

## PHS Privacy 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. We are required by law to furnish you this notice and to abide by its terms.

This privacy policy explains your rights as well as our practices and legal obligations regarding personal health information.

### What is Personal Health Information?

*Personal health information* is any information (oral, written, or electronic) which relates to a person's health care or to payment for that health care. This includes items such as: name, address, phone number, date of birth, age, sex, social security number, medications taken, health history, and similar information.

Personal health information also includes information we receive from others involved in your or your child's care. For example, we may receive from a clinic, a physician, or an insurance plan information such as: diagnoses made, treatments received, or prescriptions written.

We may receive information from your insurance company regarding your eligibility status or payments made on your behalf. This too is personal health information.

We will use your personal health information to contact you for supply orders, to acquire physician or payer information, to schedule visits, or for other similar purposes.

### Your Consent for Routine Disclosures

When you begin service with us, we ask that you sign a consent that allows us to collect, maintain, use, and disclose personal health information for the purposes of treatment, payment, and health care operations. By signing this consent you are allowing us to use your information to provide proper and effective treatment, collect allowable payments on your behalf, comply with legal requirements, and conduct other normal healthcare activities.

Your consent allows us to forward information to other organizations that may need to provide you health care services. It allows us to send information to your insurance company so that they may make determinations regarding your eligibility.

Your consent also gives us permission to use your information for healthcare accrediting or licensing requirements. For example, as part of their work in ensuring patient safety, surveyors from the Joint Commission on Accreditation of Healthcare Organizations may review clinical records to ensure our compliance with quality standards.

Some disclosures of personal health information may be made without your specific consent when authorized or required by law. For example, a disclosure could be made in response to a court order, subpoena, or warrant or to a request from the MN Commissioner of Health or the US Department of Health and Human Services.

### Your Privacy Rights

You have the right to request restrictions on the above described disclosures of personal health information. If you would like to request such a restriction, please contact the PHS Privacy Officer at 651-604-5163. Compliance with such request may or may not be granted, subject to circumstance and regulation.

You have the right to inspect your medical record. You also have the right to be provided a copy of your record. If you would like to inspect your record or if you desire a copy, please contact our business office and ask to speak to the Privacy Officer, the president of PHS, or a senior vice-president. Your copy will be provided within 30 days. We will charge a nominal fee for copies to cover our costs.

You have the right to request changes to inaccurate information in your medical record. Please send your request in writing to "Privacy Officer" at our business address. We will accept your request and advise you within 60 days of the receipt of the request whether or not we will be able to comply. If your request is approved, we will make the correction and forward the corrected information to organizations that rely upon it for treatment, payment, or other health care operations. If we deny the record amendment request, we will give you a written explanation of why we are unable to make the change. You have the right of appeal through the complaint process described at the end of this document.

In order for us to make a disclosure of your information for purposes other than those described above (e.g. marketing), your specific authorization is required for each occurrence. You may give or withhold your authorization in these circumstances. Our written request for your authorization will include the purpose for the request, the information involved, and the party to whom the information will be sent. You may revoke your authorization, in writing, at any time. As with consents, certain releases of personal information may be made without authorization if they are: required by law; needed to avert a serious threat to health or safety; for public health activities; about victims of abuse, neglect, or domestic violence; for health oversight activities; for judicial and administrative proceedings; or for law enforcement purposes.

You have the right to request that our communications to you of personal health information take place by a means other than our routine methods or to a location other than the primary address we have listed in our files. Please forward such request, in writing, to "Privacy Officer" at PHS' business address.

If you prefer that we not leave personal information in voice mails or with other family members at your home phone or other main contact number, please forward a request, in writing, to "Privacy Officer" at PHS' business address.

With few exceptions, you have the right to an accounting of all personal health information disclosures made without your consent or authorization.

### How We Protect Your Personal Health Information

We are required by law and by conscience to protect your personal health information. We have developed policies and procedures and designed physical and electronic safeguards to prevent accidental or intentional information loss, misuse, or alteration.

We provide ongoing training to our employees to ensure they understand the importance of patient confidentiality and our requirements under the law.

Companies with which we share information for routine healthcare operations as described above have authorized agreements whereby they have committed to comply with patient privacy requirements, both ethical and regulatory. Unless we have such a signed agreement in place, we will not disclose information to the entity, even for routine healthcare operations, unless required by law.

If you have questions or concerns about your privacy rights or our privacy policies, please contact our Privacy Officer at 651-604-5163.

### Complaint Process

If you believe we have improperly released any of your personal information, please call the Privacy Officer at 651-604-5163, or write to the attention of "Privacy Officer" at PHS' business address. You maintain your right to register a complaint with the United States Department of Health and Human Services. No retaliatory measures of any sort may be taken against you for registering such complaint.

### Privacy Notice Changes

We reserve the right to make alterations to this privacy notice and to make the changes effective for all the personal health information we maintain. If we revise the notice, we will make a copy of the revised notice available upon request and will post the latest version on our website and in our office. If you have received an electronic version of this notice, you maintain the right to receive a paper copy upon request.

**This policy is effective May 1, 2002.**