must be made in writing. We may refuse your request, and charge you for retrieval and copying costs only in accordance with MN law.
- **Your Right to Amend Your Health Information:** You have the right to request that we amend your health information for seven years from the date that the record was created or as long as the information remains in our files. Amendment requests must be in writing and give us reason to support the change you are proposing. However, Life Healing life is not obligated to comply with your request if it is judged to be unreasonable or false.
- **Your Right to Receive an Accounting of the Disclosures We Have Made of Your Records:** You have the right to submit a written request for an accounting of the disclosures we have made of your PHI for the last six years before the date of your request. By law, such accounting requests will include all disclosures made except those that: 1) Are required for your treatment, to obtain payment for your services or to operate our practice; 2) Were made to you; 3) We are required or permitted to make without your consent or authorization; 4) Were disclosed with your written consent; 5) Were necessary to maintain a facility directory of individuals involved with your care; 6) Were disclosed for national security or intelligence purposes; 7) Were made to correctional or law enforcement officers; or 8) Were made prior to April 14, 2003.
- We will provide accounting of the disclosures, but a retrieval and copying fee (in compliance with Minnesota law) may be charged. When you make your request, we will tell you the amount of the fee and you will have the opportunity to withdraw or modify your request.
- **Your Right to a Paper Copy of This Notice:** You may request a copy of this notice at any time.
- **Your Right to Complain:** You may complain to us if you feel that we have violated your privacy rights. We respect your right to do so and will not take any action against you if you do file a complaint.