



HIPAA – Notice of Privacy Practices

This notice describes how your medical information may be used and disclosed and how you can get access to this information. Please review it carefully.

OUR RESPONSIBILITIES

Metro Urology “a division of Minnesota Urology” (Metro Urology) takes the privacy of your or your family member’s health information seriously. We are required by law to maintain that privacy and to provide you with this Notice of Privacy Practices. This notice is provided to tell you about our duties and practices with respect to your or your family member’s information.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION

The following categories describe different ways that we use and disclose your or your family member’s health information without your signed authorization. For each category, we explain what we mean and give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the following categories:

- 1. For Treatment** – Metro Urology may use health information for treatment, health care, or other related services. We disclose health information to doctors, nurses, technicians, assistants, or other Minnesota Urology employees who are involved in your or your family member’s care. *(Examples: Referral for an ultrasound, for a prescription, at your request for transfer of care to another clinician)*
- 2. For Payment** – Metro Urology may use health information to bill and collect for the treatment and services that we provide to you or your family member. We may send health information to an insurance company or other third party for payment purposes. *(Examples: Sending information for payment purposes in order for your insurance company to pay for the visit and services)*
- 3. For Health Care Operations** – Metro Urology may use and disclose health information for quality health care, and to maintain and improve the quality of health care that we provide to you or your family member.. *(Examples: Chart reviews and transcription services)*
- 4. As Required by Law** – Metro Urology will disclose health information when required to do so by federal, state, or local law. *(Examples: In response to a court order or subpoena, reporting victims of abuse, criminal conduct, FDA, coroners, funeral directors, organ donation, military activity, national security, if inmate in a correctional facility, and if requested by the Dept. of Health and Human Services in order to investigate or determine our compliance with the requirements of the Privacy Rules)*
- 5. For Public Health Reasons** – Metro Urology may disclose health information for public health activities. *(Examples: Controlling disease, injury, or disability; reporting defective medical devices or problems with medications)*

6. **Research** – Metro Urology may use and disclose health information for research purposes when authorized to do so by means of an individual’s written permission (Authorization) and /or written consent to participate in research that has been approved by an Institutional Review Board (IRB). Metro Urology may also use and disclose health information for research purposes without an individual’s written Authorization when the information is shared as a limited data set under an executed data use agreement, for activities carried out by authorized clinical or research staff that are preparatory to research, and for research approved by an Institutional Review Board (IRB) under a waiver or alteration of the Authorization requirement when specified criteria are met. Health information that is appropriately de-identified as specified by the Privacy Rule may be used and disclosed without restriction or the need for Authorization.
7. **Sale of PHI/PHI Used for Fundraising** – The sale of your protected health information is prohibited without your authorization. Metro Urology is prohibited from using your protected health information for fundraising without giving you the option to opt out.
8. **Worker’s Compensation** – Metro Urology may disclose your health information as authorized by and to the extent necessary to comply with worker’s compensation laws or laws relating to similar programs.
9. **Privacy Breach** – Metro Urology will notify you in writing if the practice discovers a breach of your unsecured protected health information, and determines through a risk assessment that notification is required.

10. Other Ways We May Use and Disclose your Protected Health Information

- Appointment reminders
- Treatment alternatives
- Health- related benefits

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use/disclose your or your family member’s health information, you may revoke that authorization, in writing, at any time. You understand that we are unable to take back any disclosures we have made under the authorization, and that we are required to retain our records of the care that we provided to you or your family member.

11. **Others Involved in Your Healthcare** – Unless you object, we may disclose your health information to another individual that you have identified (e.g., member of your immediate family, a relative or close friend) as it directly pertains to that person’s involvement in your healthcare. If you are unable to agree or object to such disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify a person that is responsible for your care (e.g., family member or personal representative) of your general condition or death. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your healthcare provider may, use his/her professional judgment to determine whether the disclosure is in your best interest. In this case, only the protected health information that is necessary will be disclosed.

Your Health Information Rights

You have the following rights regarding health information about you.

- 1. Right to Request Restrictions** – You have the right to request a restriction or limitation on the health treatment, payment, or health care operations. You also have the right to request a limit on the health information that we disclose about you or family member to someone who is involved in your or family member's treatment or for the payment of that care. You may be allowed to restrict disclosure of health information to your health plan if you pay in full prior to services being rendered. An exception exists if the disclosure is required by law. In most cases, 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 with emergency treatment. To request restrictions, you must make your request in writing to: Privacy Officer, Metro Urology, 6025 Lake Road, Suite 200, Woodbury, MN 55125. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.
- 2. Right to Inspect and Copy** – You have the right to inspect and copy health information that may be used to make decisions about you or family member's care. You have the right to request an electronic copy of your personal health information. You can submit your request in writing to: Release of Information Clerk, Metro Urology, 6025 Lake Road, Suite 200, Woodbury, MN 55125. If you request a copy of information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. We will have 30 days to respond to your request for information that we maintain on site. If the information is stored off-site, we are allowed up to 60 days to respond but must inform you of this delay.
- 3. Right to Amend** – You have the right to ask us to amend your or family member's health and/or billing information for as long as the information is kept by Metro Urology. To request an amendment, your request must be made in writing and submitted to: Privacy Officer, Metro Urology, 6025 Lake Road, Suite 200, Woodbury, MN 55125. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We may deny your request if you ask us to amend information that:
 - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
 - Is not part of the health information kept by Metro Urology.
 - Is not part of the information that you would be permitted to inspect or copy.
 - Is accurate and complete.
- 4. Right to an Accounting of Disclosures** – You have the right to request a list of certain disclosures that we have made of your or family member's health information. To request this list of disclosures, you must submit your request in writing to: Privacy Officer, Metro Urology, 6025 Lake Road, Suite 200, Woodbury, MN 55125. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate how you would like the list (*Example: on paper; electronically*). The first list you request within a 12-month period will be free. For additional lists

during the same 12-month period, Metro Urology may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- 5. Right to Request Confidential Communication** – You have the right to request how we communicate with you to preserve your privacy. Your request must be in writing and must specify how or where we are to contact you. We will accommodate all reasonable requests.

- 6. Right to Submit a Complaint** – If you believe your or family member’s privacy rights have been violated, you may file a complaint with Metro Urology or with the Secretary of Health and Human Services. To file a complaint with Metro Urology, provide as much detail as you can about the suspected violation and send it to: Privacy Officer, Metro Urology, 6025 Lake Road, Suite 200, Woodbury, MN 55125. You should know that there would be no retaliation against you or change in the care you are provided for filing a complaint.

If you have any questions about this Notice, please contact:


Attn: Privacy Officer
6025 Lake Road, Suite 200
Woodbury, MN 55125