

Vein Associates of Edina Privacy Practices

YOUR PRIVACY RIGHTS:

“Protected Health Information” (PHI) is individually identifiable information about your past, present or future health or condition, the provision of healthcare to you, or payment for the health care. We are required to extend certain protections to your PHI, and to give you this notice about our privacy practices that explains how, when and why we may use or disclose your PHI.

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to request a restriction on certain uses and disclosures of your information. This includes the right to obtain a paper copy of the notice information practices upon request, inspect, and obtain a copy of your health record, obtain an accounting of disclosures or your health information, request communications of your health information, and revoke your authorization to use or disclose health information except to the extent that action has already been taken.

OUR RESPONSIBILITY:

We are required to maintain the privacy of your health information, provide you with a notice as to our legal duties and privacy practices in regards to information we collect and maintain about you, abide by the terms of this notice, notify you if we are unable to agree to a requested restriction, accommodate reasonable requests you may have to communicate health information by alternative means. We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post a revised notice in our waiting room. We will not use or disclose your health information without your authorization, except as described in this notice.

FOR ADDITIONAL INFORMATION OR TO REPORT A PROBLEM:

If you believe there is a mistake or missing information in our records of your PHI, you may request, in writing, that we correct or add to the record. We will respond within 60 days of receiving your request. We may deny the request if we determine that the PHI is (i) correct and complete; (ii) not created by us and/or not part of our records, or; (iii) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request denial, along with any statements in response that you provide, amended to your PHI. If we approve the request for amendment, we will change the PHI and so inform you and tell others what they need to know about the change in PHI.

If you have questions and would like additional information, you may contact the Office Manager, who is also the Privacy Manager, at 952-224-8107. If you believe your rights have been violated, you may file a complaint with the Office Manager. There will be no retaliation for filing a complaint.

DISCLOSURES FOR TREATMENT AND PAYMENT:

We will use your information for treatment. Information obtained by any healthcare team member will be recorded in your record and used to determine the course of treatment that should work best for you.

We will use your health information for payment. For example: A bill may be sent to you or a third-party payer. This information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedure and medications provided.

BUSINESS ASSOCIATES: There are some services provided in our organization through contacts with business associates. When these services are contracted, we may disclose your health information to our business associate so they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

COMMUNICATION WITH FAMILY: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

RESEARCH: We may disclose information to researchers when an Institutional review board has reviewed the research proposal and established protocols to ensure privacy of your PHI, and has approved their research.

MARKETING: We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

FOOD AND DRUG ADMINISTRATION: We may disclose to the FDA health information relative to the adverse events with respect to supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs or replacement.

WORKERS COMPENSATION: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

PUBLIC HEALTH: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury and disability.

CORRECTIONAL INSTITUTE: Should you be an inmate of a correctional institution, we may disclose to the agents thereof health information necessary for your health and the health and safety of other individuals.

LAW ENFORCEMENT: We may disclose health information for law enforcement purposes as required by federal, state or local law or in response to a valid subpoena.

HEALTH OVERSIGHT ACTIVITIES: We may disclose health information to a health oversight agency for audits, investigations, inspections or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION: We will not use or disclose your health information for any purposes other than those disclosed in the previous sections without your specific, written *authorization*. We must obtain your *authorization* separate from any *consent* we may have obtained from you. If you give us *authorization* to use or disclose health information about you, you may revoke that *authorization* in writing at any time. If you revoke your *authorization*, we will no longer use or disclose information about you for the reasons covered by your written *authorization*, but we cannot take back any uses or disclosures already made with your permission.

Please sign and date to acknowledge that you have received and read a copy of the Vein Associates of Edina Privacy Policy.

Signature _____

Date _____