

# Your Information, Your Rights, Our Responsibilities

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*Joint Notice of Privacy Practices: Effective date October 2, 2017*

## Why did I receive this Notice?

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

This **Notice of Privacy Practices** is a joint Notice that applies to **Fairview Health Services, HealthEast, Range Regional Health Services, University of Minnesota Physicians, and the University of Minnesota Health Clinics and Surgery Center, Inc.** (collectively referred to in this Notice as “we,” “our” or “us”). We partner to provide care and related services to patients at many different locations (See the last page for a list of locations covered by this Notice).

We understand that medical information about you is personal and private. We keep a record of the care and services you receive in order to provide you with quality care and to meet legal requirements. This Notice tells you about your rights under the law with respect to your health information. We also want you to know about our responsibilities and how we may use or release your information.

## Your health information

In this Notice, the phrase “your health information” or “your information” refers to records that we keep related to your health care. The record may include health information like a diagnosis, a treatment plan, visit notes, test results or payment for those services. It also includes information such as your name, address, phone number and date of birth.

## Your rights

This section explains your rights over your health information. If you have a request, we may ask you to submit it in writing. You may ask at one of our care locations how to do this.

You have a right to:

### ***Get a copy of your medical record***

- You can ask for an electronic or paper copy of your health information.
- We will send a copy or a summary as soon as possible. This may take up to 30 days, and we may charge a fee.
- If we cannot provide a record, we will explain why.

### ***Ask us to correct your medical record***

- You can ask us to correct health information that you think is wrong or missing.
- We may say “no” to your request, but we will tell you why as soon as possible, usually within 60 days.

### ***Ask for private communications***

- You can tell us how you would like to be contacted (for example, home or office phone) or to send mail to a different address.
- We will do our best to honor all requests within reason.

### ***Ask us to limit what we use or share***

- You can ask us not to use or share your health information. We will always consider your request, but we are not required to agree to it. We may say “no” if it would affect your care or we cannot do it.
- If you pay for a service or health care item in full, out-of-pocket, you can ask us not to share that fact with your health insurer when you check in or register. We will honor your request unless a law requires us to share that information with the health plan.

### ***Get a list of who has your information***

- You can ask for a list (an “accounting”) of the times we have shared your health information with an outside organization or person. It will show who we shared it with and why.
- The list may go back as long as six years from the date you ask.
- We would not include the times your information was shared for treatment, payment, or business and other times (such as when you asked us to share information).

- You may receive one report per year at no cost. If you ask for another one within 12 months, we will charge a fee.

### ***Get a copy of this Notice***

- You can ask for a paper copy of this Notice at any time. We will send the Notice right away, even if you have agreed to receive it by email in the past.
- This Notice also is on our websites and is posted in all of our care locations.

### ***Choose someone to act for you***

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

### ***File a complaint***

- You may file a complaint with us if you feel we have violated your privacy rights. Contact us using the information on the last page of this Notice.
- Or file a complaint with the US Department of Health and Human Services Office for Civil Rights. Go to: [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints)
- We will not penalize you or act against you in any way for filing a complaint.

## Your choices

You have choices about how we use and share your health information. Let us know what you want us to do, and we will follow your instructions as best we can.

### ***You may tell us NOT to:***

- Share your information with your family, close friends or others involved in your care.
- Include your information in a patient directory that can be used to locate you.
- Share your information in a disaster relief situation.
- Contact you to raise money to support our mission.

### ***We need your written permission before:***

- We use or share your information
  - to market another organization's services or products or
  - to market our own services if they are not health related or if another organization pays us to do it.
- We sell your information.
- We share psychotherapy notes if they were kept for services you have received.
- We share substance use disorder treatment records.

## Our responsibilities

- We are required by law to keep your health information private and secure.
- Know that we will tell you if there has been a breach of your health 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 except as described in this Notice unless you give us written permission. You may change your mind at any time by letting us know in writing.
- We cannot take back any information we have already shared with your permission.

## How do we use your health information?

We use or share your health information in the following ways:

### ***To treat you (treatment)***

We use and share your health information to treat you and coordinate your care. When you first become a patient, we ask for your written permission to share your information with health care providers caring for you outside of our facilities. In an emergency, we may have to share your information without your consent.

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

*Example: We use and share your information to remind you of an appointment with us.*

We use an **Electronic Health Record** that allows care providers and other approved users within and outside our facilities, to store, update and use your information. They may do so at the time you are seeking care, even if they work at different clinics and hospitals.

We do this so it is easier for your providers to coordinate and improve the quality of your care. For example, if you are brought to the hospital in an emergency and cannot tell us what is wrong, we will be able to see your health records if your doctor takes part in the shared electronic health record.

If you receive care from more than one provider who uses the electronic health record, your health information will be combined into one record. Once information is combined, it cannot be separated in the future.

This electronic health record is a secure system, and users are trained to protect your information. For a list of the health care providers that use this electronic health record, please go to [www.fairview.org/medicalrecords/electronichealthrecord/index.htm](http://www.fairview.org/medicalrecords/electronichealthrecord/index.htm) or contact us at the phone numbers or addresses at the end of this Notice.

### ***To run our organization (operations)***

We use and share your health information to manage our operations and to improve the quality of your care.

**Example:** We use some of your health information to evaluate our services; review and train students, staff and care providers; and assess new treatments.

**Example:** We share some information with our business partners – those we work with to provide operational services, but who are not our employees or affiliates. The law requires our business partners to safeguard your information the same way we do.

### ***To bill for your services (payment)***

We use and share your health information to bill and get payment from health plans and others for care that you receive. When you first become a patient, we will ask you for your written consent to share your information for this purpose.

**Example:** We give information to your health insurer about the services we gave you so they will pay for those services.

### **How else can we use or share your health information?**

We may share your information in other ways:

#### ***For public health and safety***

We can share your information with public health or other authorized agencies in order to:

- Prevent or control diseases
- Help with product recalls
- Report bad reactions to medicines
- Report births and deaths
- Report suspected abuse or neglect of a child or vulnerable adult
- Prevent or reduce a serious threat to anyone's health or safety
- Help with health system oversight activities, such as audits, inspections, or investigations
- Comply with government functions such as military, national security, correctional facilities, and presidential protective services

### ***For research***

- We may ask to use or share your information for health research. In order to use your information:
  - We must meet the conditions of both state and federal law.
  - We must get approval from you or a research review board.
- When you first become a patient, we will ask you whether you wish to have your information used for research. You may choose not to allow use of your information in research. Contact us at the phone numbers or addresses listed at the end of this Notice.

### ***To inform about our services***

We can use and share your information to tell you about treatment options and health-related services that may interest you.

### ***For fundraising***

- We can use and share limited information to contact you about donating to our activities. This includes supporting our Foundations.
- You can tell us not to contact you again by following the “opt-out” instructions given in printed fundraising requests. Or you can contact us at any of the phone numbers or addresses listed at the end of this Notice.

### ***For organ and tissue donation***

We need your consent to share your health information with organizations that acquire donated organs or tissues.

### ***To work with a medical examiner or coroner***

We can share your health information with a coroner or medical examiner. We need consent to share information with a funeral director.

### ***To handle workers’ compensation claims***

We can share your information for your claims for workers’ compensation and similar programs for work-related injuries or illness.

### ***To respond to lawsuits and legal actions***

- We can share your information for legal actions such as a court order, grand jury subpoena, warrant or other legal process.
- We can share your information with law enforcement officials as required by law.

### ***To comply with the law***

We can share your information if state or federal laws require it.

## 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. You can check our website to see if the date of the Notice has changed. You may ask for the new notice at our care locations and on our websites.

## For information or concerns

You may contact us for any questions about this Notice or concerns about the privacy of your patient information or to inform us of your choices.

### *Fairview Health Services*

#### *Range Regional Health Services*

Privacy Office, 400 Stinson Boulevard NE,  
Minneapolis, MN 55413

Email: [privacy1@fairview.org](mailto:privacy1@fairview.org)

Phone: 612-672-5647 or 1-866-356-7410

### *HealthEast*

Privacy Office

1700 University Avenue West  
Saint Paul, MN 55104

Email: [privacyoffice@healtheast.org](mailto:privacyoffice@healtheast.org)

Phone: 651-232-5260

### *University of Minnesota Physicians*

#### *University of Minnesota Health Clinics and Surgery Center, Inc.*

Patient Relations

720 Washington Avenue SE, Suite 200  
Minneapolis, MN 55414

Email: [cscfeedback@mhealth.org](mailto:cscfeedback@mhealth.org)

Phone: 612-884-0661

## Who must follow the Terms of this Notice?

All of our employees, medical staff, students, volunteers and agents will comply with the terms of this Notice. If you receive services at one of our locations from a care provider who is not a staff member, they are also required to follow the terms of this Notice.

As part of a health care arrangement, your health information may be shared among our organizations as needed to carry out treatment, payment or health care operations. We also jointly instruct medical residents and students at the University of Minnesota and engage in joint education and research activities. This means we may share your health information with the University of Minnesota, and it will be subject to the requirements contained in this Notice.

## Service locations

- *Fairview Health Services*
- *HealthEast*
- *University of Minnesota Physicians*
- *Range Regional Health Services*
- *University of Minnesota Health Clinics and Surgery Center, Inc.*

For a list of all the providers that follow this notice, go to [www.fairview.org/privacy](http://www.fairview.org/privacy)

*This list may change from time to time as we change and grow. We will update the list in the Notice that is posted on our websites.*

# DISCRIMINATION IS AGAINST THE LAW

## Final Rule Under Section 1557 for Nondiscrimination and Accessibility Requirements

We comply with applicable Federal civil rights laws. We do not discriminate against, exclude or treat people differently because of race, color, national origin, age, disability or sex.

We provide free aids and services to help people communicate effectively with us, such as:

- Qualified sign language interpreters.
- Qualified spoken language interpreters, for people whose preferred language is not English.
- Written information in other languages and formats (such as large print, audio and accessible electronic formats).

If you need these services, call 612-273-3780.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with your facility in person or by mail, fax or email. The contacts listed below will help you. For a copy of our grievance procedure, go to <http://www.fvfiles.com/524620.pdf>

### CLINICS

#### Fairview clinics

Attn: President,  
Fairview Medical Group  
451 Lexington Parkway North,  
Suite 300, St. Paul, MN 55104  
Phone: 651-643-0265 Fax: 651-643-0210  
Email: Pherson1@fairview.org

#### Institute for Athletic Medicine

Institute for Athletic Medicine  
Administrative Offices  
2450 Riverside Ave.  
Minneapolis, MN 55454  
Phone: 612-672-7100 Fax: 763-528-2951  
Email: IAM@Fairview.org

#### Maple Grove clinics:

- Fairview Ambulatory Surgery Center
  - University of Minnesota Health  
Maple Grove Clinics
- University of Minnesota Health,  
Patient Relations, 2450 Riverside  
Ave., Minneapolis, MN 55454  
Phone: 612-273-5050 Fax: 612-273-5035  
Email: dept-fumcu-patient-relations@  
fairview.org

#### University of Minnesota Health Clinics and Surgery Center

University of Minnesota Physicians  
Patient Relations  
720 Washington Ave. SE., Ste. 200  
Minneapolis, MN 55414  
Phone: 612-884-0661 Fax: 612-884-0339  
Email: cscfeedback@mhealth.org

### HOSPITALS

#### Fairview Lakes Medical Center

Patient Relations, 5200 Fairview Blvd.  
Wyoming, MN 55092  
Phone: 651-982-7851 Fax: 651-982-7157

#### Fairview Northland Medical Center

Patient Relations, 5200 Fairview Blvd.  
Wyoming, MN 55092  
Phone: 651-982-7851 Fax: 651-982-7157

#### Fairview Range Medical Center

Patient Relations, 750 E. 34th St.  
Hibbing, MN 55746  
Phone: 218-362-6892 Fax: 218-362-6619

#### Fairview Ridges Hospital

Patient Relations, 201 E. Nicollet Blvd.  
Burnsville, MN 55337  
Phone: 952-892-2262 Fax: 952-892-2107

#### Fairview Southdale Hospital

Patient Relations, 6401 France Ave S.,  
Edina, MN 55435  
Phone: 952-924-5908 Fax: 952-915-8619  
Email: dept-fsh-patient-relations  
@fairview.org

#### University of Minnesota Medical Center and University of Minnesota Masonic Children's Hospital

University of Minnesota Health,  
Patient Relations, 2450 Riverside Ave.  
Minneapolis, MN 55454  
Phone: 612-273-5050 Fax: 612-273-5035  
Email: dept-fumcu-patient-relations  
@fairview.org

### OTHER SERVICES

#### Ebenezer

Attn: VP of Corporate Services  
2722 Park Ave. S.  
Minneapolis, MN 55407  
Phone: 612-874-3474 Fax: 612-874-3465

#### Fairview Home Care and Hospice

Director of Compliance  
2450 26th Ave. S.  
Minneapolis, MN 55406  
Phone: 612-721-2491 Fax: 612-728-2401  
Email: dept-hhc-grievance@fairview.org

#### Fairview Home Medical Equipment and Fairview Orthotics and Prosthetics

Patient Relation, 2200 University Ave. W.  
Suites 110 and 114, St. Paul, MN 55114

- Home Medical Equipment:  
Phone 651-632-9800  
Email: fairviewhomeproducts  
@fairview.org
- Orthotics and Prosthetics:  
Phone 651-644-5808

#### Fairview Pharmacy Services

Fairview Pharmacy Services  
Corporate Offices, 711 Kasota Ave. S.E.,  
Minneapolis, MN 55414  
Phone: 612-672-7033 Fax: 612-672-5201  
Email: dept-pharm-compliance  
@fairview.org

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

# LANGUAGE SERVICES

612-273-3780 - Available 24 Hours



ATTENTION: Language assistance services, free of charge, are available to you. Call 612-273-3780.

## Somali

FIIRO GAAR AH: Hadii aad ku hadasho Soomaali, waaxda luqadaha, qaybta kaalmada adeegyada, waxay idiin hayaan adeeg kharash la'aan ah. So wac 612-273-3780.

## Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 612-273-3780.

## Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 612-273-3780.

## Arabic

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 612-273-3780.

## Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 612-273-3780.

## Oromo

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 612-273-3780.

## Hmong

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 612-273-3780.

## Chinese

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 612-273-3780。

## Amharic

ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች: በነጻ ሊያገለግሉት ተዘጋጅተዋል: ወደ ሚክተለው ቁጥር ይደውሉ 612-273-3780.

## Cambodian

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 612-273-3780។

## Lao

ໄປດຊາຍ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 612-273-3780.

## Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 612-273-3780 번으로 전화해 주십시오.

## French

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 612-273-3780.

## Farsi

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 612-273-3780 تماس بگیرید.

## Karen

ဟံသုင်ဟံသး- နမ့ၢ်ကတိၢ် ကညိၣ် ကျိၣ်အထိၣ်, နမ့ၢ်န့ၢ် ကျိၣ်အတၢ်မၤစၢၤလၢ တလၢၢ်ဘျုးလၢၢ်န့ၢ် နိတမံၤဘျုးသ့န့ၢ်လီၤ. ကိး 612-273-3780.