

Duluth Family Medicine Clinic's General Consent & Authorization Form

For opt out & language options, please ask registration. We cannot accept any other changes to this form.

CONSENT TO SHARE MEDICAL INFORMATION

I consent that my Medical Information* will be used, processed, and shared in accordance with the law and Duluth Family Medicine Clinic's** Notice of Privacy Practices. Duluth Family Medicine Clinic values my privacy. If this is my first visit to Duluth Family Medicine Clinic, I was offered a copy of the current Notice. The Notice is available in the registration area. I also understand I can request a copy at any time. I understand that recipients of my Medical Information may use or share it as allowed by privacy laws.

Further, I permit Duluth Family Medicine Clinic to:

Treatment Purposes

- share my Medical Information with other health care professionals, facilities, and anyone else Essentia Health believes to be involved in my care, treatment, case management, discharge planning or related services.
- share my Medical Information with and access my Medical Information from a health information exchange, record locator service, or patient information service. Other health care providers and organizations may then access my Medical Information for treatment, payment, and health care operations.
- share and access my current prescription history for controlled substances in state databases.

Payment Purposes

- share my Medical Information with and obtain my Medical Information from Payers***, their agents and others as needed for payment purposes. This includes eligibility and coverage determinations, billing, processing claims, coordinating benefits, utilization review, and anything else required by Payers.
- share my Medical Information with suppliers of medical equipment, special transportation, or other health services so they can bill Payers.
- share my Medical Information with my employer or potential employer, but only for those occupational medicine services provided by Duluth Family Medicine Clinic that my employer has agreed to pay for.
- share my Medical Information with the guarantor or designated representative listed on my account (e.g., a spouse or insurance policy-holder).

Health Care Operations Purposes

- share, obtain and use my Medical Information for health care operations to improve the quality of care and patient experience and to manage Duluth Family Medicine Clinic's business operations. This includes sharing my information with accrediting and quality organizations, Payers, accountable care organizations, regulatory agencies, and public health agencies that are responsible for functions like licensing and accreditation, fraud investigation, care management, immunization tracking, public health reporting, drug and device defects or recalls, and quality evaluation.

Specially Protected Records - Acknowledgments:

- For substance use disorder records specially protected by 42 CFR Part 2, I understand these records may be redisclosed by the recipient and no longer specially protected by 42 CFR Part 2, except that HIPAA Covered Entity and Business Associate recipients must still comply with 42 CFR Part 2's requirements restricting the use of substance use disorder records in civil, criminal, administrative, and legislative proceedings against me.

SERVICE TERMS

Billing & Payment:

- I authorize Duluth Family Medicine Clinic to bill Payers. I authorize Payers to pay Duluth Family Medicine Clinic directly for the items and services I receive from Duluth Family Medicine Clinic. If I do not want a specific item or service billed to Payers, I will notify a staff member during registration.
- I agree to pay any charges not covered by Payers, including co-pays, deductibles, co-insurance, and charges for services not covered under the terms of Payers. It is my responsibility to comply with the requirements of Payers.
- I am responsible for the cost of items and services I receive from Duluth Family Medicine Clinic. Duluth Family Medicine Clinic may bill the guarantor designated on my account.
- If I am unable to pay in full or if I have an outstanding balance, I understand Duluth Family Medicine Clinic may require a financial assistance application and/or a reasonable payment plan before providing non-emergent, medically necessary care.
- Information on financial assistance and reasonable payment plans is available by calling 218-723-1112 or at www.duluthfamilymedicineclinic.org
- I am responsible for providing current contact information.

Telehealth:

I consent to treatment via telehealth, and I will notify my provider if I want to decline telehealth services. Service delivery may vary between in-person and telehealth delivery, and in rare cases, the information transmitted may be of poor quality. If the equipment is not working, there could be delays in evaluation and treatment. I understand that Duluth Family Medicine Clinic may use third party, web-based video conferencing vendors and electronically transmit my Medical Information.

Personal Property:

I am responsible for my personal property while at Duluth Family Medicine Clinic. I agree to release and hold Duluth Family Medicine Clinic harmless from any liability for loss, damage or disposal of my personal property.

Safety & Security:

I understand that video surveillance and monitoring is used for patient and staff safety and security. Duluth Family Medicine Clinic follows its policies to protect patient privacy.

Phone Calls, Text Messages, and Email:

I agree that Duluth Family Medicine Clinic may use the contact information I provide to reach me or send information. Duluth Family Medicine Clinic may use an automated telephone dialing system, may utilize pre-recorded or artificial voices, and/or send text or email messages for treatment, payment, health care operations and other notification purposes including appointment or prescription reminders, care coordination, billing, surveys, research, marketing, and fundraising. These communication methods are not secure and there is some risk that information delivered by these methods could be read by a third party. I can opt out of these messages. I am responsible for providing current contact information. To learn more about terms and conditions and opting out, visit essentiahealth.org.

ACKNOWLEDGMENTS

- I understand that a copy of the Patient Bill of Rights, information on health care directives, and details on how to file a complaint are available to me.
- I understand Duluth Family Medicine Clinic may need me to sign this form before providing treatment, unless the law requires treatment without my signature.
- I understand that this consent ends five (5) years from the date signed, except that consent for purposes of payment and sharing with health information exchanges will remain in effect until I revoke it in writing.
- I understand that I may revoke this consent at any time by notifying Duluth Family Medicine Clinic registration in writing. No further release will take place after the date notified, but actions taken while my consent was in effect cannot be undone.

By signing, you agree that you understand and accept the terms on this form.

- If the patient is 18 years of age or older, the patient must sign and date this form unless they are unable to sign.
- If the patient is 18 years of age or older and is unable to sign, a legally authorized person must sign and date this form. State your legal authority and provide legal documentation if not already on file:
 Legal Guardian or Conservator Health Care Agent (Health Care Power of Attorney) Other Legal Representative _____
 Note: If none of these apply and this is a medical emergency, the signer has the following relationship with the patient _____
- If the patient is 17 years or younger, the patient's parent or legal guardian must sign and date this form, unless an exception exists under state or federal law. State your relationship or legal authority for signing:
 Parent Legal Guardian (provide legal documentation if not already on file) Minor consenting under applicable state or federal law
- If the patient is deceased, a legally authorized person must sign and date this form. State your legal authority and provide legal documentation if not already on file:
 Surviving Spouse Surviving Parent Other Legal Representative _____

Signature of Patient or Legal Representative

Date Signed

Time

Printed Name of the Person Signing (if not Patient)

Witness Name & Signature (signature by mark must be witnessed)

* "Medical Information" includes, but is not limited to, diagnosis, treatment, and referral for treatment, billing, and communication information for physical and mental health conditions. Medical information specifically includes substance use, tobacco and caffeine use, sickle cell anemia, HIV or AIDS, communicable diseases, and genetic information, if such information exists.

** "Duluth Family Medicine Clinic" refers to the Duluth Family Medicine Clinic and programs, including staff, business associates, and agents.

*** "Payer" includes, but is not limited to, insurance carriers (including workers' compensation), health plan administrators, or any other payers for health care services including Medicare, Medicaid, and Tricare.

Patient Name and Medical Record Number or Patient Label

You may opt out of certain parts of Duluth Family Medicine Clinic's General Consent & Authorization form by selecting the opt outs below.

You cannot make any other changes to the form.

1. Sharing Medical Information with Health Information Exchanges, Record Locator Services and Patient Information Services.

Duluth Family Medicine Clinic participates in health information exchanges, medical record locator services, and patient information services via Epic's Care Everywhere platform. Care Everywhere allows health care providers to access your Medical Information for treatment, payment, and health care operations and helps you receive better care when you are treated at different organizations (e.g., if you visit another health care provider's emergency department, they can access your Duluth Family Medicine Clinic records).

You can choose to opt out of Duluth Family Medicine Clinic automatically sharing your Medical Information via Care Everywhere by selecting **one** of the options below. Opting out will not affect legally required reporting.

	1a. I agree to let other health care providers see that I am a Duluth Family Medicine Clinic patient when they attempt to access my record. <u>However, they must get my consent</u> before accessing my Medical Information.
	1b. I do not want other health care providers to see that I am a Duluth Family Medicine Clinic patient or be able to access my Medical Information when they search for my records.

2. Sharing Medical Information with Payers.

Duluth Family Medicine Clinic shares Medical Information with and obtains Medical Information from Payers, their agents and others as needed for payment purposes. This includes eligibility and coverage determinations, billing, processing claims, coordinating benefits amongst Payers and utilization review and anything else required by Payers.

You can choose to opt out of this sharing by selecting the option below. However, if you opt out, Duluth Family Medicine Clinic will not be able to bill Payers and you may be required to pay all of your medical bills yourself.

	2. I do not want Duluth Family Medicine Clinic to share my Medical Information with or obtain Medical Information from identified Payers, their agents and others as needed for payment purposes. I understand that Duluth Family Medicine Clinic will not be able to bill Payers and I may be required to pay all of my medical bills myself.
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Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

<p>(English) ATTENTION: If you speak a language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-218-723-1112</p> <p>(Arabic) تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتسقيفات يمكن الوصول إليها مجانياً. اتصل على الرقم 6526-340-218-1 أو تحدث إلى مقدم الخدمة C1-218-723-1112</p> <p>(Chinese) 注意: 如果您说[中文], 我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务。以无障碍格式提供信息。致电 1-218-723-1112 或咨询您的服务提供商。</p> <p>(French) ATTENTION: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-218-723-1112 ou parlez à votre fournisseur.</p> <p>(German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-218-723-1112 an oder sprechen Sie mit Ihrem Provider.</p> <p>(Hmong) LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau 1-218-723-1112 los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob</p> <p>(Japanese) 注: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル(誰もが利用できるよう配慮された)な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-218-723-1112 までお電話ください。または、ご利用の事業者にご相談ください</p> <p>(Khmer) សូមយកចិត្តទុកដាក់: ប្រសិនបើអ្នកនិយាយ ភាសាខ្មែរ សេវាកម្មជំនួយភាសា គតិគិតថ្លៃគឺមានសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មដែលជាការជួយដ៏សមរម្យ ក្នុងការផ្តល់ព័ត៌មានភាគច្រើនដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបានដោយគតិគិតថ្លៃផងដែរ។ ហៅទូរសព្ទទៅ 1-218-723-1112 ឬនិយាយទៅកាន់អ្នកផ្តល់សេវាសម្រាប់អ្នក។</p>	<p>(Korean) 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-218-723-1112 번으로 전화하거나 서비스 제공업체에 문의하십시오.</p> <p>(Laotian) ເລື່ອງຄຳບອກ: ຖ້າທ່ານເວົ້າພາສາລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍແລະ ການບໍລິການ ຊ່ວຍຄ່າທີ່ ໝາກສາມາດ ອໍ້າໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ ສາມາດເອົາໃຈຕັ້ງ ໄດ້. ໂທຫາໂຕ້1-218-723-1112 ຫຼື ລວມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.</p> <p>(Polish) UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-218-723-1112 lub porozmawiaj ze swoim dostawcą</p> <p>(Russian) ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-218-723-1112 или обратитесь к своему поставщику услуг.</p> <p>(SerboCroatian) OBAVJEŠTENJE: Ako govorite neki drugi jezik osim engleskog, besplatne usluge jezičke pomoći su vam dostupne. Odgovarajuća pomoćna sredstva i usluge za pružanje informacija u pristupačnim formatima također su dostupne besplatno. Pozovite 1-218-723-1112.</p> <p>(Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-218-723-1112 o hable con su proveedor.</p> <p>(Tagalog) PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyonang tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-218-723-1112 o makipag-usap sa iyong provider.</p> <p>(Vietnamese) LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng để tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-218-723-1112 hoặc trao đổi với người cung cấp dịch vụ của bạn.</p>
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Patient Name and Medical Record Number or Patient Label



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.

What is this Notice for?

The Notice of Privacy Practices tells you about your rights under a federal law called the Health Insurance Portability and Accountability Act ("HIPAA") and other federal and state privacy laws. The laws protect your medical information and set rules about who can see it and get access to it.

What is your information?

In this Notice, when we use the term "Medical Information," we mean information that identifies you and relates to your health or condition, your health care services, or payment for those services. It includes health information (like diagnosis and treatment plans) and demographic information (like your name, address, phone number, and date of birth). It also includes any information, whether oral, electronic, or paper, which is created or received by Duluth Family Medicine Clinic and is related to your health care or payment for the provision of medical services. It specifically includes substance use, tobacco and caffeine use, sickle cell anemia, HIV or AIDS, communicable diseases, and genetic information, if such information exists.

The information documenting the care and services you receive from Duluth Family Medicine Clinic is contained in a medical record, which is the property of Duluth Family Medicine Clinic. We need this medical record to provide you with quality care, bill for your care, and meet legal requirements.

Why are you getting this Notice?

Your privacy is important to us. The law requires that you be given a copy of this Notice so that you can:

- know your rights;
- use your rights;
- ask questions about your rights;
- file a complaint if you think your rights may have been violated; and
- know that we will notify you if we become aware of a breach of your information.

Who will follow this Notice?

This Notice applies to the Medical Information created or received by Duluth Family Medicine Clinic and all affiliated clinics, departments, hospitals, programs, and entities, including our staff, business associates, and agents (collectively referred to as "Duluth Family Medicine Clinic"). You can find a list of current Duluth Family Medicine Clinic locations at www.duluthfamilymedicineclinic.org.

Use and Disclosure of Your Health Information

To provide you with the most comprehensive and high-quality care, we will need to use and disclose your Medical Information. When we use and disclose your Medical Information, we will follow the applicable law and take steps to protect your information.

Your Medical Information may be used and disclosed for the following purposes:

Treatment, Payment, and Health Care Operations

Treatment: We use and share your Medical Information to treat you. We share it with other professionals and organizations that treat you or manage your care. This makes your care safe and coordinated.

Examples:

- Your primary care physician may tell a specialty doctor who is treating you what medicines you're taking. This prevents dangerous drug interactions.
- After orthopedic surgery, your doctor may refer you for rehabilitation. Information will be shared between caregivers to ensure continuity of care.

- We may share and access your current prescription history for controlled substances in state databases.

Payment: We use and share your Medical Information to bill and get paid by health plans and other payers for care that you receive.

Examples:

- We may give your health plan information about the services you receive, so it will pay us, or reimburse you, for those services.
- We may contact your health plan to see if a service is covered before we provide that care.

Health Care Operations: We may use and share your Medical Information to help run our organization and make sure that all of our patients are receiving quality care.

Examples:

- We may use your Medical Information to improve the quality of care and patient experience and to manage Duluth Family Medicine Clinic's business operations. This includes sharing your information with accrediting and quality organizations, payers, accountable care organizations, regulatory agencies, public health agencies that are responsible for licensing and accreditation, fraud investigation, care management, immunization tracking, public health reporting, drug and device defects or recalls, and quality evaluation.
- We may share your Medical Information with our business associates - those we partner with to provide services on our behalf but who aren't our employees or affiliates. These partners are required by law to safeguard your information the same way we do.

Additional applicable state law requirements: Minnesota law generally requires your consent before we share your Medical Information outside of Duluth Family Medicine Clinic for treatment, payment and health care operation purposes. This consent may be obtained via the Duluth Family Medicine Clinic General Consent & Authorization. Please note that we are not required to obtain your permission to share your information in a medical emergency if you can't give us permission due to your condition.

Shared Electronic Health Records: We may share your Medical Information with other health care providers and facilities by permitting them to access relevant portions of our electronic health record ("EHR") – whether on their own behalf or on behalf of Duluth Family Medicine Clinic – for purposes of treatment, payment, and health care operations. In some cases, these providers and facilities may also be able to update the Medical Information stored on our EHR. A shared EHR helps us and other members of your care team, including those outside of Duluth Family Medicine Clinic, better understand your medical history and current concerns and treatment, and can result in improved care coordination and treatment outcomes.

Health Information Exchange: We may make your Medical Information available electronically through an electronic health information exchange to other health care providers that request your information to care for you. For example, if you visit another healthcare provider's emergency department, they can access your Duluth Family Medicine Clinic records. In all cases, the requesting provider must have or have had a treatment relationship with you. Participation in an electronic health information exchange also lets us see other providers' information about you so we can treat you. If you do not want to participate in the health care exchange, you can choose to opt out on the General Consent & Authorization form or by contacting the Duluth Family Medicine Clinic, Health Information Management Department.

Artificial Intelligence Tools: We may use artificial intelligence (AI) tools to support a variety of our services, such as our treatment, payment, and health care operations functions. For example, we may use AI tools to assist with medical transcription. However, these tools are designed to support, not replace, the expertise and judgment of our healthcare providers.

Phone Calls, Text Messages, and Email: Duluth Family Medicine Clinic may use the contact information you provide to us to reach you and send you information. Duluth Family Medicine Clinic may use an automated telephone dialing system, may utilize pre-recorded or artificial voices, and/or send text or email messages for treatment, payment, health care operations and other notification purposes, including appointment or prescription reminders, care coordination, billing, surveys, research, marketing and fundraising. These communication methods are not secure, and there is some risk that information delivered by these methods could be read by a third party. You can opt out of these messages. You are responsible for providing current contact information.

Marketing: In general, Duluth Family Medicine Clinic must get your written authorization before using your health information for marketing purposes.

Without your written authorization, we can:

- give you marketing materials in a face-to-face encounter;
- tell you about products or services relating to your treatment;
- communicate with you to coordinate or manage your care; and
- give you information about different treatments, providers or care settings.

Family Members and/or Support Person(s) Involved in Your Care: Duluth Family Medicine Clinic may disclose relevant Medical Information to a family member or support person who is involved in your care with your consent and as permitted by law. We find that many patients want us to discuss their care with family members and support person(s) to help them understand their care, to help handle their bills, or to help schedule their appointments. Duluth Family Medicine Clinic may also disclose your Medical Information to a personal representative who has the legal authority to make health care decisions on your behalf if you are unable to. If a family member or support person is present while care is being provided, Duluth Family Medicine Clinic will assume your companion(s) may hear the discussion, unless you state otherwise. In a disaster situation, we also may disclose relevant Medical Information to disaster relief organizations to help locate your family members or others to inform them of your location, condition, or death.

To Prevent a Serious Threat to Health or Safety: We may use and disclose Medical Information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

To Business Associates: Some services are provided by or to Duluth Family Medicine Clinic through contracts with business associates. Examples include Duluth Family Medicine Clinic's, attorneys, consultants, collection agencies, and accreditation organizations. We may disclose your Medical Information to our business associates 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.

Your Medical Information may also be released in the following special situations:

Organ and Tissue Donation: If our health care professionals find that you may be a candidate to donate organs or tissue, consistent with applicable law, we may disclose your Medical Information to health care providers, organizations or other entities involved in the procurement, banking or transplantation of organs/tissue. The information that Duluth Family Medicine Clinic may disclose is limited to the information necessary to make a transplant possible.

Military Authorities/National Security: When required by law or with patient consent, Duluth Family Medicine Clinic may release Medical Information to authorized federal officials for military, intelligence, counterintelligence or other national security activities. Duluth Family Medicine Clinic may also disclose protected health information to authorized federal officials so they may provide protection to the President or other authorized persons, or foreign heads of state, or conduct special investigations only as required by law or with your written consent.

Workers' Compensation: If you are seeking workers' compensation for a work-related illness or injury, we may release Medical Information related to your claim, as permitted or authorized by the state Workers' Compensation program.

Public Health Purposes: We may disclose Medical Information about you for legally authorized or required public health activities. Examples include, but are not limited to:

- preventing or controlling disease;
- injury or disability;
- reporting births and deaths;
- reporting reactions to medications or problems with products;
- notifying people of recalls of products they may be using;
- notifying a person who may have been exposed to a communicable disease or may be at risk for contracting or spreading a disease or condition.
- reporting child abuse or neglect, or abuse of a vulnerable adult; or
- reporting to the FDA as permitted or required by law.

We may report your immunizations to state immunization databases. These confidential databases make it easy to keep track of immunizations and ensure you get the right immunization at the right time. You may contact your state's immunization database if you wish to opt out.

Additional applicable state law requirements: Minnesota law allows a physician to report a patient's name and information about their physical or mental condition to the Minnesota Department of Public Safety. The physician may do so without the patient's permission, if he/she believes that the patient's condition affects their ability to safely operate a motor vehicle.

Health Oversight Activities: We may disclose Medical Information for health oversight activities as authorized by law. Examples of oversight activities include audits, investigations, inspections, and licensing. These activities are needed for the government to oversee the health care system, government programs, and compliance with civil rights laws.

Judicial and Administrative Proceedings: We may disclose your Medical Information in the course of any judicial or administrative proceeding as required or permitted by law, including in response to a court or administrative order, subpoena of a substitute medical decision-making board, a grand jury subpoena, or with your written consent. We may disclose information in the context of civil litigation where you have put your condition at issue in the litigation.

Law Enforcement: We may share the minimum necessary Medical Information with governmental authorities, including law enforcement, social services or protective services agencies:

- with patient consent or authorization;
- in response to a court order, grand jury subpoena, warrant, summons or similar lawful process;
- to locate a missing person;
- to report certain types of wounds, such as gunshot wounds and some burns.
- to report abuse, neglect, or maltreatment of a child or vulnerable adult;
- in other situations, as required or permitted by law.

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your health information to the institution or agents if it is needed for your health and the health and safety of other individuals, in accordance with state and federal requirements.

Additional applicable state law requirements: Minnesota and Wisconsin law generally require patient consent for disclosures of Medical Information by Duluth Family Medicine Clinic for law enforcement purposes, unless the disclosure is required by law or in response to a valid court order or warrant.

Required by Law: We will use or disclose your Medical Information when required by federal, state, or local laws. For example, Duluth Family Medicine Clinic is required to report:

- certain gunshot wounds and other injuries that may have resulted from an unlawful act
- abuse or neglect of a child or vulnerable adult.

Coroner, Medical Examiner or Funeral Director: We will release Medical Information to a coroner or medical examiner in the case of certain types of death, and we must disclose Medical Information upon the request of the coroner or medical examiner. This may be necessary, for example, to identify you or determine the cause of death. We may also release the fact of death and certain demographic information about you to funeral directors as necessary to carry out their duties.

Additional applicable state law requirements: Minnesota law generally requires the consent of a patient's authorized family or legal representative for disclosure of Medical Information to funeral directors. Wisconsin law generally requires consent of a patient's authorized family or legal representative to release health information to funeral directors. However, HIV test results and certain other health information may be disclosed to a funeral director when necessary to permit the funeral director to carry out his/her duties.

Safety & Security: Video surveillance and monitoring is used for patient and staff safety and security. Duluth Family Medicine Clinic follows its policies to protect patient privacy. Duluth Family Medicine Clinic follows its policies to protect patient privacy.

Medical Information with Additional Protections: Certain types of Medical Information may have additional protection under federal or state law. For example, HIV/AIDS and genetic testing results have additional protections under certain state laws. In many circumstances, Duluth Family Medicine Clinic would need to get your written consent before disclosing that information to others.

Uses & Disclosures With Your Authorization: We may only use or disclose your Medical Information with your written permission except as described in this Notice or specifically required or permitted by law.

If you give written permission, you have the right to withdraw your permission for future uses and disclosures by notifying Duluth Family Medicine Clinic in writing.

You have the following rights regarding Medical Information we maintain about you:

Right to View and Copy: You have the right to request, in writing, to view and get a copy of the Medical Information that we use to make decisions about your care. You have the right to ask the copy be provided in an electronic form or format (e.g., PDF saved onto a thumb drive). If the requested form or formats are not easy to produce, we will work with you to provide it in a reasonable electronic form or format. Duluth Family Medicine Clinic generally may charge a reasonable, cost-based fee to cover the expense of copying, mailing, or other supplies associated with your request, to the extent permitted by state and federal law. If we maintain your Medical Information electronically as part of a designated record set, you have the right to receive a copy of your Medical Information in electronic format upon your request. You may also direct us to transmit your Medical 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 health care provider 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 Duluth Family Medicine Clinic 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. To make such a request, please contact the Duluth Family Medicine Clinic.

Additional applicable state law requirements: Minnesota law requires a written and legally compliant patient consent for disclosure of Medical Information to the patient. Therefore, the proper Duluth Family Medicine Clinic form must be completed and received prior to such access being granted.

Right to Request Alternate Methods of Communication: You have the right to ask, in writing, that confidential communications about you be made in an alternative manner (such as by phone or secure messaging) or at a certain location. You do not need to state a reason. We will strive to meet all reasonable requests. Your request must state exactly how or where you wish to be contacted in the future.

To make such a request, please contact the Duluth Family Medicine Clinic at 218-723-1112.

Right to Request Amendment: If you feel that the Medical Information we have about you is incorrect or incomplete, you can ask us to change it. You have the right to request an amendment for as long as the information is kept by or for Duluth Family Medicine Clinic.

To request a change to your information, your request must be made in writing and submitted to the Duluth Family Medicine Clinic. In addition, you must provide a reason that supports your request.

Duluth Family Medicine Clinic may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by Duluth Family Medicine Clinic, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for Duluth Family Medicine Clinic
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Right to an Accounting of Disclosures: You have the right to ask, in writing, for a list of disclosures we have made of your Medical Information. 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. Your request must state a time period, which may not be longer than six years from the date of the request, and it may not include dates before April 14, 2003.

The first list requested within a 12-month period shall be provided at no charge. For more lists requested during the same 12-month period, Duluth Family Medicine Clinic may charge for the costs of providing the list.

To make such a request, please contact the Duluth Family Medicine Clinic.

Right to Request Restrictions: You can ask Duluth Family Medicine Clinic to restrict or limit the use or disclosure of your Medical Information for treatment, payment, or health care operations. We will carefully consider all requests. However, because of the integrated nature of Duluth Family Medicine Clinic's medical record, we are not generally able to honor most requests, nor is Duluth Family Medicine Clinic legally required to do so. If you or someone on your behalf pays for a health care item or service out-of-pocket and in full, you can request that Duluth Family Medicine Clinic not disclose information about the item or service to your health plan for payment or health care operations purposes, and we will agree to your request unless required by law to make the disclosures.

To ask for a restriction, please contact the Duluth Family Medicine Clinic at 218-723-1112 and they will provide the necessary form to be completed.

Key Information about this Notice

This is a revised notice for Duluth Family Medicine Clinic. The effective date of this revised notice is February 2026. Duluth Family Medicine Clinic may change its practices of how we use or disclose protected health information, or how we will implement patient rights concerning their information. We reserve the right to change the terms of this notice. We will make any revised Notice available in hard copy and display it in our locations and on our website www.duluthfamilymedicineclinic.org. Also, you can request the revised Notice in person or by mail.

If you have any questions or would like to discuss this Notice in more detail, please contact the Duluth Family Medicine Clinic at 218-723-1112 and ask to speak to the Operations Manager.

Complaints

If you are concerned that your privacy rights may have been violated, please contact the Duluth Family Medicine Clinic at 218-723-1112 and ask to speak to the Operations Manager.

You may also send a written complaint to the United States Department of Health & Human Services, Office for Civil Rights.

Under no circumstances will we ever ask you to waive your rights under this Notice or retaliate against you in any manner for filing a complaint.