

Burnsville Family Physicians, P.A.
Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW PROTECTED MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

1. *Burnsville Family Physicians* is permitted to make uses and disclosures of protected health information (PHI) for treatment, payment and health care operations, as described in the following examples:
 - a. For treatment – Treatment may require that your information be disclosed to other healthcare professionals that are involved in your care such as specialists you may be referred to.
 - b. For payment – Payment includes such activities as submitting claims to your insurance company for reimbursement, confirming eligibility and utilization review.
 - c. For health care operations – Health care operations include the business aspects of running our practice such as internal quality review, auditing function and cost management analysis.

2. *Burnsville Family Physicians* is permitted or required, under specific circumstances, to use or disclose protected health information without the individuals written authorization.
 - a. For specific circumstances – Use and disclosure of your PHI under special circumstances are required if Federal and/or State laws require us to report communicable disease and other public health risks to the local Department of Health or appropriate agency.

We will provide your PHI to Law Enforcement officials in response to a warrant, summons, court order or subpoena.

We may release PHI to a coroner or medical examiner to identify the cause of death.

3. Other uses and disclosures will be made only with the Individual's written authorization, and the individual may revoke such authorization.

4. *Burnsville Family Physicians* intends to engage in one or more of the following activities:
 - a. *Burnsville Family Physicians* may contact the individual to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to the individual or patient.

5. The Individual has the following rights regarding protected health information:
 - a. The right to request restrictions on certain uses and disclosures of protected health information. *Burnsville Family Physicians* is not required to agree to a requested restriction.
 - b. The right to receive confidential communications of protected health information, as applicable.
 - c. The right to inspect and copy protected health information, as provided in the Privacy Regulation.
 - d. The right to amend protected health information, as provided in the Privacy Regulation.

- e. The right to receive an accounting of disclosures of protected health information.
 - f. The right to obtain a paper copy of the Notice from the covered entity upon request. This right extends to an individual who has agreed to receive the Notice electronically.
6. *Burnsville Family Physicians* is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and Privacy practices with respect to protected health information.
 7. *Burnsville Family Physicians* is required to abide by the terms of the Notice currently in effect.
 8. *Burnsville Family Physicians* reserves the right to change the terms of this Notice. The new Notice provisions will be effective for all protected health information that it maintains.
 9. *Burnsville Family Physicians* will provide individuals or patients with a revised Notice by updating your signature at your next visit to our office.
 10. Individuals may complain to *Burnsville Family Physicians, P.A.* and to the Secretary of the Department of Health and Human Services (DHHS), without fear of retaliation by the organization, if they believe their privacy rights have been violated. A brief description of how the individual may file a complaint follows: Complaints to either BFP or DHHS must be made in writing and submitted within 180 days of the event resulting in the complaint. The time limit for submission may be waived if the recipient (BFP or DHHS) determines there is good cause to do so. The written complaints must meet the content requirements identified in the Complaint Policy. The complaint Policy is available upon request from our front office staff.
 11. *Burnsville Family Physicians'* contact person for matters relating to complaints is:
 - a. *Tammee Neuhaus*
Compliance Officer
 - b. *952/435-0313*
 - c. *625 East Nicollet Blvd. Burnsville, Minnesota 55337*
 12. This Notice is first in effect on *April 2003* – The BFP Notice of Privacy Practices document is available upon request from our front office staff.

You will be asked to acknowledge, with your signature and date, that you have read and understand Burnsville Family Physicians' Notice of Privacy Practices. This signature requirement will be on the Required Signature registration form that is necessary for you to complete or update at check-in.

Example of acknowledgement:

Individual's Name

Date: _____