



## FRASER NOTICE OF PRIVACY PRACTICES

September 16, 2013

**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.**

### **Our Pledge Regarding Your Personal Health Information**

This notice explains how Fraser uses and discloses your personal health information (known as Protected Health Information or “PHI”) and the rights that you, as a consumer, have with respect to accessing that information and keeping it private. We are required by law to protect the privacy of your PHI and to provide you with this notice.

We must follow the privacy practices that are described in this notice. We reserve the right to change our privacy practices and the terms of this notice at any time, and to have those changes be effective for all information that we have, including PHI we created or received before the effective date

of the new notice. We will post the revised notice in our offices, make copies available to you upon request and post the revised notice on our website [www.fraser.org](http://www.fraser.org).

Under Minnesota law, to disclose your PHI outside of Fraser, we are required to obtain your written consent. Under this law, certain disclosures may or must be made without your consent. Examples include medical emergencies and disclosures to local welfare agencies.

For more information, please contact us using the information listed at the end of this notice.

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### **Our Uses and Disclosures of Your Personal Health Information**

The following categories describe different ways that we use and disclose your PHI.

**Treatment:** We may use your PHI to provide you with medical treatment or health-related services. For example, Fraser staff may share information about your medical condition with another clinician to whom you have been referred, with a school social worker or teacher, a case manager, a social worker or a county worker as appropriate to your treatment.

**Payment:** We may use and disclose your PHI in order to receive payment for the services you receive. For example, we need to give information about services you received to your health plan to obtain payment.

**Health Care Operations:** We may use and disclose PHI about you for our health care operations,

which are activities necessary to operate Fraser and make sure that all of our clients receive quality care. For example, we may use and disclose your PHI to conduct quality assessment and improvement activities, to engage in care coordination or case management, or to manage our business.

**Business Associates:** We may disclose PHI about you to third party “business associates” that perform various activities for Fraser. Whenever this occurs, Fraser will have a written agreement with the business associate that contains terms to protect the privacy of your health information.

**Family and Other Individuals Involved in Your Care:** Unless you object, we may disclose to your family members, friends, and persons you indicate are involved in your care, PHI that is directly relevant to their involvement in your care (or

payment for your care). We may also use or disclose your information to notify these persons of your location, general condition or death.

We are not required to obtain your written consent or authorization for the disclosures in this section. If you are present, we will give you the opportunity to object before we disclose your PHI to these persons (or we may use our professional judgment in concluding that you do not object). If you are incapacitated or in an emergency, we may disclose your PHI to these persons if we determine that the disclosure is in your best interest.

**Appointment Reminders:** We may use and disclose PHI to contact you as a reminder that you have an appointment for treatment or services.

**Communication about Products and Services:** We may use and disclose your PHI to tell you about or recommend possible treatment options or alternatives, or to tell you about health-related benefits or services that may be of interest to you. We may communicate with you face-to-face regarding any products or services.

**Fundraising:** We may use your name, address and other demographic data and the dates on which you received care, to contact you to ask for fundraising activities to support Fraser. If we contact you for a donation, you can “opt out” of any future fundraising contacts. If you do not want to be contacted, please notify our HIPAA Privacy Officer, in writing or by email, using the information given at the end of this notice.

**Research:** We may disclose information to external researchers with your authorization, which we will attempt to collect in a manner consistent with applicable state laws.

**Underwriting:** Fraser is prohibited from using PHI that is genetic information for underwriting purposes.

**Special Situations involving Public Health or Legal Requirements:** We may use and disclose PHI:

- If required by law.
- For disaster relief efforts.
- For public health activities, such as communicable disease reporting, or informing authorities of possible victim of abuse, neglect or domestic violence.
- For government healthcare oversight activities.
- For judicial or administrative proceedings, such as responding to a court order.
- For law enforcement purposes.
- To avoid a serious threat to health or safety.
- To medical examiners, funeral directors, or organ procurement organizations, in regard to a deceased person.
- For special government functions, such as disclosures to authorized federal officials for national security activities.
- For workers’ compensation and similar programs for work-related injuries or illness.

**Uses and Disclosures You Specifically Authorize:** If you give us your written authorization, we may use and disclose your information as permitted by that authorization. You may revoke an authorization in writing at any time, except if we have already relied on it. Without your written authorization, we may not use or disclose your PHI for any reason except those described in this notice.

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## Your Rights

**Access:** You have the right to look at or get copies of your PHI (including electronic copies), with limited exceptions. We may require you to make this request in writing. If you request copies, we may charge you a fee to cover the costs of copying, mailing and other supplies. We may deny your request in very limited circumstances. If we deny your request, you may be entitled to a review of that denial.

**Amendment:** If you feel that your PHI is wrong

or something is missing, you have the right to request that we amend it. We will require you to make this request in writing and provide a reason to support your request. We may deny your request if we did not create the information you want amended or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be included in your records.

**Accounting of Disclosures:** You have the right

to receive a list of disclosures we have made of your PHI. This right to disclosures, except for treatment, payment, health care operations, and certain other purposes, only applies if your health records are maintained or used electronically by us. Your request for the accounting must be in writing and submitted using the contact information at the end of this notice. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee.

**Notice of Breach:** You have the right to be notified by Fraser in the event of a breach of unsecured PHI.

**Restriction Requests:** You have the right to request that we place restrictions on our use or disclosure of your PHI for treatment, payment, health care operations. For example, if you pay for service entirely out-of-pocket, then you can require that information regarding that service not be disclosed to your health plan or insurance. We are not required to agree to these restrictions, but if we do, we will abide

by our agreement (except in an emergency). Any agreement we may make to a request for restrictions must be in writing signed by a person authorized by Fraser to agree to such requests.

**Confidential Communication:** You have the right to request that we communicate with you in confidence about your PHI by alternative means or to an alternative location. For example, you may ask that we contact you only at work or by mail. You must make your request in writing and must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

**Others Acting on Your Behalf:** These rights may also be exercised by someone who has the legal right to act on your behalf.

**Copy of this Notice:** You are entitled to receive a printed (paper) copy of this notice at any time. Please contact us using the information listed at the end of this notice.

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## Questions and Complaints

If you want more information about Fraser's privacy practices, have questions or concerns, or believe that we may have violated your privacy rights, please contact us using the following information:

Contact Office: HIPAA Privacy Officer

Address: Fraser  
2400 W. 64<sup>th</sup> St.  
Richfield, MN 55423

Telephone: 612-861-1688

Email: [privacy@fraser.org](mailto:privacy@fraser.org)

You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request. We support your right to protect the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint.