

Northwestern Health Sciences University Clinic System

NOTICE OF PRIVACY PRACTICES

Effective April 1, 2003

OUR PRIVACY PLEDGE: The NWHSU-Clinic System is concerned with and committed to the protection of our patients' and clients' privacy and ensuring the confidentiality of personal health information entrusted to us.

Ways in which the University may use or disclose your health care information include, but are not limited to:

- Another healthcare provider within the University Clinic System, or to another provider or facility for the purpose of diagnosis, assessment or treatment of your health condition.
- Another party, such as an insurance carrier, HMO or employer for the purpose of receiving payment for services rendered to you.
- The use of that information within our practice for quality control or other operational purposes.
- Business associates that perform a service for the University's or your benefit and bill for it.
- Research, when the University Institutional Review Board (IRB) has reviewed and approved the research proposal and established procedures to ensure the privacy and confidentiality of your health information.
- The use of that information to contact you by telephone, mail or e-mail with appointment reminders, information about our clinic facilities and clinicians, treatment alternatives or other health-related information that may be of interest to you.

The University may use or disclose your health information without your consent to the extent required or permitted by applicable federal or state laws.

ANY OTHER USE OF DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION CANNOT BE MADE WITHOUT YOUR WRITTEN CONSENT TO DO SO

At the time of your initial visit after April 14, 2003, you will be given a copy of our privacy notice that describes our privacy policies in detail. You have the right to review that notice before you sign any consent form. We reserve the right to change our privacy practices as described in that notice. The current notice, including the effective date, will be posted in the clinic facility, on the University website at www.nwhealth.edu, and will be given to you when you come in for treatment.

Your Right to Limit Uses or Disclosures: You have the right to request that we do not disclose your health information to specific individuals, companies, or organizations. If you would like to place any restrictions on the use or disclosure of your health information, please let us know in writing. We are not required to agree to your restrictions. However, if we agree with your restrictions, the restriction is binding on us.

Your Right to Revoke Your Authorization: You may revoke any of your authorizations at any time; however, your revocation must be in writing. We will not be able to honor your revocation request if we have already released your health information before we receive your request to revoke your authorization. If you were required to give your authorization as a condition of obtaining insurance, the insurance company may have a right to your health information if they decide to contest any of your claims.

For Further Information: You may contact the NWHSU-Compliance/Privacy Officer below:

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