



This document describes how medical information about you may be used and disclosed and how you get access to this information. Please review it carefully. Your medical information may be used and disclosed by New Kingdom Healthcare for the following purposes:

Treatment, Payment, and Health Care Operations

We may use and disclose your health information for:

- treatment (includes working with another provider)
- payment (such as billing for services provided), and
- our health care operations. These are non-treatment and non-payment activities that let us run our business or provide services. These include quality assessment and improvement, care management, reviewing the competence or qualifications of health professionals, and conducting training programs.

Medical Emergency

We may use or disclose your health information to help you in a medical emergency.

Appointment Reminders and Treatment Alternatives

We may send you appointment reminders or tell you about treatments and health-related benefits or services that you may find helpful.

People Involved in Your Care

We may disclose limited health information to people involved in your care (for example, a family member or emergency contact) to help plan your care. If you do not want this information given out, you can request that it not be shared.

Death

We may disclose certain health information about a deceased person to the next of kin. We may also disclose this information to a funeral director, coroner, medical examiner, or law enforcement official.

Health Care Workplace Medical Surveillance Injury / Illness

If your employer is a health care provider, we may share health information required by state or federal law:

for workplace medical surveillance activities, or about work-related illness or injury.



Law Enforcement

We may disclose certain health information to law enforcement. This could be:

about a missing child, or when there may have been a crime at the facility, or when there is a serious threat to the health or safety of another person or people.

Abuse, Neglect, or Threat

We may disclose health information to the proper authorities about possible abuse or neglect of a child or a vulnerable adult. If there is a serious threat to a person's health or safety, we may disclose information to the person or to law enforcement.

Food and Drug Administration (FDA) Regulation

We may disclose health information to entities regulated by the FDA to measure the quality, safety, and effectiveness of their products.

Military Authorities/National Security

We may disclose health information to authorized people from the U.S. military, foreign military, and U.S. national security or protective services.

Public Health Risks

- We may disclose health information about you for public health purposes, such as:
- reporting and controlling disease (such as cancer or tuberculosis), injury, or disability
- reporting vital events such as births and deaths
- reporting adverse events or surveillance related to food, medications, or problems with health products
- notifying persons of recalls, repairs, or replacements of products they may be using, or
- notifying a person who may have been exposed to a disease or may be at risk for catching or spreading a disease or condition.

Health Oversight Activities

We may disclose health information to government, licensing, auditing, and accrediting agencies for actions allowed or required by law.

Required by Other Laws

- We may use or disclose health information as required by other laws. For example:
- We may disclose health information to the U.S. Department of Health and Human Services during an investigation.
- We may disclose health information under workers' compensation or similar laws.
- We may disclose health information:
- to social services and other agencies or people allowed to receive information about certain injuries or health conditions for social service, health, or law enforcement reasons.
- about an unemancipated minor or a person who has a legal guardian or conservator regarding a pending abortion.
- about an emancipated minor or a minor receiving confidential services to prevent a serious threat to the health of the minor.

Notice

We are required to promptly notify you of a breach to your health information.

Legal Process

We may disclose health information in response to a state or federal court order, legal orders, subpoenas, or other legal documents.

Health Records Under State Law

Release of health records (such as medical charts or X-rays) by licensed Minnesota providers usually requires the signed permission of a patient or the patient's legal representative. Exceptions include you having a medical emergency, you seeing a related provider for current treatment, and other releases required or allowed by law.

Your Rights

Restrictions on Use or Disclosure

This notice describes some restrictions on how we can use and disclose your health information. You may ask us for extra limits on how we use or to whom we disclose the information. You need to make such a request in writing. If you request that information about a service not be sent to your insurer and pay for the service in full we will agree to this restriction. We are not required to agree to other requests. If we do agree, we will follow the restriction except:



- in an emergency where the information is needed for your treatment
- if you give us written permission to use or disclose your information
- if you decide or we decide to end the restriction, or
- as otherwise required by law.

If you restrict us from providing information to your insurer, you also need to explain how you will pay for your treatments and you will be responsible for arranging for payment of the bills.

Patient Access

You may request to look at or get copies of your health information. If you request a copy of your electronic health record or other health information that we keep electronically, we will provide it in an electronic format upon your request. You need to make your request in writing. If you ask for copies, we may charge photocopying fees, the cost of making copies of x-rays or other images, and postage if the copies are mailed. If you ask for another format we can provide, we may charge a reasonable fee based on our costs. If your request is denied, we will send the denial in writing. This will include the reason and describe any rights you may have to a review of the denial.

Amendment

You may ask us to change certain health information. You need to make such a request in writing. You must explain why the information should be changed. If we accept your change, we will try to inform prior recipients (including people you list in writing) of the change. We will include the changes in future releases of your health information. If your request is denied, we will send the denial in writing. This denial will include the reason and describe any steps you may take in response.

Disclosure List

You may receive a list of disclosures of your health information – with some exceptions – made by us. The list does not include:

disclosures made for treatment, payment or health care operations

- disclosures made before April 14, 2003, and
- other disclosures as allowed by law.

You need to make your request in writing. If you ask for a list more than once in a 12-month period,

we may charge you a fee for each extra list. You may withdraw or change your request to reduce or eliminate the charge.

Paper Copy of Notice

You may receive a paper copy of our current Notice of Privacy Practices.

Duties of New Kingdom Healthcare

- New Kingdom Healthcare required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protect health information.
- New Kingdom Healthcare required to abide by the terms of the notice currently in effect.
- New Kingdom Healthcare reserves the right to change the terms of this notice and to make new provisions effective for all protected health information that it maintains.
- We will make any revised Notice available in hard copy and display it in our facilities and on our web site. You can also request the revised Notice in person or by mail.

Complaints

If you believe your privacy rights have been violated, you may submit a complaint by contacting us at 952-999-0333 or submit a complaint in writing and mail to:

Director of Human Resources
6452 City West Parkway, Eden
Prairie, MN 55344

You may also send a written complaint to the Department of Health and Human Services - Office for Civil Rights.