



## Notice of Privacy Practices

This Notice of Privacy Practices describes how Select Urgent Care may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by state or federal law. It also describes your rights to access and control your protected health information. "Protected health information" is information related to your past, present or future physical or mental health or condition and related health care services, including demographics that may identify you.

Select Urgent Care is required to abide by the terms of this Notice of Privacy Practices currently in effect. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time and will be posted Select Urgent Care. Upon your request, we will provide you with a revised Notice of Privacy Practices. You may request a revised Notice of Privacy Practices by calling Select Urgent Care at and requesting that a revised copy be sent to you in the mail. We retain prior versions of the Notice of Privacy Practices for six (6) years from the revision date.

If you have any questions about this Notice please contact us at 224-487-4368.

Mail us at:

Select Urgent Care  
14884 Kirkwood Dr. N  
Baxter, MN 56425

## 1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

### For Treatment:

We may use protected health information about you to provide medical treatment or services. We may disclose protected health information to doctors, nurses, technicians, or other healthcare personnel who are involved in your treatment.

### For Payment:

We may use and disclose protected health information for the purpose of billing and collecting payment from you, an insurance provider, or another third party. We may also use your information to obtain prior approval for a treatment you may receive or to determine whether some other third party will cover the treatment.

### For Health Care Operations:

We may use and disclose protected health information for health care operations. These uses and disclosures are necessary to make sure all patients receive quality care. We may also combine protected health information about many patients to decide what additional services should be covered, what services are not needed, and whether certain new treatments are effective.

### Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object

We may use or disclose your protected health information in additional situations without your consent or authorization in the following situations:

### As Required By Law:

We may use or disclose your protected health information to the extent that the use or disclosure is required by law. This includes situations that occur during any judicial or administrative proceeding in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly

authorized), and in certain conditions in response to a subpoena, search warrant, discovery request or other lawful purpose. Additional scenarios involving law enforcement could include connection to criminal conduct which may require disclosure of protected health information. You will be notified, as required by law, of any such uses or disclosures.

**Emergencies:**

We may use or disclose your protected health information in an **emergency** case or situation where it is impractical to obtain your written authorization.

**Public Health and/or Health Oversight:**

We may disclose your protected health information for public health activities that are permitted by law. The disclosure will be made for the purpose of controlling disease, injury or disability. We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. We also may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Abuse or Neglect:**

We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information.

**Food and Drug Administration:**

We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, biologic product deviations, product defects or problems; to track products; to enable product recalls; to make repairs or replacements; or to conduct post marketing surveillance, as required by law.

**Coroners, Funeral Directors, and Organ Donation:**

We may disclose your protected health information to a coroner or medical examiner for identification purposes, cause of death determinations or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to funeral directors, as authorized by law, in order to carry out funeral-related duties.

**Research:**

We may disclose your protected health information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information has approved their research.

**Military Activity and National Security:**

We may use or disclose protected health information as required or authorized by law of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits; or (3) to foreign military authority if you are a member of the foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

**Workers' Compensation:**

We may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally established programs that provides benefits for work-related injuries or illnesses.

**Inmates:**

If applicable, we may disclose your protected health information to a correctional institution or in other law enforcement custodial situations if it is necessary for your care, or if the disclosure is required by state or federal law.

**Business Associates:**

We may disclose your health information to outside public or private entities of which we have an agreement to provide essential patient services (Business Associates). Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

**Someone Authorized to Make Decisions on Your Behalf:**

We may disclose information to those authorized to make decisions on your behalf, such as a power of attorney or a guardian.

**2. OTHER USES OF PROTECTED HEALTH INFORMATION**

We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written Authorization. Your health information will not be used and disclosed for marketing purposes or sales without your Authorization. If you give us Authorization to use or disclose health 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 information about you for the reasons covered by your written Authorization, but we cannot take back any uses or disclosures already made with your permission. Also, we are required to retain our records of the care we provided to you.

**3. YOUR RIGHTS**

**Right to Inspect and Copy:**

You have the right to inspect and copy protected health information that may be used to make decisions about your care. To inspect and copy your protected health information, you must submit your request in writing to Select Urgent Care at the **address on the top of this Notice**. If you request a copy of information, we may charge a fee for the cost of copying, mailing or other

supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to protected health information; you may request the denial be reviewed.

**Right to Amend:**

If you feel that protected health information about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by or for Select Urgent Care. To request an amendment, your request must be made in writing and submitted to Select Urgent Care. You must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request.

**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 protected health information about you. The accounting will not include disclosures: (1) for purposes of treatment, payment, or health care operations; (2) made to you; (3) made pursuant to your authorization; (4) made to friends or family in your presence or because of an emergency or disaster; (5) for national security or intelligence purposes; (6) to correctional institutions or law enforcement; (7) as part of a limited data set; or (8) incident to otherwise permissible disclosures, which may not be longer than six (6) years and may not include dates before April 1, 2022. Your request should indicate in what form you want the list (for example, on paper, or electronically).

**Right to Request Restrictions:**

You have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the protected health information we disclose about you to someone who is involved in your care or the payment for your care. **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. **We are required to agree to your request** if you pay for treatment, services, supplies and prescriptions “out of pocket” and you request the information not be communicated to your health plan for payment or health care operations purposes. There may be instances where we are required to release this information if required by law. To request restrictions, you must make your request in writing to Select Urgent Care. In your request you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

**Right to Request Confidential Communications:**

You have the right to request that we communicate with you about protected health matters in a certain way or at a certain location. To request confidential communications, you must make your request in writing to Select Urgent Care. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to be Notified of a Breach:**

You have the right to be notified in the event that we (or a Business Associate of ours) discover a breach of your unsecured protected health information.

**Right to a Paper Copy of this Notice:**

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, call during regular working hours.

**4. COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with Select Urgent Care at the address listed at the top of this Notice. You will not be penalized for filing a complaint.

**This notice was published and becomes Effective on April 1, 2022**