



SCMG-Northwest 251 County Rd 120 St. Cloud, MN 56303 320-202-8949	SCMG- South 1301 33 rd St S St. Cloud, MN 56301 320-251-8181	Clearwater Medical Clinic 615 Nelson Dr, P.O. Box 217 Clearwater, MN 55320 320-558-2293	Cold Spring Medical Clinic 402 N. Red River Ave., Ste 2 Cold Spring, MN 56320 320-685-8641	Midwest Occupational Medicine (MOM) 1301 33 rd St South St. Cloud, MN 56301 320-251-9675
SCMG Express Care- Northwest 251 County Rd 120 St. Cloud, MN 56303 320-529-4741	SCMG Express Care- South 1301 33 rd St S St. Cloud, MN 56301 320-240-2170			

St Cloud Medical Group (SCMG) Notice of 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.

St Cloud Medical Group is required by law to maintain the privacy of your protected health information. St Cloud Medical Group is required to provide you with a notice that describes St Cloud Medical Group’s legal duties, privacy practices, and your privacy rights with respect to your protected health information. We will follow the privacy practices described in this notice that are currently in effect.

We reserve the right to change the terms of our privacy practices described in this notice in the event that the practices need to be changed to be in compliance with the law. We will make the new notice provisions effective for all the protected health information that we maintain. If we change our privacy practices, a current version will be posted in public areas of the clinic, available on our website or on paper from a Receptionist.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out *treatment, payment, or health care operations* as defined by HIPAA and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. “Protected health information” is information about you including demographic information that may identify you and that relates to your past, present or future physical or mental health conditions and related health care services.

How St Cloud Medical Group May Use or Disclose Your Health Information for Treatment, Payment of Health Care Operations as Defined by HIPAA

The following categories describe the ways that St Cloud Medical Group may use and disclose your health information as defined by HIPAA. For each type of use and disclosure, we will explain what we mean and present some examples.

1. **Treatment.** We may use or disclose your health care information in the provision, coordination or management of your health care.

For example we may use your information to call and remind you of an appointment or to refer your care to another physician. If another provider requests your health information and they are not providing care and treatment to you we will request an authorization from you before providing your information.

2. **Payment.** We may use or disclose your health care information to obtain payment for your health care services.

For example, we may use your information to send a bill for your health care services to your insurer.

- 3. Health Care Operations.** We may use or disclose your health care information for activities relating to the evaluation of patient care, evaluating the performance of health care providers, business planning and compliance with the law.

For example, we may use your information to determine the quality of care you received when you had your surgery. If the activities require disclosure outside of St Cloud Medical Group we will request your authorization before disclosing that information.

***Note:** St Cloud Medical Group would also like to use your Health Information to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you the patient.

How St Cloud Medical Group May Use or Disclose Your Health Information without Your Written Authorization as Defined by HIPAA

The following categories describe the ways that St Cloud Medical Group may use and disclose your health information without your authorization as defined by HIPAA. For each type of use and disclosure, we will explain what we mean and present some examples.

- 1. Required by Law.** We may use and disclose your health information when that use or disclosure is required by law. For example, we may disclose medical information to report child abuse or to respond to a court order.
- 2. Public Health.** When required by law, we may disclose your health information to public health authorities for reporting communicable diseases, aiding in the prevention or control of certain diseases and reporting problems with products and reactions to medications to the Food and Drug Administration.
- 3. Victims of Abuse, Neglect or Domestic Violence.** We may disclose your information to a government authority authorized by law to receive reports of abuse, neglect or violence relating to children or the elderly.
- 4. Health Oversight Activities.** We may disclose your health information to health agencies authorized by law to conduct audits, investigations, inspections, licensure and other proceedings related to oversight of the health care system.
- 5. Judicial and Administrative Proceedings.** We may disclose your health information in the course of an administrative or judicial proceeding in response to a court order. Under most circumstances when the request is made through a subpoena, a discovery request or involves another type of administrative order, your authorization will be obtained before disclosure is permitted.
- 6. Law Enforcement Purposes.** We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, or missing person, or complying with a court order or other law enforcement purposes. Under some limited circumstances we will request your authorization prior to permitting disclosure.
- 7. Coroners, Medical Examiners, & Funeral Directors.** We may disclose your protected health information to coroners, medical examiners, & funeral directors. For example, this may be necessary to determine the cause of death.
- 8. Cadaveric Organ, Eye, or Tissue Donation Purposes.** We may use or disclose your protected health information for cadaveric organ, eye or tissue donation purposes. For example to an organ procurement organization or other entity engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue donation and transplantation.

St Cloud Medical Group does not do this.
- 9. Research Purposes.** We may use or disclose your protected health information for research purposes in the following instances: a) to comply with state or federal health initiatives, or b) clinical trials (consent would be obtained from the patient at the point of enrollment).
- 10. To Avert a Serious Threat to Health of Safety.** We may disclose your health information in a very limited manner to appropriate persons to prevent a serious threat to the health or safety of a particular person or the general public. Disclosure is usually limited to law enforcement personnel who are involved in protecting the public safety.
- 11. Specialized Government Functions.** Under certain and very limited circumstances, we may disclose your health care information for military, national security, or law enforcement custodial situations.

12. **Workers' Compensation Purposes.** Both state and federal law allow the disclosure of your health care information that is reasonably related to a worker's compensation injury to be disclosed without your authorization. These programs may provide benefits for work-related injuries or illness.
13. **For Facility Directories.** We may use or disclose a patient's health information for this purpose as long as you the patient are informed in advance of such use and is given the opportunity to agree or disagree with the disclosure.

St Cloud Medical Group does not do this.

14. **Notify People Involved in the Patient's Care.** We may use or disclose your health information to notify family members or others involved with the patient's care or payment including disclosures to help identify, locate, or describe the health condition of the patient. Such disclosure may be in coordination with disaster relief efforts.

To opt out of this disclosure you must submit your request in writing to the Privacy & Security Officer/ 1301 33rd St S, St Cloud, MN 56301.

When St Cloud Medical Group May Not Use or Disclose Your Health Information

We will not use or disclose your protected health information without written authorization from you for marketing purposes, or disclosures that constitute a sale of PHI, except as described in this Notice of Privacy Practices. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization, although we will be unable to take back any disclosures we have already made with your permission.

Any uses or disclosures of PHI not described in the Notice of Privacy Practices will be made solely upon written authorization from the individual and a statement that the individual make revoke an authorization as provided in the regulations.

Patient Rights to Protected Health Information

1. **Right to Request Restrictions on Certain Uses of Protected Health Information.** You have the right to request restrictions on how your health information is used or to whom your information is disclosed, even if the restriction affects your treatment, our payment, or health care operation activities. You have the right to request or restrict certain disclosures of PHI to a health plan if the individual has paid out-of-pocket in full for the health care item or service. For example, if you are an employee in a clinic and you receive health care services in that clinic, you may request that your medical record not be stored with the other clinic records. However, we are not required to agree in all circumstances to your requested restriction.

To make a request for restrictions, you must submit your request in writing to the HIM Supervisor/ 251 County Rd 120 St Cloud, MN 56303.

2. **Right to Receive Confidential Communications of Protected Health Information.** You have the right to request that we communicate your health information to you in different ways or places. For example, you may wish to receive information about your health status in a special, private room or through a written letter sent to a private address. We must accommodate reasonable requests.

To request confidential communications, you must submit your request in writing to the Privacy & Security Officer/ 1301 33rd St S, St Cloud, MN 56301.

3. **Right to Inspect and Copy Protected Health Information in a Designated Record Set.** You have the right to inspect and obtain a copy of your protected health information. Exceptions include: psychotherapy notes, information compiled for civil criminal, or administrative actions/ proceedings, or certain information related to CLIA of 1988. There are other exceptions and conditions as well as the imposition of a reasonable, cost-based fee for providing the patient with a copy of his or her health information. For example, you may request a copy of your immunization record from your health care provider.

To request an inspection or copy of PHI, you must submit your request in writing to the HIM Supervisor/ 251 County Rd 120 St Cloud, MN 56303.

4. **Right to Amend Protected Health Information.** You have the right to amend protected health information, with certain restrictions, such as when the provider does not create the information to be amended, or the provider believes the information is accurate and complete.

To request amendments of PHI, you must submit your request in writing to the HIM Supervisor/ 251 County Rd 120 St Cloud, MN 56303.

5. **Right to Receive an Accounting of Disclosures of Protected Health Information.** You have the right to request an accounting of the disclosures of your protected health information that we have made in compliance with federal and state law. The accounting does not have to include disclosures related to treatment, payment, or operations, disclosures for which an authorization is required, information that is part of a limited data set, to the patient, for the facility's directory, to persons involved with patient's care or other notification purposes, for national security or intelligence purposes, to correctional institutions or law enforcement officials, any other use or disclosure that is permitted or required by law so long as the provider only releases the minimum amount of information required for the purpose of disclosures made prior to April 14, 2003.

This list will include the date of each disclosure, who received the disclosed health information, a brief description of the health information disclosed, and why the disclosure was made. For some types of disclosures, the list will also include the date and time the request for disclosure was received and the date and time the disclosure was made.

For example, you may request a list that indicates all the disclosures your health care provider has made from your health care record in the past six months.

To request an accounting of disclosures, you must submit your request in writing to the HIM Supervisor/ 251 County Rd 120 St Cloud, MN 56303. We must comply with your request for a list within 60 days, unless you agree to a 30-day extension, and we may not charge you for the list, unless you request such a list more than once per year.

6. **Right to Obtain a Paper Copy of This Notice.** Upon your request, you may at any time receive a paper copy of this Notice, even if you earlier agreed to receive this notice electronically.

To obtain a paper copy of this Notice, please speak to a Receptionist at any clinic location.

An electronic copy of this privacy notice is also available on our company website: www.stcloudmedical.com which can be printed.

7. **Right of Affected Individuals to be Notified Following a Breach of Unsecured PHI.** In the event of a breach of your PHI and completion of a risk assessment you will be notified in writing of the breach.

How to File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with Quality Improvement Coordinator (1301 33rd St S, St Cloud, MN 56301/ 320-251-8181) who will provide you with any needed assistance. We request that you file your complaint in writing so that we may better assist in the investigation of your complaint. You may also file a complaint with the Secretary of Health and Human Services. If your complaint relates to your privacy rights while you were receiving treatment for mental illness, alcohol or drug abuse or a developmental disability you may also file a complaint with the staff or administrator of the treatment facility or community mental health program. There will be no retaliation against you in any way for filing a complaint.

Questions or Concerns

If you have any questions or concerns regarding your privacy rights or the information in this Notice of Privacy Practices, please contact the Privacy & Security Officer/ 1301 33rd St S, St Cloud, MN 56301/ 320-251-8181. Thank you.



**This Notice of Privacy Practices is Effective: April 14, 2003
Revised: Jan 2010, May 2011, Jan 2013, February 2017**
