

Notice of Privacy Practices

Your rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to get an electronic or paper copy of your medical record and other health information we have about you.
- We will provide a copy or a summary of your health information, usually within 30 days of your request
- We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
- We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years before the date you ask. You can ask whom we shared it with and why.
- We will include all the disclosures except those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).
- We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.
- We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights. Contact us using the information at the end of this document.

- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Calling, Texting, and Emailing

We may contact you about your health care using the phone numbers and email addresses that you provide us. This may include using an automated third-party messaging system, pre-recorded or synthetic voice messages, texting, or email. Our messages may include information about appointment reminders, scheduling, billing, research opportunities, and other healthcare related communications and functions.

These texts and emails are not encrypted and there is a risk that someone else could read or access these messages. We take steps to limit the amount of protected health information they contain. If you do not wish to receive these types of text or email messages, please let us know, and we will honor your request.

Your choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference about how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- Contact you for fundraising efforts
- If you are not able to tell us your preference—for example, if you are unconscious—we may go ahead and share your information if we believe it is in your best interest.
- We may also share your information when needed to lessen a serious and imminent threat to health or safety.
- In these cases we never share your information unless you give us written permission:
 - Marketing purposes
 - Gillette Children's does not sell or rent our patients' names or addresses to any organization outside of Gillette Children's.
 - Most sharing of psychotherapy notes

In the case of fundraising: We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosure

How do we typically use or share your health information? We typically use or share your health information in the following ways.

- Treat you
- We can use your health information and share it with other

professionals who are treating you.

- Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

- Run our organization
- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

- Example: We use health information about you to manage your treatment and services.*

- Bill for your services
- We can use and share your health information to bill and get payment from health plans or other entities.

- Example: We give information about you to your health insurance plan so it will pay for your services.*

How else can we use or share your health information?

- We are allowed or required to share your information in other ways—usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

- Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety
- Do research
- We can use or share your information for health

Do Research

We can use or share your information for health research

- Minnesota law generally requires patient consent for disclosures of health information to outside researchers for medical research purposes. We will obtain such consent from you or note your refusal to participate in any research study, or we will make a good faith effort to obtain such consent or refusal, before releasing any identifiable information to an outside research for research purposes.

Comply with the law

- We will share information about you if state or federal laws require it, including sharing information with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

- Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

- Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when a person dies

Address workers' compensation, law enforcement, and other government requests. We can use or share health information about you:

- For workers' compensation claims

- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services
- Minnesota law generally requires patient consent for disclosures of health information for military or national security purposes unless the disclosure is specifically required by federal law. Minnesota law also requires patient consent for disclosures of health information for law enforcement purposes, unless the disclosure is in response to a valid court order or warrant.

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.
- Minnesota law requires that we obtain your written consent before we release your medical records to another party unless the disclosure is in response to a valid court order or warrant.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that might have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing.
- If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- For more information, see: www.hhs.gov/hipaa/forindividuals/notice-privacy-practices/index.html.**

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

This joint notice applies to the following: Gillette Children's, including our St. Paul hospital and outpatient clinics, Alexandria, Baxter, Bemidji, Burnsville, Duluth, Mankato, Marshall, Maple Grove, Phalen Adult and Pediatric, St. Cloud and Willmar.

This notice also covers other health care providers, that are not employed by Gillette Children's, that provide care for Gillette Children's patients, unless these other health care providers give you their own notice of privacy practices that describes how they will protect your medical information. If you have questions about this notice, please contact the privacy officer.

Compliance Department

Attention: Privacy Officer
200 East University Avenue
St. Paul, MN 55101
651-578-5632

ComplianceDepartment@gillettechildrens.com