

Parkview Medical Clinic

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. *Parkview Medical Clinic* is permitted to make uses and disclosures of protected health information for treatment, payment and health care operations, as described in the following examples:
 - a. For treatment – *by health care providers outside Parkview Medical Clinic.*
 - b. For payment – *from your insurance carrier for which you have signed release.*
 - c. For health care operations – *of outside facilities providing care to our patient.*
2. *Parkview Medical Clinic* is permitted or required, under specific circumstances, to use or disclose protected health information without the individual's written authorization
3. Other uses and disclosures will be made only with the Individual's written authorization, and the individual may revoke such authorization.
4. *Parkview Medical Clinic* intends to engage in one or more of the following activities:
 - a. *Parkview Medical Clinic* 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.
 - b. *Parkview Medical Clinic* may disclose protected health information to the sponsor of the plan, such as a group health plan, a health insurance issuer, or HMO.
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. *Parkview Medical Clinic* is not required to agree to a requested restriction, however.
 - 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. A charge will be made for copies of records.
 - 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. *Parkview Medical 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 with respect to protected health information.
7. *Parkview Medical Clinic* is required to abide by the terms of the Notice currently in effect.

8. *Parkview Medical Clinic* 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. *Parkview Medical Clinic* will provide individuals or patients with a revised Notice by *providing a revised copy, if applicable, at the individual's next clinic visit.*
10. Individuals may complain to *Parkview Medical Clinic* and to the Secretary of the Department of Health and Human Services, 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: *sending a signed, typewritten complaint addressed to: Privacy Officer, Parkview Medical Clinic, PO Box 186, New Prague, MN 56071.*
11. *Parkview Medical Clinic's* contact person for matters relating to complaints is:
 - a. *Joanne Retzer, Administrator*
 - b. *952-758-2535*
 - c. *Parkview Medical Clinic, PO Box 186, New Prague, MN 56071*
12. This Notice is first in effect on *4/14/2003.*
13. *Parkview Medical Clinic* elects to limit the uses or disclosures that it is permitted to make, as follows: per Minnesota Department of Health policy concerning access to Health Records – Practices and Rights, available upon request.

I hereby acknowledge that I have received a copy of *Parkview Medical Clinic's* Notice of Privacy Practices.

Individual's Name

Date: _____