32 East 1<sup>st</sup> Street, Suite 300 • Duluth, MN 55802 218-727-3352 • fax 218-727-5850 • wehealthclinic.org

# Patient Privacy Policy WE TAKE YOUR PRIVACY SERIOUSLY

#### **Your Health Record**

Each time you visit a health care provider a record of your visit is made. Usually, this record has your symptoms, exam and test results, diagnoses, treatment, a plan for future care, and billing-related information. This information is called your medical record. It serves as a:

- Basis to plan your care and treatment;
- Way the health professionals who care for you communicate with each other;
- Legal document describing the care you received;
- Tool in educating doctors, nurses, and other health care providers to improve the care we give and plan for the future; and
- Source of information for public health officials and researchers who have the goal to help improve the health of the nation.

Understanding what is in your record and how your health information is used helps you to:

- Be sure it is correct;
- Know who, what, when, where, and why others may have your health information; and
- Make informed decisions when authorizing others to have access to your records.

We will not use or give out your health information without your permission, except as described in this Notice.

### **Everyday Use of Your Private Information**

We will use your health information for treatment. For example: Information the nurse, provider, or other member of your healthcare team gets about you will be put in your record and used to decide the best course of treatment for you.

#### We will use your health information for payment.

For example: If you give the clinic permission, a bill will be sent to your insurance. If you are paying for services yourself, a bill may be sent to the address you provide us. The information on or with the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

## We will use your health information to improve the quality of patient care.

For example: Members of the clinical staff or the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used to improve the quality and effectiveness of the health care and services we provide.

We will use your health information for healthcare operations. Your health information may be used as necessary to support the day-to-day activities and management of WE Health Clinic. For example, information on the services your received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality. It also may be used for research purposes.

#### We will share your health information with our business associates.

There are some services we provide through business associates. One example is sending a test to a laboratory. We may disclose your health information to our business associates so that they can do the job we have asked them to do. We require all business associates to follow privacy standards and protect your health information.

## We will use your personal information to communicate with you.

If you give us your phone number and give us permission to contact you, we may call to remind you of appointments. We may contact you if a problem arises with your healthcare. You have the right to request restrictions on the use and disclosure of your private information. We have the right to decline this request. Please tell the Front Desk staff how you would like your information restricted.

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## Situations Where We Need to Disclose (Release) Your Information

These are examples of times we may have to disclose your information without your permission:

Required By Law. We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

*Public Health.* As required by law, we may disclose your health information to public health or legal authorities that have the goal of preventing or controlling disease, injury, or disability. This includes some positive sexually transmitted infection test results.

Food and Drug Administration (FDA). We may need to report problems with products. The FDA may also need to have information if there are product recalls, repairs, or replacements.

Workers Compensation. We may disclose health information when necessary to follow laws relating to workers' compensation or other similar programs established by law.

### Your Rights to Your Health Information

Although your health record belongs to the healthcare facility that put it together, the information in it belongs to you. You have the right to:

- Restrict the way we communicate with you
- We will not call/text you unless you give us your phone number and give us permission to call/text that phone number. We will not confirm your presence in the clinic unless you say that we can. You may change any of these permissions at any time by simply letting us know.
- Look at and/or ask for a copy of your health record
- Get a list of disclosures (releases) of your health record for purposes other than treatment, payment, or healthcare operations

We are not required to provide a list of disclosures made for national security or intelligence purposes, to correctional institutions or law enforcement officials or those made before April 14, 2003.

- Get additional paper copies of the Privacy Notice
- Request an amendment (change) to your health record
- Take back your authorization to disclose health information

When you authorize WE Health Clinic to disclose your personal health information, that authorization is good for one year. If you want to take back your authorization, you must request this in writing. WE Health Clinic cannot be responsible for information already sent out under your authorization. Please submit a written request.

#### **Our Responsibilities**

WE Health Clinic is required to:

- Keep your health information private and secure
- Give you this Notice about our privacy practices
- Do what we say in this Notice
- Tell you if we are unable to agree to a requested restriction or change to your record and why
- Make changes in the way we communicate health information to you when you request it

We reserve the right to change our privacy practices for all protected health information we keep. If our Privacy Notice changes, we will post the current copy in the lobby and offer you a copy when you come to the clinic. You may also ask for a current copy at any time.

## If You Have Questions or Complaints

If you believe your privacy rights have been violated, please speak to the Executive Director. Phone: 218-727-3352 You may also file a complaint with the Secretary of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Ave SW, Washington, D.C., 20201. Phone: 1-877-696-6775

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

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