

P: 651.224.6678

F: 651.224.6772



400 Selby Ave, Suite G2

Saint Paul, MN 55102

NOTICE OF PRIVACY POLICIES

Our office is dedicated to providing service with respect and dignity. Protecting your privacy and healthcare information is fundamental in the course of our relationship. This notice describes how medical information about you will be disclosed and how you can get access to this information. Please review it carefully and sign the acknowledgment form that you received this notice. This notice has been updated as of September 23rd, 2013 and will remain in effect until it is replaced or amended by changes in law.

We gather personal information and health information in several ways:

- Information we receive from you.
- Information we receive from other health care providers.
- Information we receive from third party payers.

Your health information may be used for the following purposes

You should be aware that during the course of our relationship with you, we will likely use and disclose health information about you for treatment, payment and healthcare operations. For the purpose of this notice, "health information" includes everything you disclose to us including your name, address, and telephone number.

1. We may use your health information to provide, coordinate and manage healthcare treatment or services within this clinic. We may, with your written consent, disclose health information about you to other health-care professionals who are involved in taking care of you.
2. We may use information to receive payment from you, or an insurance company, or a third party for services we provide.
3. We may use information for certain activities related to business functions of this office.
4. We may use health information to contact you as a reminder that you have an appointment or if we need to reschedule your appointment.
5. We may, with your written consent, disclose your information to your family members, close personal friends or any other person which would directly relate to your health care or payment for such healthcare.
6. We may use and disclose health information to inform you about or recommend possible treatment after-care options that will benefit you.
7. We may use or disclose minimally necessary health information about you for research purposes.

8. We may disclose or use minimally necessary health information for other special situations such as public health activities, for averting a serious threat to health or safety, or for workers' compensation purposes.

9. We will disclose minimally necessary health information about you when required to do so by federal, state, or local law.

Right to request confidential communications

You may specifically authorize us to use protected health information for any purpose, or to disclose our health information about you, by submitting an authorization in writing (generally a "release of information" form). Such disclosures will be made to any personal representative you designate to share your protected health information.

Marketing

This office will not use your health information for marketing communications without your written authorization. This office may send birthday cards, newsletters, postcards, letters or telephone calls.

Breach Notification

We will notify you in the event of an information breach unless, following the completion of a risk analysis, there is a low probability that your health information has been compromised.

Patient Rights

1. Upon written request you have the right to access, review or receive copies of your healthcare records.
2. Upon written request you have the right to receive a list of items this office disclose about your healthcare information.
3. You have the right to request that this office place additional restrictions on disclosure of your Protected Health Information.
4. You have the right to request that we amend your Protected Health Information; the request must be in writing.
5. You have the right to receive all notices in writing.

If you have questions, complaints, or want more information, please contact this office. Complaints about your privacy rights or how your privacy is handled at this office can be directed to the privacy officer by calling this office or directing a letter to his or her attention.

Lindsay O'Keefe
St. Paul, MN
(651) 224-6678

If you are not satisfied with how this office handles your complaint you may submit a formal complaint to the U. S. Department of Health and Human Services.

DHHS (Office of Civil Rights)
200 Independent Avenue S.W.
Room 509 F HHH Building
Washington, D.C. 20201