

Operation Grace MN – Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

Purpose of this Notice of Privacy Practices

During the provision of services through the Mobile Dental program, Operation Grace MN, its staff and volunteers, and its business associates, Operation Grace MN may gather information about your medical history and current health. This Notice of Privacy Practice ("Notice") explains how that information may be used and shared with others. It also explains your privacy rights regarding this information. Operation Grace MN is required by law to abide by the terms of this Notice, to make sure that information that identifies you is kept private, and to give you this Notice of our legal duties and practices with respect to medical information about you.

Uses and Disclosures of Your Health Information

1. Operation Grace MN may use health information to carry out treatment, payment, and health care operations.
 - Treatment is the provision, coordination, or management of health care. For example, we may use and disclose your information to consult with a third party (such as a pharmacy) or to refer you to other health care providers.
 - Payment includes the activities necessary to obtain reimbursement for the provision of health care services. For example, we may need to give information about treatment you received through Operation Grace MN to your health plan of government program if these entities will pay us for the treatment.
 - Health care operations include the activities necessary for Operation Grace MN to run its Mobile Dental program. For example, we may use your information to review treatments and services and to evaluate the performance of our staff.
2. We may use or disclose your health information:
 - To report abuse or neglect.
 - When required by a federal, state, or local law, or in response to a valid court order, warrant, criminal subpoena, a grand jury subpoena, administrative order, or with your written consent.
 - To support health oversight activities that are authorized by law, such as audits, investigations, inspections, accreditations, licensure, and disciplinary actions.
 - When required by a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties, or other duties as required by law.
 - When necessary to prevent or lessen a serious or imminent threat to the health and safety of a person or the public and the disclosure is to a person reasonably able to prevent or lessen the threat, as consistent with applicable law and standards.
 - For research purposes, with your written authorization or as permitted by state law.
3. We may disclose your health information to a family member, or other relatives, or a close friend or any other person you identify if the information relates to that person's involvement in your health care if you consent to such a disclosure. If you are unable to agree or object to the use or disclosure, we may disclose such information as necessary if we determine that it is in your best interest.
4. In other situations, your written authorization will be obtained before Operation Grace MN will use or disclose your health information to third parties outside Operation Grace MN.
5. State and federal laws may be more stringent and may prohibit certain uses and disclosures identified above. When another law is more stringent than HIPPA, we will follow the more stringent requirements.

Patient Rights

You may exercise these rights yourself or through a personal representative as permitted or required by applicable law. Your representative may be required to produce evidence of authority to act on your behalf before that person will be given access to your information or allowed to take any action for you.

1. You have the right to request and obtain a copy of this Notice outlining Operation Grace MN's health information practices.
2. You have a right to access, inspect, and copy your health information that is used to make decisions about your care for as long as Operation Grace MN maintains the information. The right does not apply to certain information, including information compiled in reasonable anticipation of or for litigation and other information not subject to the right to access information under state law and HIPPA. Requests for access to health information should be made in writing to Operation Grace MN, Privacy Officer. If access is denied, you will be provided with a written explanation that sets forth the basis of denial, a description of how you may review those rights, and a description of how you may complain.
3. You have the right to request that Operation Grace MN amend your health information if it is incorrect or incomplete. Requests for amendment of information should be made in writing to Operation Grace MN, Privacy Officer, and you must provide a reason that supports your request to have the information changed. Operation Grace MN may deny your request for an amendment if the request is not in writing and submitted to the Privacy Officer or if the information was not created by Operation Grace MN, is not part of the medical information kept by Operation Grace MN, is not part of the information you would be permitted to inspect and copy, or is accurate and complete.
4. At your request, Operation Grace MN will provide you with an accounting of disclosures by Operation Grace MN of your health information during the six (6) years prior to the date of your request. However, such accounting will not include disclosures made: 1) to carry out treatment, payment or health care operations; 2) directly to you or your personal representatives; 3) prior to the effective date of this notice; 4) based on your written authorization. If you request more than one accounting within a 12-month period, Operation Grace MN will charge a reasonable, cost-based fee for each subsequent accounting request. Requests for a request of an accounting of disclosures should be made in writing to the Operation Grace MN, Privacy Officer.
5. If you believe your privacy rights have been violated you may complain to the Operation Grace MN, Privacy Officer. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. Operation Grace MN will not retaliate against you for filing a complaint.
6. You may request Operation Grace MN to restrict uses and disclosures of your health information. However, Operation Grace MN is not required to agree to the requested restriction except as required by law. These requests should be made to Operation Grace MN, Privacy Officer. Requests must be made in writing. In your request, you must tell us (a) what information you want to limit; (b) whether you want to limit Operation Grace MN's use, disclosure, or both, and (c) to whom you want the limits to apply, for example, if you want to prohibit disclosures to your parents or spouse. If Operation Grace MN agrees with your request, we will comply except as needed to provide you with emergency treatment.

Operation Grace MN Duties

This Notice is effective beginning July 2014. However, Operation Grace MN reserves the right to change its privacy practices and this Notice, and to apply the changes to any health information received or managed by Operation Grace MN prior to the date of changes. If the terms of this Notice are changed, a revised version will be available upon request and will be posted in a clear and prominent location.

Complaint, Questions, and Requests

You may direct your questions about this Notice to Operation Grace MN's privacy practices, requests regarding your information, or other privacy or confidentiality concerns to:

Operation Grace MN
Attention: Bob Petrich
1769 Lexington Ave N #204
Roseville, MN 55113

