



NOTICE OF PRIVACY PRACTICES

Effective April 14, 2003
Revised June 1, 2011

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Big Stone Therapies, Inc. (BST) is dedicated to protecting your medical information. We create a record of the care and services you receive to provide quality care and to comply with legal requirements. This notice applies to all of the records of your care that we have and maintain. We are required by law to:

- Maintain the privacy of your protected health information.
- Provide you with this notice of our legal duties and privacy practices.
- Abide by the terms of the notice that is currently in effect.

We may use and disclose medical information about you:

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

- For Treatment – We may use or disclose your PHI to provide, coordinate, or manage your treatment or services. We also may disclose medical information about you to health care providers outside our organization who are involved in your treatment, such as consulting or referring physicians.
- For Payment – We may use and disclose medical information about you so that the services you receive from us may be billed and payment may be collected from you, an insurance company or a third party. The information on or accompanying the bill may include information that identifies you, your diagnosis, treatment received, and supplies used.
- For Health Care Operations – We may use and disclose medical information about you for our operations and to make sure that you receive quality care. We may disclose medical information to our “business associates” who provide contracted services such as accounting, legal representation, claims processing, and consulting. If we do disclose medical information to a business associated, we will do so subject to a contract that provides that the information will be kept confidential.

We may also use and/or disclose your information in accordance with federal and state laws for the following purposes:

- Appointment Reminders - We may contact you to provide appointment reminders.
- Treatment Information - We may contact you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- Disclosure to Department of Health and Human Services - We may disclose medical information when required by the United States Department of Health and Human Services as part of an investigation or determination of our compliance with relevant laws.
- Family and Friends - Unless you object, we may disclose your medical information to family members, other relatives or close personal friends when the medical information is directly relevant to that person’s involvement in your care.
- Notification - Unless you object, we may use or disclose your medical information to notify a family member, a personal representative or another person responsible for your care, of your location, general condition, or death.
- Health Oversight Activities - We may use or disclose your medical information for public health activities, including the reporting of disease, injury, vital events and the conduct of public health surveillance, investigation and/or intervention. We may disclose your medical information to a health oversight agency for oversight activities authorized by law, including audits, investigation, inspection, licensure or disciplinary actions, administrative and/or legal proceedings.
- Abuse and Neglect - We may disclose your medical information when it concerns abuse, neglect or violence to you in accordance with federal and state law.
- Legal Proceedings - We may disclose your medical information in the course of certain judicial or administrative proceedings.
- Law Enforcement - We may disclose your medical information for law enforcement purposes or other specialized governmental functions.
- Research - We may use or disclose your medical information for certain research purposes if an institutional review board or a privacy board has altered or waived individual authorization, the review is preparatory to research, or the research is only on the decedent’s information.
- Public Safety - We may use or disclose your medical information to prevent or lessen a serious threat to the health or safety of another person or to the public.
- Worker’s Compensation - We may disclose your medical information as authorized by laws relating to worker’s compensation or similar programs.
- Business Associates - We may disclose your health information to a business associate with whom we contract to provide services on our behalf. To protect your health information, we require our business associates to appropriately safeguard the health information of our patients they must comply with the same federal security and privacy rules as we do.
- Organizational/Marketing - We may ask for your feedback from time to time regarding our services. We may also provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

YOUR RIGHTS

You have many rights concerning the confidentiality of your medical information. You have the right to:

- You may ask us to restrict certain uses and disclosures of your medical information. We will consider your request but we are not legally required to accept it. We will inform you of our decision on your request.
- You have the right to receive communications from us in a confidential manner.
- Generally, you may inspect and copy your medical information. This right is subject to certain specific exceptions, and you may be charged a reasonable fee for any copies of your records.
- You may ask us to amend your medical information. We may deny your request for certain specific reasons. If we deny your request, we will provide you with a written explanation for the denial and information regarding further rights you may have at that point.
- You have the right to receive an accounting of the disclosures of your medical information made by BST during the last six years, (or following April 14,2003), except for disclosures for treatment, payment or healthcare operations, disclosures which you authorized and certain other specific disclosure types.
- You may request a paper copy of this notice, even if it was sent electronically.

CHANGES TO THIS NOTICE

We may change our policies at any time. Changes will apply to medical information we already hold, as well as new information after the change occurs. Each time we revise our notice, we will post it in our clinics and will also make it available to you upon request.

COMPLAINTS

If you believe your privacy rights have been violated, a complaint may be made to our Compliance Coordinator. You will not be penalized in any way for filing a complaint. All complaints should be sent in writing to the following address:

Big Stone Therapies, Inc., 309 Washington Ave., Ortonville, MN 56278, Attn: Compliance