

# Notice of Privacy Practices

*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.*

## **Your Health Information and Our Privacy Commitment to You**

Bluestone keeps records of your visits with our providers. Usually, this record includes your name, date of birth, sex, financial information, insurance information and other personal information, such as problems you are facing with your health or in your life and your goals for solving these. This information is called your health information.

We care about your privacy. Only people who have both the need and the legal right may have access to your health information without your authorization. Unless you give us permission in writing, we will only use or disclose your health information for purposes of treatment, payment, and health care operations or for the other purposes described below. Where appropriate, we use or disclose only the health information that is minimally necessary to accomplish the intended purpose.

## **Our Legal Duty**

We are required by law to protect the privacy and security of your health care information, to provide this notice about our information practices, to follow the information practices that are described in this notice, to accommodate reasonable requests you may have to communicate health information, and to notify you if we are unable to agree with a request.

We are also required by law to obtain your signed acknowledgment of receiving this notice. Please know that you can refuse to acknowledge receipt of this notice and still receive treatment from Bluestone providers. The privacy practices described in this form will still be followed. You will not be treated differently.

We may change our privacy practices at any time and our new practices will apply to all health information we hold. Before we make a significant change, we will change this notice and post the new notice on the Bluestone website and at its offices. You can also request a copy of this notice at any time through your Bluestone provider. If you have any questions or would like more information about our privacy practices, please ask your Bluestone health care provider.

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

### *Treatment*

We can use and disclose health information about you to provide you with treatment or services. We may disclose

health information about you to health care providers, interns, volunteers, and interpreters for treatment. For example, your treatment team members will discuss your health information in order to develop and carry out a plan of care.

### *Payment*

We can use or disclose health information about you to obtain payment for treatment and services. For example, we may disclose your health information to bill insurers. We may also tell your health plan about a treatment or medication you are going to receive to obtain prior approval or to determine if your plan will cover it.

### *Health Care Operations*

We can use or disclose health information about you for our health care operations and the health care operations of certain other entities. For example, this may include reviewing our clients' health information to evaluate the quality of the treatment and services we provide and to evaluate our staff.

### *Psychotherapy Notes*

Under most circumstances, without your written authorization, we may not disclose the psychotherapy notes a mental health professional took during a counseling session.

### *HLTV-III Test*

If we perform the HLTV-III test on you (to determine if you have been exposed to HIV), we will not disclose the results of the test to anyone but you without your written consent unless otherwise required by law. We also will not disclose the fact that you have taken the test to anyone without your written consent unless otherwise required by law.

### *Deceased Individuals*

Following your death, we may disclose health information to a coroner or to a medical examiner as necessary for them to carry out their duties and to funeral directors as authorized by law. In addition, we may disclose health information to your next of kin or a personal representative (for example, the executor of your estate).

### *Health Care Agent - Guardian*

If you have a legal guardian, have appointed a health care agent, or have another legally authorized personal representative, we will treat that person as if that person is you with respect to uses and disclosures of your health information.

# Notice of Privacy Practices

## *Appointments*

Your health information will be shared with our administrative staff so they may contact you to make appointments or remind you of appointments. You may request that we provide such reminders only in a certain way or only at a certain place. We will try to accommodate all reasonable requests.

## *Research*

We may use and disclose your health information for reviews preparatory to research and for research studies if approved by a privacy board or institutional review board. You may ask us how to contact a researcher to whom your information was disclosed for research and the date of disclosure.

## *Business Associates*

Bluestone sometimes contracts with third-party business associates for services, such as billing or consulting services. We may disclose your health information to our business associates so that they can perform the job we have asked them to do.

## *Release to Family/Friends*

Our health professionals, using their professional judgment, may disclose your health information to a family member, friend, or any other person who is involved in your care or payment for your care. We will provide you with an opportunity to object to such a disclosure whenever we practicably can do so.

## *Health Information Exchange*

We may participate in one or more electronic health information exchanges, record locators, or patient information services, which permit us to exchange health information about you with other participating providers and their vendors. For example, we may permit a physician providing care to you to access our records in order to have current information to treat you. The requesting provider must verify that they have or have had a treatment relationship with you, and, if required by law, we will ask the provider to obtain your consent before accessing your health information through the health information exchange.

## *Fundraising*

We may contact you or have our foundation contact you for fundraising purposes. We will limit our use and disclosure to your demographic information, such as age and address, the dates you received care, and other limited information about your care. Our fundraising materials will tell you how to opt out of receiving future fundraising communications.

## *Future Communications*

We may use your medical information to contact you with information about health-related benefits and services or about treatment alternatives that may be of interest to you. We may provide you information by a general newsletter or in person or by way of products or services of nominal value.

## *When We Use or Disclose Your Personal Information with Your Permission*

In some situations, we may be required by State law to obtain your written consent in order to share your personal information with nonaffiliated people or organizations for treatment, payment or health care operations.

## *Other Circumstances Where Your Health Information May be Used or Disclosed*

Subject to certain requirements, we may use or disclose your health information without your authorization for public health purposes, such as reporting disease; auditing purposes; emergencies; health oversight activities; military and national security; workplace and medical surveillance; law enforcement; legal process, and judicial and administrative actions; government investigation; and reporting abuse and neglect of vulnerable adults. We may disclose your information for these purposes to the Food and Drug Administration, the Department of Health and Human Services, correctional facilities, and other government agencies.

We also may disclose your health information when permitted or required by federal, state or local law. For example, in limited specific circumstances, we may disclose health information to protect your safety and that of others.

Except as noted above, we will ask for your written authorization before using or disclosing any identifiable information about you. If you sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures without penalty of any kind.

We will not sell your health information or use or disclose it for marketing purposes without your authorization.

## **Individual Rights**

You have the following rights with respect to your health information.

### *Right to Review and Copy your Personal Information*

We maintain a designated record set of our patients' medical records, billing records and other records used to

# Notice of Privacy Practices

make decisions about our patients and their care. You have a right to inspect and obtain a copy of your personal information that we maintain in this designated record set. If the designated record set is maintained in an Electronic Health Record, you may request a copy of your personal information in electronic format. We reserve the right to determine the format. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial is reviewed.

## *Right to Request an Amendment of Your Personal Information*

If you feel the medical information we have about you is incorrect or incomplete, you have the right to request an amendment of your personal information in our designated record set. We will consider your request, but we are not required to agree to your changes.

## *Right to Restrict Disclosures to Health Plans*

You have the right to prohibit us from disclosing to your health plan personal information related to a particular service, if you pay us for that service in full and if the disclosure is for the purpose of carrying out payment or healthcare operations and is not otherwise required by law.

## *Right to Request Other Restrictions of Your Personal Information*

You have the right to ask us not to use or disclose your personal information for any of the purposes described in this notice. We will consider your request, but we are not required to agree to your request.

## *Right to Request Confidential Communications*

You have the right to ask us to communicate with you about confidential matters by alternative means or at alternative locations. We will make reasonable efforts to accommodate your request.

## *Right to Receive an Accounting of Disclosures*

Subject to certain exceptions, you have the right to receive from us an accounting, or listing, of instances when we released your personal information to nonaffiliated third parties.

## *Right to Obtain a Copy of this Notice*

You can request an additional copy of this notice using the Contact Information below. This notice is also available on our website:

[www.bluestonemd.com](http://www.bluestonemd.com)

## *Right to Complain about Our Privacy Practices*

If you believe we have violated your privacy rights, you may complain to us directly (see Contact Information below) or to the Office for Civil Rights of the United States Department of Health and Human Services. You may file a complaint with either us or the Office for Civil Rights without fear of reprisal.

## *Right to Receive Notice of a Breach*

We are required to notify you by first class mail or by e-mail (if you have indicated a preference to receive information by e-mail), of any breaches of Unsecured Protected Health Information as soon as possible, but in any event, no later than 60 days following the discovery of the breach.

## **For More Information or to Report a Problem**

For more information or to report a problem you may contact any of Bluestone's providers. If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you can file a complaint with Bluestone's Privacy Officer in person or by phone at:

Privacy Officer  
Bluestone Physician Services  
270 North Main Street, Suite 300  
Stillwater, MN 55082-6788  
Phone: 651-342-4276

You will not be treated differently if you make a complaint.

You may also file a complaint with:

Region V Office for Civil Rights  
US Department of Health and Human Services  
233 N. Michigan Ave, Ste. 240  
Chicago, IL 60601  
Voice Phone: 312-886-2359  
Fax: 312-886-1807  
TDD Phone: 312-353-5693

You will not be penalized for filing a complaint with the federal government.

The effective date of this notice is July 20, 2016.