

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.

During treatment at Oakdale Ear, Nose & Throat Clinic, doctors, nurses and other caregivers may gather information about your medical history and health. This notice will explain how such information may be used and shared with others. It will also explain privacy rights regarding this kind of information.

Oakdale Ear, Nose & Throat Clinic provides services to both adults and children. When we refer to “you” or “your” below, we are referring to the patient, the patient’s guardian, or person legally authorized to receive information about the patient.

Medical information may be used for the following purposes:

- **Treatment:** We may use your information to provide, coordinate, and manage care and treatment. For example, a physician may share medical information with another physician for consultation or a referral.
- **Payment:** We may use your information to receive payment for the services we have provided. For example, we may disclose information in order to submit claims to insurance companies.
- **Health Care Operations:** We may use your information for activities related to improving the operations of this clinic. For example, we may use or disclose information for quality assurance activities.
- **Appointment Reminders or Other Health Information:** We may use your information to send you reminders about future appointments. We may also provide you with information about new or alternative treatments or other health care services that may be of interest to you.
- **Family Members or Other Responsible People:** We may disclose information to the patient’s guardian or other individuals who are legally authorized to receive information about the patient. The patient may authorize the disclosure of their information to certain individuals such as other family members by signing the Authorization for Release of Healthcare Information Form. Only necessary medical information will be disclosed.
- **Emergency Conditions:** Under emergency conditions, we may disclose information about you to the government or other groups that assist in emergencies or disasters.
- **Other Uses or Disclosures:** We may disclose or use your information in the following cases: when required by law; for public health activities relating to victims of abuse/neglect/domestic violence; for health oversight activities; for judicial and administrative proceedings to the extent permitted by law; for law enforcement purposes as permitted or required by law; to coroners/medical examiners/funeral directors as permitted by law; for organ donation purposes; for research purposes; to avert a serious threat to health or safety; for certain specialized government functions such as military discharge and national security intelligence; and for workers compensation purposes.
- **Research:** Under certain circumstances, we may use and disclose your medical information for research purposes. In some cases, we will only disclose information with your authorization. In other cases, where there is only a minimal risk to your privacy we disclose information about you without your authorization. For example, a research project comparing the health and recovery of patients who received one medication to those who received another for the same condition. All research projects are subject to a special approval process which evaluates each proposed research project and its use of medical information. We will only disclose information about you for research without your authorization when the special approval process indicates that there is only a minimal risk to your privacy and we have initiated processes to protect your privacy to the greatest extent possible. We will not use or disclose medical information in any other way unless you allow us to do so in writing. If you do give us permission to use or disclose medical information for another purpose, you have the right to change your mind and revoke the permission at any time.

Your Medical Information Rights

- **Restrict Use and Disclosure:** You may request that we do not use your medical information in certain ways or for certain purposes. You may also request that we do not provide medical information to certain individuals. However, we have the right to refuse your request. We may use or disclose your medical information in situations requiring emergency treatment, in which case we will ask the receiving party not to further use or disclose the information that was provided.
- **Provide Confidentiality:** You may request that we provide you with your medical information in a confidential manner. For example, you can request that we send appointment reminders, bills and other mailings to a different address or that we notify you in another way such as by phone. You must make this request in writing and specify another address or means of communication. We must agree to your written request. We may also ask you to give us information on how you will pay your bill.
- **Inspection and Copy:** You may request to see and/or copy your medical records unless the information is protected by law. You must make the request in writing. If your request to view or copy your medical records is denied, you have the right to have the denial reviewed by a health care professional. We will act upon your request within 30 days and may charge you a legally acceptable amount for copying costs.
- **Change Information or Amend Medical Records:** You may request to change information in your medical records. If your request is denied, you can write a statement of disagreement that will be kept with your medical information.
- **Accounting Disclosures:** You may request that we provide information about certain disclosures of your medical information that were made in the past. Requests will be honored if the information was from the past (6) years.
- **Paper Copy:** If you have received this notice electronically, you may ask us to provide you with a paper copy.
- **Privacy Violations:** If you feel your medical information privacy rights have been violated, you may file a complaint with the Secretary of Health and Human Services and/or with the clinic contact person listed below. Filing a complaint will not affect the quality of the services you receive from this clinic and you will not be retaliated against for filing a complaint.

The U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, D.C. 20201
(202) 619-0257
(877) 696-6775 Toll-free

Clinic Privacy Officer
Leah Asplund
3366 Oakdale Ave North, Suite 150
Robbinsdale, MN 55422
(763) 233-5775
(763) 233-5782 Fax
lasplund@oakdaleent.com

The effective date of this notice is April 14th, 2003. Oakdale Ear, Nose & Throat Clinic 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. Oakdale Ear, Nose & Throat Clinic is also required to abide by the terms of notice currently in effect. Oakdale Ear, Nose & Throat Clinic reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information maintained by this clinic. If the terms of this notice change, Oakdale Ear, Nose & Throat Clinic will provide individuals with the revised information by posting the notice in designated patient areas within the clinic or electronically on the website. The revised notice may also be provided in written or electronic form upon request.

Name *(please print)*: _____

Date of Birth *(MM/DD/YYYY)*: _____ / _____ / _____

Signature: _____ Date: _____