

# ECUMEN<sup>®</sup> MINNESOTA NOTICE OF PRIVACY PRACTICES

This notice describes how your medical information may be used and disclosed. *Please review it carefully.*

## Your Health Information Rights

### Copy of Medical Record and Privacy Practices

- Upon your request, a copy of your medical record, other health information and this notice will be provided in a reasonable amount of time.
- *If you ask for a copy of your record for purposes of reviewing current medical care, we may not charge you a fee. [Minn. Stat. § 144.292 subd. 6] If you request copies of your patient records of past medical care, or for certain appeals, we may charge you specified fees. [Minn. Stat. § 144.292 subd. 6]*

### Request to Amend Medical Record

- You may request modifications to your health information if you believe it is incorrect or incomplete. A written explanation will be provided within 60 days for all denied requests.

### Request Confidential Communications

- We will comply with all reasonable requests to communicate with you in a specific way.

### Request to Limit Use of TPO

- You can request that certain health information for treatment, payment, or our operations (TPO) is not used or shared. We reserve the right to refuse this request if it would affect your care.
- You can request that all information regarding healthcare paid out of pocket is not shared with your health insurer. We will comply unless the law requires otherwise. *Minnesota Law requires consent for disclosure of treatment, payment, or operations information [Minn. Stat. § 144.293 subd. 2]*

### Receive a List of individuals with whom we shared information

- A list of when, with whom, and why your health information was shared will be provided upon request. (Records are retained for six years.)
- All disclosures will be included except those about treatment, payment, and healthcare operations, and certain other disclosures (any you asked us to make). A cost-based fee may be assessed.

### File a Complaint

There will be no retaliation for filing a complaint. Complaints can be filed with:

- Ecumen HIPAA Privacy Officer, 3530 Lexington Ave. N., Shoreview, MN 55126
- ECUMEN CONNECT, 1-844-614-2498 OR [www.ecumenconnect.org](http://www.ecumenconnect.org) OR email [ecumenconnect@getintouch.com](mailto:ecumenconnect@getintouch.com)
- U S Department of Health & Human Services, 200 Independence Ave SW, Washington D.C. 20201; 1-877-696-6775

### Request your Information is Not Shared

You have the right and choice to request we do NOT:

- Share information with family, friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- Contact you for fundraising efforts

*If you are unable to tell us your preference, we may share your information if we believe it is in your best interest.*

*We may also share your information to lessen a serious and imminent threat to health or safety.*

Your health information will never be disclosed for the purposes of marketing, profits, or psychotherapy notes without written permission

## Uses and Disclosures

*Consent is needed before disclosing **PHI-Protected Health Information**- for treatment, payment, and operations purposes, unless the disclosure is to a related entity, or the disclosure is for a medical emergency and we are unable to obtain your consent due to your condition or the nature of the medical emergency. [Minn. Stat. § 144.293, subd. 2 and 5]*

### To Provide Medical Services and Run our Organization

We can use and share your health information with providers in our network and with other professionals who are treating you *if we have your consent*. *Health records will not be released to providers outside our network without your consent* [Minn. Stat. § 144.293, subd. 2 and 5]. Health information can be used to run our practice, improve your care, contact you when necessary and to bill and get payment from health plans or other entities.

### Other Uses and Disclosures

We are allowed or required to share your information in other ways – usually to contribute to public health and research. Many conditions in the law must be met before we share information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### Public Health and Safety

Your health information may be disclosed in the following situations:

- Prevent/reduce a threat to anyone's health or safety
- Report suspected abuse, neglect, or domestic violence
- Help with product recalls
- For health research *if you do not object*.
- Report adverse reactions to medications [Minn. Stat. § 144.295 subd. 1]

### Organ and Tissue Donation

We can share health information about you with organ procurement organizations *only with your consent*. [Minn. Stat. § 525A.14]

### Medical Examiner

We can share health information with a coroner and medical examiner when an individual dies. *We need consent to share information with a funeral director*. [Minn. Stat. § 390.11 subd. 7 (a)]

### Workers' Compensation, Law Enforcement, Government

Your health information may be disclosed in the following situations:

- State/federal law require it, including the Dept Health and Human Services.[Minn. Stat. § 144.293 subd. 2]
- Workers' compensation claims
- Law enforcement purposes or *with a law enforcement official with your consent, unless required by law*. [Minn. Stat. § 144.293, subd. 2]
- With health oversight agencies for activities authorized by law
- Special government functions such as military, national security, and presidential protective services *with your consent, unless required by law*. [Minn. Stat. § 144.293, subd. 2]

### Respond to Legal Actions

We can share your health information in response to a court, administrative order, or a subpoena [Minn. Stat. § 144.293 subd. 2] *In Minnesota, we need your consent before disclosing PHI for treatment, payment, and operations, unless the disclosure is to a related entity, or for a medical emergency and we are unable to obtain your consent*. [Minn. Stat. §§ 13.386, 254A.09]

## **Our Responsibilities**

### Maintain Privacy and Security

We are required by law to maintain privacy and security of protected health information. You will be informed promptly if a health information breach occurs.

### Follow Notice Practices

We must provide you a copy of this privacy practice and follow the described duties. We will not use or share your information other than as described here unless written consent is provided. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

## **Changes to the Terms of this Notice**

Terms of this notice may change at any time and will apply to past and present health information. Updated notice will be available upon request, in our office, and on our web site.