



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND SHARED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

PLEASE REVIEW IT CAREFULLY

During your treatment at the MDMF clinic, MDMF personnel may gather information about your medical history and your current health. This notice explains how that information may be used and shared with others. It also explains your privacy rights regarding this kind of information. The terms of this notice apply to health information created or received by MDMF. We are required by law to make sure that the medical information that identifies you is kept private and give you this notice of our legal duties and privacy practices with respect to medical information about you. All MDMF members, treatment providers, and volunteers must follow these practices

Your medical information may be used and disclosed for the following purposes:

- We may use and share your information to provide, coordinate, and manage your care and treatment. For example, an MDMF professional may share your medical information with another physician or physical therapist for a referral or consultation.
- We may use and share your health information with other health care providers who are treating you or with a pharmacy that is filling your prescription.
- We may use and share your health information to run MDMF and our clinic, to evaluate practitioners or provider performance, to educate health care professionals and MDMF members and to ensure all of our patients receive quality care.
- We may use and share your health information to contact you about health-related benefits and services or to fundraise for the benefit of MDMF. You have the right not to receive fundraising communication; if you do not want to receive such communications, you should e-mail kayla@mndancemed.org.

- We may use and share your health information for research studies where health records are analyzed. This will be done after review by an MDMF subgroup to ensure that such research may present only a small risk to your privacy and that researchers keep your information confidential and secure. In some cases, researchers may be permitted to use information in a limited way to determine whether the study or the potential participants are appropriate. Prior to relating any identifiable information about you to outside researchers (non MDMF members and volunteers), we will make a good faith effort to obtain your consent or refusal to participate in any research study, as required by law.
- We will disclose your information to those taking care of you or other close family members or friends if these people need to know this information to help you, and even then only to the extent provided by law and generally if you have provided written consent. We may, for example, provided limited medical information to allow such individual to pick up a supply or exercise handouts for you.
- We may also use and share your health information for the following reasons:
 - For public health activities (for example to report injuries and diseases) to a public health official authorized to receive such information;
 - To alert appropriate authorities about victims of abuse, neglect, or domestic violence; if we reasonably believe that you have been a victim of such abuse, neglect of domestic violence, we will make every effort to get your permission to before sharing this information. However, in some cases, we may be required or authorized to act without your permission;
 - For oversight by health oversight agencies, government or private agencies that oversee health care organizations to ensure safety and quality activities.
 - To created and disclose de-identified (does not have your name, SS#) health information or limited data sets that do not have direct identifiers about you;
 - For incidental uses and disclosures (for example, if a patient or other MDMF member overhears a discussion even when reasonable steps were taken to keep your information confidential), and
 - As otherwise allowed or required under by local, state or federal law.

Except as described above, MDMF will not use or disclose your protected health information without specific authorization in writing from you.

You have the following rights regarding your health information:

Although your health record is the property of MDMF, you have the following rights:

- **Right to Inspect and Copy:** You have the right to inspect and receive a copy of your medical information that is use to make decisions about your care. If you wish to inspect and copy medical information, you must submit your request in writing to Terry Farley/Privacy Officer at terryfarley@mndancemed.org. Copies will be provided within 30 days of the receipt of your request. If you request a copy of this information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request, to the extent permitted by state or federal law.
- **Right to Request Amendment:** You may request an amendment to changes to information in your medical records if you believe that they are inaccurate or incomplete. You must make your request to change your records in writing, addressed to Terry Farley/Privacy Officer at terryfarley@mndancemed.org, and provide a reason that supports your request. We may deny your request if it is not in writing or does not supply a reason that adequately supports your request. We may also deny your request if you ask us to amend information that was not created by MDMF, is not part of the medical information kept by or for MDMF, is not part of the information that you would be permitted to inspect and copy, or is accurate and complete. If we agree, your suggested amendment will be added to your record.
- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you. For example, you could ask that we not disclose information about treatment that you receive to other physicians. **We are not required to agree to your request.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to Terry Farley/Privacy Officer at terryfarley@mndancemed.org. In your request, you must tell us (a) what you want to limit, (b) whether you want to limit our use, disclosure, or both, and (c) to whom you want the limits to apply, for example, if you want to prohibit disclosure to your spouse.
- **Right to Request Confidential Communications:** You have the right to request in writing that we communicate with you about medical matters in a certain way or at a certain location. We will accommodate all reasonable requests.
- **Right to Request Accounting of Disclosures:** You have the right to request “an accounting of disclosures.” This is a list of disclosures that we made of medical information about you. This list will not include disclosure for treatments or health care operations, disclosures that you have authorized or that have made to you, disclosures for directories or

MDMF record keeping, disclosures to correctional institution or law enforcement with custody of you; and certain other disclosures. To request this list of disclosures, you must submit your request in writing to Terry Farley/Privacy Officer at terryfarley@mndancemed.org. Your request must state a time period for which you would like the accounting. The accounting period may not go back further than six years from the date of the request. You may receive one free accounting in any 12-month period, which will be supplied within 30 days of the receipt of a request having all the necessary information. We may charge you for any additional requests within a 12-month period.

- **Right to a Paper Copy of This Notice:** You have the right to receive a paper copy of this notice. You may ask us to give a copy of this notice any time. This notice will be posted on our website as soon as practical. You may contact kayla@mndancemed.org for more information about our website.

Revocation of Authorization: If you provide us with this written authorization to use or disclose medical 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 medical information about you for the reasons covered by your written authorization, except to the extent that we have already relied on your authorization. We are unable to take back any disclosure that we have already made with our permission, and we are required to retain our records of the care that we provided to you.

Complaints: If you believe that your privacy rights have been violated, you may file a complaint with us or with the US Department of Health and Human Services. To file a complaint with MDMF, contact Terry Farley/Privacy Officer at terryfarley@mndancemed.org. To file a complaint with the U.S Department of Health and Human Services, send a letter to 200 Independence Avenue, S.W. Washington, D.C. 20201 or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. All complaints must be submitted in writing. **You will not be penalized for submitting a complaint.**

Changes to This Notice: The effective date of this Notice is September 1, 2014. We reserve the right to change this Notice, and to make the revised or changed notice effective for medical information we already have about you as well as any information that we receive in the future. If the terms of this notice are changed, MDMF will provide you with a revised notice upon request, and we will post the revised notice on our website and in designated location at the MDMF clinic.