

## NOTICE OF PRIVACY PRACTICES

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.

### Your Rights

You have the right to:

- Get a copy of this privacy notice.
- Get a copy of your paper or electronic medical record.
- Correct your paper or electronic medical record.
- Request confidential communication.
- Ask us to limit the information we share.
- Get a list of those with whom we've shared your information.
- Choose someone to act for you.
- File a complaint if you believe your privacy rights have been violated.

### Your Choices

You have choices in the way that we use and share information as we:

- Tell family and friends about your condition or include you in the community directory.
- Market our communities and health and wellbeing services.

### Our Uses and Disclosures

We may use and share your information with other health care providers, business associates, or government agencies as we:

- Plan, schedule, provide, and document your care and treatment.
- Train our health professionals and evaluate the quality of our care.
- Bill you or your insurance for services.
- Help with public health and safety issues.
- Comply with state or federal law and the agencies that oversee and enforce them.
- Work with a medical examiner or funeral director.
- Respond to lawsuits and legal actions.

### Your Rights

**When it comes to the privacy of your health information, you have certain rights.** This section further explains your rights and some of our responsibilities to protect your rights.

#### Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days.

### **Request confidential communications**

- You can ask us to contact you in a specific way. For example, we can mail communications to your son or daughter’s home or the home of a personal representative.
- Your request must be in writing. We will say “yes” to all reasonable requests.

### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information. We are not required to agree to your request, and we may say “no” if it would affect your care or our ability to conduct health care operations.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information with an insurer for any reason. We will say “yes” unless a law requires us to share that information.

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

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### **Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting our Privacy Officer, Linda Hall at 952-358-5137.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

### **Your Choices**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases we never share your information unless you give us written permission:

- Marketing purposes.

## **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.

#### **Provide treatment and other health and wellbeing services to you**

We can use your health information and share it with other professionals who are treating you.

*Example: A doctor, physical therapist, social worker, lab or X-ray technician, medical equipment provider.*

#### **Run our health care operation**

We can use and share your health information to run our home care, improve your care, and contact you when necessary.

*Example: We use health information about you to provide necessary medical treatment and to suggest health and wellbeing options that may be of interest or benefit to you.*

#### **Bill for your services**

We can use and share your health information to bill a personal representative or insurance carrier.

*Example: We may give information about you to your long-term care health insurance plan so it will pay for your services.*

### **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health. We have to meet many conditions in the law before we can share your information for these purposes. For more information:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

#### **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease.
- Helping with product recalls.
- Reporting adverse reactions to medications.
- Reporting suspected maltreatment including physical, emotional, or financial.

- Preventing or reducing a serious threat to anyone's health or safety.

### **Comply with state or federal health care laws**

We will share information about you if state or federal laws require it, including with the Minnesota Department of Health or Department of Health and Human Services to show we are complying with state home care laws and rules and federal privacy law.

### **Work with a medical examiner or funeral director**

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- With local or federal law enforcement officials for law enforcement purposes.
- With health oversight agencies for activities authorized by law.

### **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information and require our business associates to also safeguard your health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information: [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**

We can 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.

This notice is effective as of 09/01/14.