**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.**

**Our pledge to you:** Semcac Family Planning Clinic creates a record of your healthcare and the services you receive from us. We do so to provide you with quality care and to comply with any legal or regulatory requirements. In doing so, we have a duty to:
 • Maintain the privacy of your health information
 • Abide by our Notice and provide you with this copy

“Health Information” includes any information, whether created or maintained by us that relates to your care or payment for the provision of care. It includes not only the results of tests and treatments, but also demographic information that is related to your health record.

This Notice applies to all Health Information created and/or maintained in all Semcac clinics and will be followed by our providers, residents, employees, and volunteers. We will follow the rules of our Notice currently in effect.

**State Law:** This notice is based on federal law. When state and federal laws differ and state law is more protective of your health information, or provides you with greater access to your information, state law overrides federal law.

**We may need to use and disclose your information.** To provide you with the best quality care, we may need to use and/or disclose health information. We use and disclose your health information according to our privacy policies and the law. Sometimes, we need an authorization from you before we release your health information. Other times, we are required to release it by law.

We may use or disclose your health information with a valid authorization in the following ways:

 • **At your request,** when you give us written permission. You may withdraw your authorization at any time by notifying us in writing. Your permission will end when we receive or have acted on your request.

 • **For marketing purposes,** when you give us written permission. You may withdraw your authorization at any time by notifying us in writing.

 • **For research,** when you give us written permission, or when an Institutional Review Board waives the requirement to obtain permission. A waiver will be based upon assurances from a Review Board that the researchers will adequately protect your health information. In some situations, limited information may be used before approval of the research study in order to determine if enough patients exist to make the study scientifically valid.

 • **To communicate via e-mail,** if you have signed an e-mail permission form. However, please do not send any e-mail to us, even in response to those we have sent you. Instead, we encourage you to communicate with our health centers by phone or in person.

 • **If we were to sell your information,** although Semcac Clinic does not sell patient information. Federal law requires us to let you know that if we were to do so, we would need your authorization.

 **• To family and friends,** as long as you give us permission. If you want someone to be involved in your care, to help you with your bills, to pick up a prescription for you, or to schedule an appointment, we will accommodate your request, as long as you give our clinic express authorization.

 **• For any other purpose not described below.**

We may use or disclosure your health information without an authorization in the following ways:

 • **For treatment,** including working in conjunction with another provider or pharmacy. We use this information to provide, coordinate or manage your care. State law generally requires that we obtain written consent to disclose information for treatment.

 • **For payment purposes,** for example, to be able to bill your insurance for services that are provided. State law generally requires patient consent for disclosures for payment purposes.

 • **For our Health Care Operations,** which includes non-treatment and non-payment activities that allow us to provide health services, such as assessing quality improvement activities.

 • **To help you in a medical emergency.** We may use or disclose your health information to help you in a medical emergency or disaster situation.

 • **To issue appointment reminders.** We can use and disclose health information to contact you as a reminder that you have an appointment. For example, we may send you a text message with the date and time of your upcoming appointment. Appointment reminder text messages may incur charges to you. Please let us know if you do not wish to have us contact you concerning your appointment, or if you wish to have us use a different telephone number or address to contact you for this purpose. We may also contact you to provide health care treatment information that may be of interest to you.

 • **For public health purposes,** such reporting and controlling disease, reporting adverse events, notifying you of recalls or the replacements of products, or notifying someone when they may have been exposed to a disease or condition.

 • **For philanthropy.** We may contact you about donating funds to support our mission. We will only use basic information to fundraise: your demographic information and the dates you received care. You have the right to opt out and we will explain how to opt out in each fundraising communication.

 • **To satisfy requirements** of the government, our licensing bodies, and/or our accrediting agencies.

 • **In response to state or federal legal documents** (for example, in response to a court order);

 • **As requested by a regulatory body** as it relates to an investigation;

 • **As required by law,** for example, to send notification to the parent(s) of a minor patient when we are required to do so (for example, when a minor wants to receive a vaccination). Notification sent to parents is not the same as requiring a parent’s permission for a minor to receive health care.

 • **As applied to armed services members or veterans,** and only as required by the Department of Veteran Affairs or as required by military command authorities.

 • **For law enforcement purposes,** including:
 o In response to a court order, subpoena, warrant, summons or similar process;
 o To identify or locate a suspect, fugitive, material witness, or missing person;
 o If you are the victim of a crime and we are unable to obtain your consent;
 o In an instance of criminal conduct at our facility; and
 o In emergency circumstances to report a crime or possible crime
 State law generally requires patient consent for disclosures for law enforcement purposes, unless the disclosure is in response to a valid court order or warrant.

**All other disclosures:** Uses and disclosures that are not described in this notice or required by law will be made only with your written authorization. You may revoke such an authorization at any time, as long as the revocation is made in writing.

**Notification of Breach:** We are required to notify you of when there has been a breach of your unsecured health information. We will notify you by mail, or if you are unable to be reached by mail, we will notify you in a method that is reasonably calculated to make certain you are notified of the breach.

**Changes to this Notice:** We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in our facility and on our website. The Notice contains the effective date on the first page.

**Your rights:** You have the following rights regarding the health information that we maintain about you:

 • **The right to request restrictions.** You have the right to request a restriction or limitation on the 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 health information we disclose about you to someone who is involved in your care or the payment for your care. You must make the request in writing. When you request a restriction, we will agree unless, according to law, we are permitted or required to use or disclose your information.
 • You have the right to restrict disclosures of your health information to your insurance company when you pay out of pocket, and in full, for health care services.

 • **The right to request confidential communications.** You have the right to request that we communicate with you about health matters in a certain manner or at a certain location. For example, you can ask that we only contact you at work or by mail to a post office box. We will accommodate all reasonable requests.

 • **The right to access.** You have the right to inspect and copy your personal health information. You must make the request to inspect or copy your record in writing. We may deny your request to inspect and copy in certain very limited circumstances.

 • **The right to amend.** If you feel that health information we have about you is incorrect or incomplete, you may ask us, in writing, to amend the information. You have the right to request an amendment for as long as we keep the information.
 • We may deny your request for an amendment if you ask us to amend information that:
 o Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 o Is not part of the health information kept by or for our practice;
 o Is not part of the information which you would be permitted to inspect and copy; or
 o Is accurate and complete.

 If your request is denied, we will send the denial in writing.

**The right to receive an accounting of disclosures of your health information.** You have the right to request an accounting of any disclosures of your health information we have made, except for:
 • Uses and disclosures for treatment, payment, and health care operations
 • Or disclosures that you or your personal representative authorized

**The right to receive a copy of this notice.** You have the right to obtain a paper copy of this Notice at any time upon request. You may also obtain a copy of this Notice at our website **www.semcac.org.**

**If You Believe Your Privacy Rights Have Been Violated:**
You may submit a complaint in writing.
Privacy Officer
76 W 3rd Street
Winona, MN 55987

You may also file a complaint with the United States Secretary of the Department of Health and Human Services – Office of Civil Rights (OCR). We will give you the address to file a complaint upon request. You will not be penalized for filing a complaint.

**Questions or Comments?** Please contact the Semcac Family Planning Clinic Privacy Officer if you have questions or would like additional information about this Notice.

The Privacy Officer can be reached via telephone at: 507-452-4307, or in writing at:
Privacy Officer
76 W 3rd Street
Winona, MN 55987