



## NOTICE OF MEDICAL INFORMATION PRIVACY PRACTICES

**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 your treatment at The Minneapolis Clinic of Neurology (MCN), doctors, nurses, and other caregivers may gather information about your medical history and your current health. This notice will explain how such information may be used and shared with others. It will also explain your privacy rights regarding this kind of information.

Minnesota law requires that we obtain your written consent for many of the disclosures described in this notice. MCN obtains your consent to make all of the disclosures described in this notice as part of our standard Patient Authorization and Consent Form.

### **Your medical information will be used and disclosed for the following purposes:**

**Treatment:** We will use your information to provide, coordinate, and manage your care and treatment. For example, a neurologist may share your medical information with another physician for a consultation or a referral.

**Payment:** We will use your information to receive payment for the services we provide. For example, we will disclose information in order to submit bills or claims to insurance companies and/or Medicare or Medicaid.

**Health Care Operations:** We will use your information for certain activities related to the functioning of the Clinic. For example, we may use or disclose information for quality assurance activities, legal services, underwriting, and other business management and administrative activities.

**Appointment Reminders and Other Health Information:** We may use your medical information to send you reminders about future appointments.

Your medical information may also be used to provide you with information about new or alternative treatments or other health care services.

**Fundraising:** We may use information to notify you about fundraising campaigns or other charitable events. You may choose not to receive these communications by following the opt-out instructions on the fundraising communication you receive.

**Family Members:** We may disclose information to people who will be taking care of you or helping to pay your medical bills, such as family members or other designated caregivers. We will only disclose medical information that these people need to know. We may also use your medical information to let family members or other designated caregivers know where you are and what your general medical condition is. If you are able to make your own health care decisions, we will ask your permission before using your medical information for these purposes. If you are not able to make health care decisions, we will disclose relevant medical information to family members or other designated caregivers if we feel it is in your best interest to do so. For example, we may provide limited medical information to allow a family member to pick up a prescription or x-ray for you.

**Emergency Conditions:** Under emergency conditions, we may disclose information about you to the government or other groups that assist in emergencies or disasters.

**Research:** We will not use or disclose any health information that can be used to identify you for research purposes without first obtaining your written authorization or following state law procedures for trying to notify you. At the time of your first visit, you will be given the option to agree or object to the release of your records for research purposes. This release can be revoked or limited in writing at any time by notifying MCN. MCN's internal researchers will not use your health information for research unless you authorize the use, in writing, or the Institutional Review Board (IRB) decides that the authorization requirement is not necessary. Before the IRB will decide that the authorization is not necessary, the researchers must prove that the project is important enough and show they have a plan to protect the information from any improper use or disclosure. If you participate in a research project that involves treatment, your right to access health information pertaining to that treatment may be delayed during the research project so that the research can remain intact. When the research is done, you will have full access to your information.

**Other Uses or Disclosures:** We also 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, if required/authorized by law;
- 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;
- to avert a serious threat to health or safety;
- certain specialized government functions, such as military discharge, and national security and intelligence; and
- for workers' compensation purposes.

MCN will not use or disclose your 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 your medical information for another purpose, you have the right to change your mind and revoke the permission at any time by writing to our designated privacy official. There is potential for the information disclosed under this section to be redisclosed by the recipient and no longer protected.

#### **Your privacy rights:**

**Restrict Use and Disclosure:** You may request that MCN not use medical information in certain ways or for certain purposes. You may also request that MCN not provide medical information to certain people.

However, MCN has the right to refuse your request. MCN may use or disclose the patient's medical information in situations requiring emergency treatment, in which case we will ask the entities who receive the information not to further use or disclose the information.

**Provide Confidentiality:** You may request that MCN 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 of this kind of information in

another way, such as by telephone call. 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 bills.

**Inspection and Copy:** You may ask to see and copy your medical records unless that information is protected by law. You must make these requests in writing. If your request to look at 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 ask us to change information in your medical records. If your request is denied, you can write a statement of disagreement with the denial that we will keep with your medical information.

**Accounting of Disclosures:** You may ask us to provide you with information about certain disclosures of your medical information we made up to six years prior to your request.

**Paper Copy:** If you have received this notice of the medical information privacy rights 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, or the clinic contact person listed below. You can learn more about filing a complaint with the Secretary of Health and Human Services on their website. Filing a

complaint will not affect the quality of the services you receive from MCN, and you will not be retaliated against for filing a complaint.

You may contact the designated privacy official for further information or to exercise any of your rights described in this Notice at MCN:

Kurt Neil  
 The Minneapolis Clinic of Neurology  
 4225 Golden Valley Road  
 Golden Valley, MN 55422  
[Kurt.Neil@Mpls-Clinic.com](mailto:Kurt.Neil@Mpls-Clinic.com)  
 (763) 302-4100

The effective date of this notice is **October 1, 2024**. MCN is required by law to maintain the privacy of protected health information and to provide individuals with this notice of its legal duties and privacy practices, and to notify affected individuals following a breach of unsecured protected health information. MCN is required to abide by the terms of the notice currently in effect. MCN reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information maintained by MCN. If the terms of this notice are changed, MCN will provide individuals with a revised notice upon request and by posting the revised notice in designated locations at MCN offices and by electronically posting on MCN's website.