

ADEFRIS & TOPPIN WOMEN'S SPECIALISTS, M.D.P.C.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective Date: April 14, 2003

Revised Date: May 1, 2018

If you have any questions about this notice, please contact our Privacy Officer at (651) 686-6400.

We are honored that you have chosen Adefris & Toppin Women's Specialists M.D.P.C. (the "Clinic") to participate in your medical care. We recognize and appreciate that information about you and your health is personal and private. We are committed to protecting such information from improper use and disclosure. Under the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations ("HIPAA"), we are required to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices. This Notice of Privacy Practices applies to all information and records related to your care that our Clinic has received or created. This Notice tells you about the ways in which the Clinic may use or disclose your protected health information, describes your rights to access and control your protected health information, and describes certain obligations the Clinic has regarding the use and disclosure of your protected health information.

The Clinic's Duties

The Clinic has a duty to maintain the privacy of your protected health information and to provide you with this Notice. The Clinic also has a duty to follow the current Notice of Privacy Practices, and to notify affected individuals following a breach of unsecured protected health information.

How the Clinic May Use and Disclose Your Protected Health Information

The following categories describe different ways the Clinic may use and disclose your protected health information without your written consent. Except for the following reasons we will only share your protected health information with your written permission. You may cancel any such permission by submitting a written request to the front desk.

For Treatment – The Clinic may use and disclose your protected health information to provide you with health care treatment and any related services. For example, the Clinic may disclose your protected health information to doctors, nurses, technicians, or other personnel, including professionals outside our office, who are involved in taking care of you and need the information to provide you with medical care. We may also send you appointment reminders, or tell you about treatments and health-related benefits or services that you may find helpful. We may also contact you by phone or mail, or any other medium that you've authorized, to communicate other information, such as test results, or treatment options. For example, we may leave a message on your voicemail asking you to return our call.

For Payment – The Clinic may use and disclose your protected health information so that the treatment and services you receive from us may be billed to and payment collected from you, an insurance or health managed care company, Medicare, Medicaid or another third party payor. For example, the Clinic may share that you were seen for prenatal care with your insurance company in order to receive payment. The Clinic may also tell your insurance company about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations – The Clinic may use and disclose your protected health information in order to support our business activities and health care operations. These uses and disclosures are necessary to run our clinic and make sure that all of our patients receive quality care. For example, the Clinic may use your protected health information to review our treatment and services and to evaluate the performance of our staff in caring for you. The Clinic may also combine health information about many patients to decide what additional services the Clinic should offer, what services are not needed, whether certain new treatments are effective, or to compare how the Clinic is doing with others and to see where the Clinic can make improvements. The Clinic may remove information that identifies you from this set of health information so others may use it to study health care delivery without learning who our specific patients are.

Individuals Involved in Your Care or Payment of Your Care – The Clinic may share limited protected health information to a family member or close personal friend who is involved in your care or payment for your care. For example, if you allow your friend to accompany you during your annual exam, we may discuss such things as your use of birth control in front of them. This communication may also occur by fax, voice-mail and/or email. If you do not want this information to be shared, you may request that it not be shared.

Research – The Clinic may allow health information of patients of the Clinic to be used or disclosed for research purposes, as allowed by law, provided that the research adheres to certain privacy protections. Your protected health information may be used for research purposes only if the privacy aspect of the research has been reviewed and approved by a special Privacy Board or Institutional Review Board, if the researcher is collecting information in preparing a research proposal, if the research occurs after your death, or if you authorized the use or disclosure.

Organ and Tissue Donation – If you are an organ donor, the Clinic may release health information to organizations that handle organ, eye or tissue procurement, transplantation or donation to an organ bank, as necessary to facilitate organ or tissue donation and transplantation.

As Required by Law – The Clinic will disclose your protected health information when required to do so by federal, state or local law, including in response to a state or federal court order, legal order, subpoenas or other legal documents.

To Avert a Serious Threat to Health or Safety – The Clinic may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Military and Veterans – If you are a member of the armed forces or separated/discharged from military services, the Clinic may release your protected health information as required by military command authorities or the Department of Veterans Affairs as may be applicable. The Clinic may also release health information about foreign military personnel to the appropriate foreign military authorities.

Workers Compensation – The Clinic may release your protected health information for Workers' Compensation or similar programs. These programs provide benefits for work related injuries or illness.

Public Health Risks – The Clinic may disclose your protected health information for public health reasons, such as (a) reporting and controlling disease (such as cancer), injury or disability; (b) reporting vital events such as births and deaths; (c) reporting adverse events or surveillance related to food, medications or problems with health products; (d) notifying persons of recalls, repairs or replacements of products they may be using; (e) notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition' or (f) notifying the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. The Clinic will make this disclosure when required or authorized by law.

Health Oversight Activities – The Clinic may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure activities. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

Lawsuits and Disputes – If you are involved in a lawsuit or a dispute, the Clinic may disclose your protected health information in response to a court or administrative order. The Clinic may also disclose your protected health information in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request to allow you to obtain an order protecting the information requested.

Law Enforcement – The Clinic may release health information if asked to do so by a law enforcement official:

- A. In response to a court order, subpoena, warrant, summons or similar process
- B. To identify or locate a suspect, fugitive, material witness or missing person
- C. About the victim of a crime if, under certain limited circumstances, the Clinic is unable to obtain the person's agreement
- D. About a death the Clinic believes may be the result of a criminal conduct
- E. About criminal conduct at our facility
- F. In emergency circumstances to report a crime, the location of the crime or victims or the identify, description or location of the person who committed the crime.

Your Rights With Respect To Your Protected Health Information

You have the following rights regarding your protected health information:

Right to Request Restrictions – You have the right to request restrictions on the protected health information the Clinic uses or discloses about you for treatment, payment or health care operations. You also have the right to request restrictions on the protected health information the Clinic discloses about you to a family member, close personal friend, or other person involved in your health care or the payment of your care. For example, you could ask that we not share information about a particular diagnosis with your spouse. If you request that information about a service not be sent to your insurer and pay for the service in full we will agree to this request. The Clinic is not required to agree to other requests if it is not feasible for us to ensure our compliance or believe it will negatively impact the care we may provide you. If the Clinic does agree, the Clinic will comply with your request unless the information is needed to provide you emergency treatment or as otherwise required by law. To request a restriction, you must make your request in writing to the Privacy Officer. In your request, you must tell us what information you want to limit and to whom you want the limits to apply.

Right to Request Confidential Communications – Normally, the Clinic will communicate with you at the address and phone number you provide. You have the right to request that the Clinic communicate with you in other ways or at another location. For example, you can ask that the Clinic only contact you at work or by mail to a post office box. The Clinic will accommodate all reasonable requests. To request confidential communication, you must make your request in writing to the Privacy Officer. Your request must specify how or where you wish to be contacted.

Right to Access/Inspect and Copy – You have the right to look at or get copies of your protected health information. If you request a copy of your electronic health record or other health information that we keep electronically, we will provide it in the form or format you request, if it is readily producible in such form or format. If your protected health information is not readily producible in the form or format you request, your record will be provided in either our standard electronic format or, if you do not want this form or format, in a readable hard copy form. You must make your request in writing to the Privacy Officer. If you ask for hard copies, we may charge a reasonable fee for copying and mailing your requested information. If you ask for another format we can provide, we may charge a reasonable fee based on our costs. The Clinic may deny your request to inspect or receive copies in certain limited circumstances. If your request is denied, we will send the denial in writing, which will include the reason and describe any rights you may have to a review of the denial.

Health Records under State Law – Release of health records by licensed Minnesota providers usually requires the signed permission of the patient or the patient's legal representative. Exceptions include medical emergencies, the patient seeing a related provider for current treatment, and other releases required or allowed by law.

Right to Amend – You may ask us to amend certain of your protected health information. Your request must be made in writing to the Privacy Officer and you must explain why the information should be changed. If we accept your change, we will try to inform prior recipients, including people you list in writing, of the change. If the Clinic denies your request for amendment, the Clinic will give you a written denial including the reasons for the denial and the right to submit a written statement disagreeing with the denial.

Right to an Accounting of Disclosures – You have the right to request a list accounting for any disclosures of your protected health information the Clinic has made, except for uses and disclosures for treatment, payment and health care operation, as previously described. To request this list of disclosures, submit your request in writing to the Privacy Officer. Your request must state a time period which may not be longer than six years and may not include dates before May 1, 2012. If you ask for a list more than once in a 12-month period, we may charge you a fee for each extra list. The Clinic 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.

Right to a Paper Copy of This Notice – You have the right to obtain a paper copy of this notice at any time. To obtain a copy, please request it from the Privacy Officer. You may also obtain a copy of this notice at our website, <https://www.adefrisandtoppin.com/>.

Right to Receive Notice of a Breach – You have a right to be notified upon a breach of the privacy of your protected health information and the Clinic will provide such notice promptly and in accordance with the Clinic policies.

Changes to This Notice

The Clinic reserves the right to change the terms of this notice, and to make the revised or changed notice provisions effective for protected health information the Clinic already has about you as well as any information the Clinic may receive in the future. The Clinic will post a copy of the current notice in our facility. The notice will contain on the first page, the effective date. In addition, each time your register for treatment or health care services, the Clinic will offer you a copy of the current notice in effect.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Clinic or with the Department of Health and Human Services. To file a complaint with us, contact the Privacy Officer by phone at (651) 686-6400, or in writing at Adefris and Toppin Women's Specialists M.D., P.C., Attn: Privacy Officer, 1875 Woodwinds Drive, Suite 110, Woodbury, MN 55125. To file a complaint with the Department of Health and Human Services, contact: Region V, Office of Civil Rights, U.S. Department of Health and Human Services, 233 N. Michigan Avenue, Suite 240, Chicago, IL 60601, Phone 312-886-2359, Fax 312-886-1807, TDD 312-353-5693. You may also visit: <https://www.hhs.gov/hipaa/index.html>. You will not be retaliated against for filing a complaint.

Other Uses of Health Information

Other uses and disclosures of health information not covered by this notice or laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing at any time. If you revoke your permission, the Clinic will, after receipt and processing of your written notice, no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that the Clinic is unable to take back any disclosures the Clinic has already made with your permission, and that the Clinic is required to retain our records of the care that the Clinic provided to you.