

**FRIDLEY CHILDREN'S & TEENAGERS' MEDICAL CENTER, P.A.  
NOTICE OF PRIVACY PRACTICES**

*This notice describes how protected health information (PHI) may be used or disclosed and how you can access this information. Please review it carefully.*

*During treatment at Fridley Children's & Teenagers' Medical Center (FCTMC) providers and other caregivers may gather information about your medical history and health. This notice will explain how such information may be used and shared with others. It will also explain privacy rights regarding this kind of information.*

*Most patients of FCTMC are children; when we refer to "you" or "your" in this notice, we refer to the patient. When we refer to types of disclosures of information to "you", we mean disclosures to the patient, the patient's guardian, or person legally authorized to receive information about the patient.*

<b>What protected health information does FCTMC have about me?</b>	You may be applying for, or participating in, FCTMC treatment that provides benefits or services. As part of that process, you may need to provide confidential information such as contact, financial, and health information. We also may receive confidential information about you from other sources that we need in order to serve you or provide for your care.
<b>May I see my information?</b>	You may see information we have about you; you need to tell us what records you want to see. If you ask, you will receive a copy. FCTMC may charge you for copies of your records.
<b>May I change my records?</b>	If you think the PHI in your record is wrong, you may send a written request that we amend or add new information. You may also ask that we send the amendments to others who have received copies of your records.
<b>May I have a copy of this notice?</b>	Yes. This notice is yours to keep. If you received this notice electronically, you may ask for a paper copy and we will provide one for you.
<b>What information does FCTMC share?</b>	We only share PHI that is needed by others to do their job. You may ask for a list of places where we have sent your PHI.
<b>May I put limits on sharing my information and how I receive it?</b>	You have a right to ask us to limit the use and sharing of your PHI, but we do not have to agree. You may also ask that we send this information to you in a different format or to a different location.
<b>Who sees my protected health information?</b>	We see only the minimum amount of confidential information we need to do our jobs. We may share your PHI with other entities or persons if allowed by law or permitted by you. For example, confidential information about your health may be given to and used by health care and other providers who take care of you. We may share past, current, or future information.
<b>When does FCTMC share protected health information?</b>	We keep and share the PHI to coordinate treatment, payment, and agency operations. We may share information to: <ul style="list-style-type: none"> <li><input type="checkbox"/> Determine if medical treatment is appropriate.</li> <li><input type="checkbox"/> Pay for services from health care providers.</li> <li><input type="checkbox"/> Determine your eligibility for services or benefits.</li> <li><input type="checkbox"/> Evaluate the quality of care you receive from providers.</li> </ul>
<b>What if FCTMC's privacy practices change?</b>	We reserve the right to change practices in this notice. If the law changes, we will send you a new notice about those changes.
<b>Who do I contact if I have questions about this notice or my rights?</b>	If you have questions about this notice, please ask the person who gave it to you. If you need further assistance, you may call the FCTMC Clinic Administrator at 763-236-2700.
<b>What if someone else needs my protected health information?</b>	You may be asked to sign an authorization form allowing your PHI to be shared if: <ul style="list-style-type: none"> <li><input type="checkbox"/> FCTMC needs to send your information to other places;</li> <li><input type="checkbox"/> You want us to send information to another agency or provider;</li> <li><input type="checkbox"/> You want information sent to another person, such as your attorney, a relative, or other personal representative. Your permission to share information is effective until the date you put on the authorization form. We can share the information you list. You may withdraw or change this permission in writing.</li> </ul>
<b>May protected health information be shared without my permission?</b>	Yes, there are times when your PHI may be shared without your permission. By law, we are, at times, required or allowed to share confidential information about you, even if you do not give us permission. Some of these situations are: <ul style="list-style-type: none"> <li><input type="checkbox"/> Reporting incidents of child or adult abuse or neglect to the police or other appropriate agencies;</li> <li><input type="checkbox"/> Providing records when ordered to do so by a court;</li> <li><input type="checkbox"/> Giving information to other agencies who review FCTMC operations;</li> <li><input type="checkbox"/> Sharing information with government agencies that license and inspect medical facilities, such as health clinics;</li> <li><input type="checkbox"/> Sharing information needed by service providers or other agencies to determine if you are eligible for services or benefits;</li> <li><input type="checkbox"/> Giving certain information to parents or guardians of minors;</li> <li><input type="checkbox"/> Using information for research purposes.</li> </ul>
<b>How do I report a violation of my privacy rights?</b>	If you believe your privacy rights have been violated, you can file a complaint with: <p>The Clinic Administrator; Fridley Children's &amp; Teenagers' Medical Center, 500 Osborne Rd NE, Suite 215, Fridley, MN 55432.</p> <p>If you file a complaint, FCTMC will not change or stop your services or benefits and may not retaliate against you.</p> <p>OR</p> <p>The Secretary, Department of Health and Human Services (DHHS); 2000 Independence Avenue; Washington, D.C. 20201. Any complaints made to DHHS must be made within 180 days of the privacy violation.</p>

