

RICHFIELD MEDICAL GROUP NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW THE MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. PLEASE REVIEW AND SIGN ACKNOWLEDGEMENT.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal program that requires all medical records and other individually identifiable health information used or disclosed by the Richfield Medical Group in any form are kept confidential.

As required by HIPAA, we have summarized how we intend to maintain the privacy of your health information and how we may use and disclose this information.

We may use and disclose your medical records (Protected Healthcare Information -PHI) for the following purposes: Treatment, Payment, and HealthCare Operations.

- **Treatment may require that your information be disclosed to other healthcare professionals that are involved in your care such as specialists you may be referred to.**
- **Payment includes such activities as submitting claims to your insurance company for reimbursement, confirming eligibility and utilization review.**
- **HealthCare Operations include the business aspects of running our practice such as internal quality review, auditing function and cost management analysis.**
- **Use and Disclosure of your PHI under Special Circumstances: Federal and State laws require us to report communicable disease and other public health risks to the local Department of Health or appropriate agency.**
- **We will provide your PHI to Law Enforcement officials in response to a warrant, summons, court order or subpoena.**
- **We may release PHI to a coroner or medical examiner to identify the cause of death.**

You are agreeing that your insurance company may share past, current and future records with the Richfield Medical Group and other groups unrelated to the Richfield Medical Group. These records will be used by Richfield Medical Group to manage, coordinate and improve your care.

If you do not agree with this, initial here:_____

We may contact you to provide appointment reminders or information regarding your treatment options.

With implementation of our electronic medical record, Epic, your personal health information may be shared within the service areas affiliated within Fairview Health System. For example, if you are a patient at Fairview Southdale Hospital or seen at a Fairview clinic, your Richfield Medical Group record will be available to that entity for purposes of treatment and continuity of care.

I acknowledge that I understand and authorize the sharing of my personal health information (PHI) within the Fairview Health System for purposes of treatment and continuity of care.

You have the following rights with respect to your protected health information (PHI).

- The right to inspect or copy your PHI. A written request is required. You will be charged a fee for the cost of copying, mailing, labor and supplies.
- The right to receive an accounting of disclosures of your PHI if other than for treatment, payment and operations.
- The right to request an amendment of your PHI. Submit your request in writing and provide a reason that supports your request for amending your PHI.

This Notice of Privacy was effective April 14, 2003 and updated on September 2014. We are required to abide by the terms. If you believe your privacy rights have been violated, you may file a complaint with our clinic or with the Secretary of the Department of Human Services. To file a complaint with our office, send to:

The Richfield Medical Group
Att: Privacy Officer
6440 Nicollet Ave.
Richfield, MN 55423

Signature:_____

Date:_____