

**NORAN NEUROLOGICAL CLINIC, P.A.**  
**NOTICE OF PRIVACY PRACTICES**

Effective: April 14, 2003

**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.**

**Privacy Promise:** Noran Clinic understands that your medical and health information is personal. Protecting your health information is important. We follow strict federal and state laws that require us to maintain the confidentiality of your health information.

**How We Use Your Health Information:** When you receive care from Noran Clinic, we may use your health information for treating you, billing for services, and conducting our normal business known as health care operations. Examples of how we use your information include.

**Treatment:** We keep records of the care and services provided to you. Health care providers use these records to deliver quality care to meet your needs. For example, your doctor may share your health information with another specialist who will assist in your treatment. Some health records, including confidential communications with a mental health professional and substance abuse records, may have additional restrictions for use and disclosure under state and federal law.

**Payment:** We keep billing records that include payment information and documentation of the services provided to you. Your information may be used to obtain payment from you, your insurance company, or other third party. We may also contact your insurance company to verify coverage for your care or to notify them of upcoming services that may need prior notice or approval. For example, we may disclose health information about the services provided to you to claim and obtain payment from your insurance company or Medicare.

**Health Care Operations:** We use health information to improve the quality of care, train staff and students, provide customer service, manage costs, conduct required business duties, and make plans to better serve our community. For example, we may use your health information to evaluate the quality of treatment and services provided by our physician, nurses, and other health care workers.

**Other Services We Provide:** We may also use your health information to:

- Recommend treatment alternatives
- Tell you about health services and products that may benefit you
- Share information with family or friends involved in your care or payment for your care
- Share information with third parties who assist us with treatment, payment, and health care operations. Our business associates must follow our privacy practices.
- Remind you of an appointment.

**Sharing Your Health Information:** There are limited situations when we are permitted or required to disclose health information without your signed authorization. These situations are:

- For public health purposes such as reporting communicable diseases, work-related illnesses, or other diseases and injuries permitted by law; reporting deaths, and reporting reactions to drugs and problems with medical devices.
- To protect victims of abuse, neglect, or domestic violence.
- For health oversight activities such as investigations, audits, and inspections.
- For lawsuits and similar proceedings.
- When required by law.
- When requested by law enforcement as required by law, subpoena or court order.
- To coroners, medical examiners, and funeral directors.
- For organ and tissue donation.
- For research approved by our review process under strict federal and state guidelines.
- To reduce or prevent a serious threat to public health and safety.
- For workers' compensation or other similar programs if you are injured at work.
- For specialized government functions such as intelligence and national security.
- In a medical emergency.
- To other providers within related healthcare entities when necessary for your current treatment.
- Under Minnesota law to the following persons or organizations for specific purposes:
  - Departments of Health
  - Department of Public Safety
  - Department of Employee Relations
  - Office of Mental Health Practices
  - Health Boards
  - Health professional licensing boards or agencies
  - Local welfare agencies
  - Medical or scientific researcher
  - Department of Human Services
  - Department of Commerce
  - Ombudsman for Mental Health and Mental Retardation
  - State Fire Marshal
  - Community Action Agencies
  - Law enforcement agencies
  - Medical examiners or coroners
  - Minnesota Health Data Institute

- Schools and childcare facilities may transfer immunization records without consent
- Public or private post-secondary education institutions
- Potential victims of serious threats of physical violence
- Department of Labor and Industry, insurers and employers in worker's compensation cases
- Parents/ legal guardians of a minor who is being treated where failure to inform could create serious health problems
- Insurance companies and other payors paying for independent medical examinations
- Proxies, ombudsmen, attorneys-in-fact

All other uses and disclosures, not described in this notice, require your signed authorization. You may revoke your authorization at any time with a written statement.

**Our Privacy Responsibilities:** Noran Clinic is required by law to:

- Maintain the privacy of your health information.
- Provide this notice that describes the ways we may use and share your health information.
- Follow the terms of the notice currently in effect.

We reserve the right to make changes to this notice at any time and make the new privacy practices effective for all information we maintain. Current notices will be posted in Noran Clinic facilities and on our website, [www.noranclinic.com](http://www.noranclinic.com). You may also request a copy of any notice from the Noran Clinic Administration Office.

**Your Individual Rights:** You have the right to:

- Request restrictions on how we use and share your health information. We will consider all request for restrictions carefully but are not required to agree to any restriction.
- Request that we use a specific telephone number or address to communicate with you.
- Inspect and copy your health information, including medical and billing records. Fees may apply. Under limited circumstances, we may deny you access to a portion of your health information and you may request a review of the denial.\*
- Request corrections or additions to your health information.\*
- Request an accounting of certain disclosures of your health information made by us. The accounting does not include disclosures made for treatment, payment, and health care operations and some disclosures required by law. Your request must state the period of time desired for the accounting, which must be within the six years prior to your request and exclude dates prior to April 14, 2003. The first accounting is free, but a fee will apply if more than one request is made in a 12-month period.\*
- Request a paper copy of this notice even if you agree to receive it electronically.

Requests marked with a star (\*) must be made in writing. Contact the Noran Clinic Administration Office for the appropriate form for your request.

**Our Organization:** This notice describes the privacy practices of the Noran Neurological Clinic, P.A. (Noran Clinic). Noran Clinic includes clinic offices located in Blaine, Bloomington/Edina, Lake Elmo/Woodbury, and Plymouth, and includes Noran Clinic employees and volunteers at those facilities. This notice also describes the privacy practices of affiliated providers while they are performing services in a Noran Clinic facility, unless they provide you with a notice of their specific privacy practices. Affiliated providers are not employed by Noran Clinic but are authorized to provide services to patients in a Noran Clinic facility.

**Contact Us:** If you would like further information about your privacy rights, are concerned that your privacy rights have been violated, or disagree with a decision that we made about access to your health information:

- Visit our website at [www.noranclinic.com](http://www.noranclinic.com)
- Contact the Noran Clinic Administrative Office  
France Place  
3601 Minnesota Drive, Suite 200  
Bloomington, MN 55435  
(612) 879-1000

We will investigate all complaints and will not retaliate against you for filing a complaint. You may also file a written complaint with the Office of Civil Rights of the U.S. Department of Health and Human Services.