You Have the Following Rights Regarding Medical Information We Obtain About You

Right to Inspect and Copy: You have the right to inspect and receive a copy of your medical information that is used to make decisions about your care. Usually, this includes medical and billing records maintained by Ridgeview. If you wish to inspect and copy medical information, you must submit your request in writing to the HIM Department. Contact extension 35182 with questions. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request, to the extent permitted by state and federal law. If we maintain your health information electronically as part of a designated record set, you have the right to receive a copy of your health information in electronic format upon your request. You may also direct us to transmit your health information (whether in hard copy or electronic form) directly to an entity or person clearly and specifically designated by you in writing. We may deny your request to inspect and copy your information in certain very limited circumstances. For example, we may deny access if your physician believes it will be harmful to your health, or could cause a threat to others. In these cases, we may supply the information to a third party who may release the information to you. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by Ridgeview will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Request Amendment: If you believe that medical information we have about you is incorrect or incomplete, you have the right to request an amendment for as long as the information is kept by Ridgeview. To request this right to request an amendment, you must submit your request in writing to the HIM Department. Contact extension 35182 with questions. Your request must state a time period for which you would like the accounting. The accounting period may not go back further than six years from the date of the request, and it may not include dates before April 14, 2003. You may receive a free accounting in any 12-month period. We will charge you for additional requests. To request this right to request an amendment, your request must be made in writing or does not include a reason to support the request.

In addition, you must provide a reason that supports your request. To request a change to your information, your request must be made in writing or does not include a reason to support the request. To request an amendment for as long as the information is kept by Ridgeview. To request this right to request an amendment, your request must be made in writing or does not include a reason to support the request.

Right to Request Restrictions: You have the right to request a restriction or limitation on the medical information we use or disclose about you. If you pay out-of-pocket in full for an item or service, then you may request that we not disclose information containing solely to such item or service to your health plan for purposes of payment or health care operations. We are required to agree with such a request, unless you request a restriction on the information we disclose to a health maintenance organization (“HMO”) and the law prohibits us from accepting payment from you above the cost-sharing amount for the item or service that is the subject of the requested restriction. However, we are not required to agree to a request if we do not agree, we will comply with your request unless the information is needed to provide you emergency treatment or you request that we remove the restriction. To request restrictions, you must make your request in writing to the HIM Department (extension 35182). In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, if you want to prohibit disclosures to your spouse.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you only at work or only by mail. To request confidential communications, you must make your request in writing to Patient Financial Services. Contact 952-442-8054 with questions. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted, and we may require you to provide information about how payment will be handled.

Right to a Paper Copy of This Notice: You have the right to receive a paper copy of this notice. You may ask us to give you a copy of this notice any time. This notice is on our website, www.ridgeviewmedical.org.

Changes to This Notice

The effective date of this notice is April 14, 2003, and it has been updated effective September 25, 2018. We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. If the terms of this notice are changed, Ridgeview will provide you with a revised notice upon request, and we will post the revised notice on our website, www.ridgeviewmedical.org.

Complaints or Questions

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with Ridgeview, or to ask a question about this Notice, contact the Privacy Office at extension 38438. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Other Uses and Disclosures of Protected Health Information

We are required to obtain a written authorization from you for most uses and disclosures of psychotherapy notes, uses and disclosures of protected health information for marketing purposes and disclosures that constitute a sale of protected health information. Except as described in this Notice, Ridgeview will not use or disclose your protected health information without a specific written authorization from you. If you provide us with this written authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization, except to the extent we have already relied on your authorization. We are unable to take back any disclosures we have already made with your permission, and we are required to retain our records of the care that we provided to you.
During your treatment at Ridgeview, doctors, nurses and other care-givers may gather information about your medical history and your current health. This notice explains how that information may be used and disclosed and how you may get access to it. Certain laws (described below) give you certain rights with respect to this kind of information. The terms of this notice apply to health information created or received by Ridgeview. We are required by law to: make sure that medical information that identifies you is kept private. Use and disclose only the health information that is necessary to provide you with care or to bill for it or to get paid by your health plan. Keep your information confidential. Get your approval before making disclosures to others outside of Ridgeview for treatment purposes, except in emergency circumstances when it is not possible to get your consent. Use and disclose medical information about you to people assisting in your care. Use your medical information to maintain quality health care operations. Use your medical information to carry out activities required by law. Use your medical information to report to the FDA as permitted or required by law. Keep your information confidential. Get your approval before making disclosures to others outside of Ridgeview for treatment purposes, except in emergency circumstances when it is not possible to get your consent. Use and disclose medical information about you to people assisting in your care. Use your medical information to maintain quality health care operations. Use your medical information to report to the FDA as permitted or required by law.

Your Medical Information May be Used and Disclosed for the Following Purposes:

**Treatment:** We may use your information to provide, coordinate and manage your care and treatment. For example, a Ridgeview physician may share your medical information with another physician for a consultation or referral. We will get your written consent prior to making disclosures outside of Ridgeview for treatment purposes, except in emergency circumstances when it is not possible to get your consent.

**Payment:** We may use and disclose medical information about you so that the treatment and services you receive are billed to, and payment collected from, you, an insurance company or another third party. For example, we may use your medical information to bill your insurance company and to determine whether you qualify for benefits under a health maintenance organization or other health plan.

**Health care operations:** We may use and disclose medical information about you for the purposes of quality assessment and improvement, training and education, and other health care operations. For example, we may use your medical information to review our treatment and services and to evaluate the performance of our staff and physicians in caring for you. We will get your written consent prior to making disclosures outside of Ridgeview for health care operations purposes.

**Appointment Reminders and Other Health Information:** We may use your medical information to send you reminders about future appointments. We may also send you reminder notices or other communications about your current medications. However, if we receive any financial remuneration for making such recall or medication communications beyond our costs of making the communication, we must first obtain your written authorization to make such communications. We may contact you with information about new or alternative treatments, or of other health care services or for purposes of care coordination, unless we receive financial remuneration in exchange for making the communication; in that case, we will obtain your written authorization to make such communications. We are not required to obtain your written authorization for face-to-face communications.

**Funding:** Ridgeview, one of its business associates or Ridgeview’s Foundation may use certain information about you (specifically your name, address, age, gender, date of birth and other demographic information) as necessary to fundraise, to administer the Foundation’s affairs, or to fundraise for the purpose of promoting the mission or reputation of Ridgeview. Each fundraising communications with respect to medical information about you; follow the terms of the notice that is currently in effect; and notify you in the event there is a breach of any unsecured protected health information about you.

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