



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.

During your treatment at Adult & Pediatric Urology, doctors, nurses, and other caregivers may gather information about your medical history and your current health. This notice explains how that information may be used and shared with others. It also explains your privacy rights regarding this kind of information. The terms of this notice apply to health information created or received by Adult & Pediatric Urology. We are required by law to: make sure that medical information that identifies you is kept private; give you this notice of our legal duties and privacy practices with respect to medical information about you; and follow the terms of the notice that is currently in effect.

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, an Adult & Pediatric Urology physician may share your medical information with another physician for a consultation or a referral.
- **Payment:** We may use and disclose medical information about you so that the treatment and services you receive may be billed to, and payment may be collected from, you, an insurance company, or another third party. For example, we may need to give your health plan information about treatment you received at Adult & Pediatric Urology so your health plan will pay us or reimburse you for the treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- **Health Care Operations:** We may use and disclose medical information about you for Adult & Pediatric Urology's health care operations. Health care operations are the uses and disclosures of information that are necessary to run Adult & Pediatric Urology and to make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services, and to evaluate the performance of our staff and physicians in caring for you
- **To Business Associates:** Some services are provided by or to Adult & Pediatric Urology through contracts with business associates. Examples include Adult & Pediatric Urology's, attorneys, consultants, collection agencies, and accreditation organizations. We may disclose information about you to our business associate so that they can perform the job we have contracted with them to do. To protect the information that is disclosed, each business associate is required to sign an agreement to appropriately safeguard the information and not to redisclose the information unless specifically permitted by law.
- **Appointment Reminders and Other Health Information:** We may use your medical information to send you reminders about future appointments. We may also contact you with information about new or alternative treatments or other health care services.
- **To People Assisting in Your Care:** Adult & Pediatric Urology will only disclose medical information to those taking care of you, helping you to pay your bills, or other close family members or friends if these people need to know this information to help you, and then only to the extent permitted by law. We may, for example, provide limited medical information to allow a family member to pick up a prescription for you. If you are unable to make health care decisions, Adult & Pediatric urology will disclose relevant medical information to family members or other responsible people if we feel it is in your best interest to do so, including in an emergency situation.

- **Research:** Federal law permits Adult & Pediatric Urology to use and disclose medical information about you for research purposes, either with your specific, written authorization or when the study has been reviewed for privacy protection by an Institutional Review Board or Privacy Board before the research begins.

As Required by Law: We will disclose medical information about you when we are required to do so by federal, state or local law, including but not limited to the following examples:

- **To Avert a Serious Threat to Health or Safety**
- **Military and Veterans**
- **Workers' Compensation**
- **Health Oversight Activities**
- **Lawsuits and Disputes**
- **Law Enforcement**
- **Coroners, Medical Examiners, and Funeral Directors**
- **National Security, Intelligence Activities and Protective**
- **Inmates**
- **Public Health:** Such as preventing or controlling disease, injury or disability; or reporting child abuse or neglect, or abuse of a vulnerable adult and reactions to medications or problems with products.

You have the following rights regarding medical information we maintain 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 Adult & Pediatric Urology.
- **Right to Request Amendment:** If you believe that medical information we have about you is incorrect or incomplete, you have the right to ask us to change the information. You have the right to request an amendment for as long as the information is kept by or for Adult & Pediatric Urology. To request a change to your information, please contact the Privacy Official at Adult & Pediatric Urology.
- **Right to an Accounting of Disclosures:** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you. This list will not include disclosures for treatment, payment, and health care operations; disclosures that you have authorized or that have been made to you; disclosures for facility directories; disclosures for national security or intelligence purposes; disclosures to correctional institutions or law enforcement with custody of you; disclosures that took place before April 14, 2003; and certain other disclosures. To request this list of disclosures, Please contact the Privacy Official at Adult & Pediatric Urology.
- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you. ***We are not required to agree to your request.*** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, please contact the Privacy Official at Adult & Pediatric Urology
- **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.
- **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.apu-urology.com.

Changes to This Notice

The effective date of this notice is April 14, 2003. 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, Adult & Pediatric Urology will provide you with a revised notice upon request, and we will post the revised notice on our website at www.apu.urology.com and in designated locations at Adult & Pediatric Urology.

Complaints

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 Adult & Pediatric Urology, contact the Privacy Official. *You will not be penalized for filing a complaint.*

Other Uses of Medical Information

Adult & Pediatric Urology will not use or disclose your protected health information without a specific written authorization from you, except as described above. 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.

Any concerns or questions on the above notice please contact the **Privacy Official at Adult and Pediatric Urology** at the address below.



Adult & Pediatric Urology, P.L.L.P

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Research Office

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(and 14 outreach clinics)