



**YOUR INFORMATION.  
YOUR RIGHTS.  
OUR RESPONSIBILITIES.**

**Notice of Privacy Practices**  
for organizations that are part  
of HealthPartners

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.

**Effective November 17, 2018**

## **SUMMARY**

Our mission is to improve health and well-being in partnership with our members, patients and community. We want you to feel supported and informed in your care and coverage. This includes explaining how we use and manage your information, and your rights and choices related to that information.

Privacy is a complicated subject. We know it can be confusing, especially as different state and federal laws come into play. We honor the trust you place in us by choosing us for your treatment and care. We hope this summary of your rights and choices, and our responsibilities for how we use and share your information, helps you understand how we follow the law and honor your trust.

## **YOUR INFORMATION**

In this notice, when we use “your information” we’re referring to information that identifies you and relates to your health or condition, your health care services, or payment for those services. It includes health information, like diagnosis and treatment plans. It also includes demographic information like your name, address, phone number and date of birth.

## YOUR RIGHTS AS OUR PATIENT

**When it comes to your information and privacy, you have important rights under state and federal law.**

This section explains those rights. Ask us about them and we'll explain the process, including if you need to put your request in writing.

**You have the right to:**

### **Get an electronic or paper copy of your information**

- You can ask to see or get an electronic or paper copy of your information.
- We'll provide a copy or a summary of your information as quickly as possible.
- If there are records that we can't share or if we limit access, we'll help you understand why.

### **Ask us to correct your information**

- You can ask us to correct your information if you tell us why you think it's incorrect or incomplete.
- We may say "no" to your request, but we'll tell you why in writing as quickly as possible. In that case, you can ask us to keep a copy of your disagreement (a written statement you provide to us) with your records.

### **Ask us to limit what we use or share**

- You can ask us not to use or share your information. We'll always consider your request, but we may say "no" if it would affect our ability to provide care or service to you, or if we are unable to make the change in our systems.
- If you pay the full amount out-of-pocket for a service or item, you can ask us when you check in not to share information about that service or item with your health plan. We'll honor your request, unless the law requires us to share that information with your health plan.

## Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We'll do our best to meet your needs.

## Get a list of who has received your information

- You can ask for a list (an "accounting") of the times we've shared your information with outside organizations or individuals, who we shared it with, and why.
- We'll include all the times we've shared your information, except for when it was about your treatment, payment for your treatment or health care operations, and certain other times when we've released your information (such as if you asked us to share it and releases we've already told you about).

## Get a copy of this notice

- You can ask for a paper copy of this notice at any time. We'll provide it right away.
- This notice is also available on **healthpartners.com** and is posted in all our care locations.

## File a complaint if you feel your privacy rights have been violated

- You can complain directly to us if you feel we've violated your privacy rights by contacting us using the information on the last page of this notice.
- You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. Find contact information at **[www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints)**.
- We won't act against you for making a complaint.

## YOUR CHOICES

**In some situations, you have additional choices about how we use and share your information.** If you have a preference in the situations described below, let us know. Tell us what you want us to do, and we'll follow your instructions while following the law.

### **You can tell us not to:**

- Share your information with your family, close friends, or others involved in your care.
- Include you in our patient directory when you're admitted to one of our hospitals.
- Contact you to raise money to support our mission.
- Share your information with others for health research. (We can still use your information for our own research as long as we follow the law.)

### **We must get your written permission before we:**

- Use or share your information to market another organization's products or services.
- Use or share your information to market our own products or services, if another organization is paying us to do it or if the products or services are not health-related.
- Sell or rent your information to another organization.

## OUR RESPONSIBILITIES

We protect your information because your privacy is important to us, and because it's the law.

- We must follow the responsibilities and privacy practices described in this notice.
- We must make this notice available to you in our patient care locations and online at [healthpartners.com](https://healthpartners.com).
- We can change this notice, and the changes will apply to all information we have about you. If we make significant changes, we'll post the new notice at our patient care locations and online.
- We'll let you know quickly if a breach (unauthorized use or sharing) occurs that may have put the privacy of your information at risk.
- We won't use or share your information except as covered in this notice, unless you tell us we can in writing. You may change your mind at any time. Let us know in writing if you change your mind.
- When the law requires us to get your permission in writing before we use or share your information, we'll do so.
- We will ask you for this permission when you first become a patient and occasionally after that. This allows us to better arrange for your care, payment for your care, and our operations as described below. If you don't want to give us your permission, then we may not be able to bill your health plan for your services and may need to bill you personally. We may also not be able to coordinate your care.

## How do we typically use and share your information?

We typically use and share your information in the following ways:

### To treat you (treatment)

We use and share your information to treat you. We share it with other professionals and organizations that are treating you or managing your care, and to create a safe and more coordinated care experience for you. This includes sharing within organized health care arrangements, such as doctors on a hospital's medical staff who work together to care for you.

There are several methods for sharing your information for treatment; including by phone, fax, paper records and secure electronic exchange with other health care providers.

*Example: As your primary care physician, we tell a specialty doctor who is treating you what medicines you're taking, to avoid dangerous drug interactions.*

*Example: We remind you of an upcoming appointment with us.*

*Example: We may use an electronic exchange to share information from your medical records with your outside specialist.*

Please note that we don't need your permission to share your information in a medical emergency if you can't give us permission due to your condition. Also, the organizations covered by this notice don't need your permission to share your information with each other, as long as it's to care for you or for another permitted purpose.

### To bill for your services (payment)

We can use and share your information to bill and get paid by health plans and others for care that you receive.

*Example: We send information about the service we provided to you to your health plan so it will pay us for those services.*

*Example: We may contact your health plan to see if a service is covered before we provide that care.*

## To run our organization (health care operations)

We use and share your information to improve the quality of your care and experience, and to manage our operations.

*Example: We use limited amounts of your information to help with licensing and accreditation, and evaluating quality.*

*Example: We share limited amounts of your information with business associates – those we partner with to provide services on our behalf but who aren't our employees or affiliates. These partners are required by law to safeguard your information the same way we do.*

## How else do we use or share your information?

We're allowed or required to share your information in other ways that relate to public health and legal activities.

We have to meet many conditions in the law before we can share your information for these purposes.

### Follow the law

- We use or share your information if state or federal law requires it.

### Help with public health and safety issues

We share your information with public health authorities or other authorized agencies in certain situations such as to:

- Prevent disease
- Help with product recalls
- Report adverse reactions to medications
- Report suspected abuse, neglect, domestic violence or crimes in our care locations
- Prevent or reduce a serious threat to anyone's health or safety
- Help with health system oversight, such as audits or investigations



- Comply with special government functions such as military, national security, presidential protective services and disclosures to correctional facilities.

### **Respond to organ and tissue donation requests**

- We use and share your information to help with organ or tissue donation.

### **Work with a medical examiner or funeral director**

- We share your information with a coroner, medical examiner, or funeral director.

### **Handle workers' compensation**

- We use and share your information for your workers' compensation claims.

### **Respond to lawsuits and legal actions**

- We can use and share your information for legal actions, or in response to a court or administrative order, or other lawful process.
- We can share your information with authorized law enforcement officials.

### **With your written permission**

- If we want to use or share your information in a way not covered in this notice, we're required to get your written permission first.

## FOR INFORMATION, QUESTIONS OR COMPLAINTS

Please talk to us at your place of care if you have any questions about this notice. You can also contact us at by phone:

- HealthPartners Integrity and Compliance Hotline at **1-866-444-3493**

### **Are you also a member of a HealthPartners health plan?**

Get information about our health plan privacy practices and the privacy rights of our members by calling HealthPartners Member Services at **952-883-5000**, toll free at **800-883-2177** or **711** (TTY). You can also find that information online at **healthpartners.com**.

This notice applies to all our organizations and providers\*:

- Amery Hospital & Clinics
- Capitol View Transitional Care Center
- Group Health Plan
- HealthPartners
- HealthPartners Dental Group and Clinics (including Three Rivers Dental Care and Three Rivers Orthodontics)
- HealthPartners Hospice and Palliative Care
- HealthPartners Insurance Company
- HealthPartners Medical Group and Clinics
- Hudson Hospital & Clinic
- Hutchinson Health
- Lakeview Hospital
- North Suburban Family Physicians
- Olivia Hospital & Clinics
- Park Nicollet Clinic
- Park Nicollet Health Care Products
- Park Nicollet Melrose Center
- Park Nicollet Methodist Hospital
- Regions Hospital
- RHSC
- Riverway Clinics
- TRIA Orthopaedic Centers and Clinics
- virtuwel®
- Westfields Hospital & Clinic
- Medical Staff who provide services at any of the organizations on this list
- Specialty programs and services provided by any of the organizations on this list
- Independent caregivers who participate in our hospitals' organized health care arrangements.

As of 6/1/2022

*\*This list may change from time to time, as our organization changes and grows. We will update the list in the notice that is posted on **healthpartners.com**.*

# Statement of Nondiscrimination for patients

## OUR RESPONSIBILITIES

We follow Federal civil rights laws. We do not discriminate on the basis of race, color, national origin, age, disability or sex. We do not exclude people or treat them differently because of their race, color, national origin, age, disability or sex, including gender identity.

**We help people with disabilities to communicate with us. This help is free. It includes:**

- Qualified sign language interpreters
- Written information in other formats, such as large print, audio and accessible electronic formats

**We provide services for people who do not speak English or who are not comfortable speaking English. These services are free. They include:**

- Qualified interpreters
- Information written in other languages

**For language or communication help:**

Call **1-844-363-8974** if you need language or other communication help.

**If you have questions about our non-discrimination policy:**

Contact the Civil Rights Coordinator at **1-844-363-8732** or **integrityandcompliance@healthpartners.com**.

**To file a grievance:**

If you believe that we have not provided these services or have discriminated against you because of your race, color, national origin, age, disability or sex, you can file a grievance by contacting the Civil Rights Coordinator at **1-844-363-8732**, **integrityandcompliance@healthpartners.com** or Civil Rights Coordinator, Office of Integrity and Compliance, MS 21103K, 8170 33rd Ave S., Bloomington, MN 55425.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
 Room 509F, HHH Building  
 200 Independence Avenue SW  
 Washington, DC 20201  
**1-800-368-1019, 800-537-7697** (TDD)

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|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| Español<br>(Spanish)       | ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-363-8974.                     |
| Hmoob<br>(Hmong)           | LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-844-363-8974.                                 |
| Tiếng Việt<br>(Vietnamese) | CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-363-8974.                                    |
| Af Soomaali<br>(Somali)    | OGAYSIIIS: Haddii aad ku hadasho afka soomaaliga, Waxaa kuu diyaar ah caawimaad xagga luqadda ah oo bilaash ah. Fadlan soo wac 1-844-363-8974. |
| 繁體中文<br>(Chinese)          | 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-844-363-8974                                                                                                  |
| Русский<br>(Russian)       | ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-844-363-8974.                               |
| ພາສາລາວ<br>(Laotian)       | ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-844-363-8974.                               |

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|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Deutsch<br>(German)                 | ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-844-363-8974.                     |
| العربية<br>(Arabic)                 | ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-844-363-8974.                                                  |
| Français<br>(French)                | ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-363-8974.                           |
| 한국어<br>(Korean)                     | 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-363-8974.                                                                                             |
| Tagalog<br>(Tagalog)                | PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-363-8974.               |
| Oroomiffa<br>(Cushite<br>[Oromo])   | XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-844-363-8974.                              |
| አማርኛ<br>(Amharic)                   | ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዛዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-844-363-8974.                                                         |
| unD<br>(Karen)                      | ဟ်သုတ်ဟ်သး- နမ့ၢ်ကတိၢ် ကညိၣ် ကျိၣ်အယိၣ်. နမၤန့ၢ် ကျိၣ်အတၢ်မၤစၢၤလၢ တလၢ်ဘျုးလၢ်စ့ၤ နိတမံၤဘၣ်သ့န့ၣ်လိၤ. နိ: 1-844-363-8974.                                   |
| ខ្មែរ<br>(Mon-Khmer,<br>Cambodian)  | ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អ្លួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរទូរស័ព្ទ 1-844-363-8974.                              |
| Deutsch<br>(Pennsylvanian<br>Dutch) | Wann du Deitsch schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprouch. Ruf selli Nummer uff: Call 1-844-363-8974. |

Polski  
(Polish)

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-844-363-8974.

हिंदी  
(Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-844-363-8974.

Shqip  
(Albanian)

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-844-363-8974.

မြန်မာစကား  
(Burmese)

သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 1-844-363-8974.

