

Notice of Privacy Practices

Effective April 14, 2003

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.

This Notice of Privacy Practices describes how HealthPartners, Regions Hospital and our related organizations manage and protect your personal information, and it also describes your legal rights related to your personal information. This notice is divided into three sections:

- A summary overview of our privacy practices and your privacy rights;
- A more detailed description of those practices and rights, including examples, for our health plan members; and
- A more detailed description of those practices and rights, including examples, for our patients.

If we materially revise this notice and you are a fully-insured health plan member, you will receive a revised notice within sixty days of the revision.

Section 1: Summary Notice

HealthPartners, Regions Hospital and all of our related organizations are required by law to maintain the privacy of your personal information.¹ Some of our related organizations must provide our patients and members with this notice of privacy practices. We are required to abide by the terms of this notice. We reserve the right to change the terms of the notice and to make the new notice provisions effective for personal information that we maintain. If we materially revise this notice and you are a fully-insured health plan member, you will receive a revised notice within sixty days of the revision. If you are a patient, a revised notice will be prominently displayed at our care delivery sites and provided to you individually upon request. Our privacy notice will also be available on our websites at www.healthpartners.com, www.healthpartnerscmc.com, and www.regionshospital.com.

Under state and federal law, we may use and disclose your personal information to carry out activities related to your treatment, payment for your treatment and our health care operations, as well as for

other purposes permitted or required by law. In general, it is our policy to only use and disclose your personal information to the extent reasonably necessary to conduct those activities. We permit access to your personal information by our staff and others only to the extent that they need that information to do their jobs. When the law requires us to get your permission before we release your information to another organization, we do so, as described in the more detailed portions of this notice.

Under state and federal law, you have the right to: access, copy or amend your personal information; request restrictions on the use or disclosure of your information; request that we communicate with you in alternative forms; and receive an accounting of certain disclosures of your personal information. You also have the right to receive a paper copy of this notice, and to file a complaint with us or with certain government agencies if you believe that we have violated your privacy rights. These rights, and how you may exercise them, are described in the more detailed portions of this notice.

¹ The HealthPartners family ("we") currently includes these affiliate organizations: HealthPartners, Inc.; Group Health Plan, Inc.; Central Minnesota Group Health Inc. (d/b/a HealthPartners Central Minnesota Clinics); Midwest Assurance Company; HealthPartners Services, Inc. (d/b/a RiverWay Clinics); Regions Hospital; Ramsey Integrated Health Services; RHSC, Inc.; HealthPartners Associates, Inc. (d/b/a North Suburban Family Physicians); North St. Paul Transitional Care Center; HealthPartners Research Foundation; HealthPartners Administrators, Inc.; HPI-Ramsey; and Regions Hospital Foundation.

Section 2: Health Plan Notice

A more detailed description of those practices and rights, including examples, for our health plan members can be obtained by contacting Member Services at 952-967-5000, 1-800-883-2177 or hearing impaired members may contact Member Services at 952-883-5127.

Section 3: Provider Notice

This Notice of Privacy Practices describes how the HealthPartners family, including HealthPartners clinics, Regions Hospital and those providers that render care at these facilities and its subsidiaries manage and protect your personal information. It also describes your legal rights related to your personal information. This notice provides a detailed description of our privacy practices and rights, including examples, for our patients.² All entities listed are required to abide by the terms of the notice.

Consent

Under existing state law, we request your written permission to (i) administer care and treatment to you, (ii) share your health and personal information for various purposes and (iii) assign your benefits to us as your provider. You are asked to give us this permission annually.

What is "Personal Information?"

"Personal information" is information about you that relates to your past, present, or future physical or mental health, payment for health care services, or the provision of health care services. Personal information includes your individually identifiable health information and demographic information such as your name, address and

² HealthPartners family ("we" or "our") currently includes these organizations and providers: Group Health Plan Inc. (d/b/a HealthPartners Medical and Dental Clinics); Central Minnesota Group Health Inc. (d/b/a HealthPartners Central Minnesota Clinics); HealthPartners Services, Inc.(d/b/a RiverWay Clinics); Regions Hospital; Ramsey Integrated Health Services; RHSC, Inc.; HealthPartners Associates, Inc. (d/b/a North Suburban Family Physicians); and North St. Paul Transitional Care Center.

phone number as well as your social security or other identification number, age, and date of birth.

How does HealthPartners Use My Personal Information?

We use your personal information only to the extent reasonably necessary to conduct or support treatment, payment or other health care operations. Here are some examples of how we use your personal information:

- For treatment purposes to provide or coordinate your health care such as when your provider determines the need for you to see a specialist.
- For payment purposes to obtain reimbursement for services rendered to you;
- To support our health care operations such as provider training, quality review purposes and general administrative activities.

If applicable, the entities participating in an organized health care arrangement will share your personal information, as necessary to carry out your treatment, payment or for its health care operations.

When does HealthPartners disclose my Personal Information?

We share your personal information - with our affiliates or with third parties - only to the extent reasonably necessary to conduct treatment, payment or health care operations, as required by law, or with your permission by authorization. Following are some examples of when and why we disclose your personal information:

- For coordination of your health care. In some cases your personal information must be disclosed outside

HealthPartners for your treatment. In those cases, we must receive your consent before disclosing your personal information. For example, your personal information may be released to a pharmacy, in order for you to fill a prescription but only with your consent. We can, without your consent, share your health information with another health care provider within the HealthPartners family, if the sharing is for your current treatment or is for an emergency situation;

- For payment purposes such as billing. We may disclose your personal information to your health plan or other payer, but only with your consent. For example, we may disclose your personal information to your health plan or other payer, to obtain payment for your visit to our facilities or to request payment, or approval for payment, for certain products or services;
- For our health care operations such as conducting staff training programs, accreditation, certification or credentialing activities. If we need to disclose your personal information to support our activities, we can only do so with your consent.

We may contact you by telephone to remind you of appointments and if we have your permission we will leave a message about your appointment. We may also, when appropriate, contact you regarding treatment alternatives or other health-related benefits and services that may be of interest to you.

In addition, we or one of our affiliates may contact you as part of a fundraising campaign. If you are contacted, you will be provided an opportunity to opt out of future fundraising activities.

When Does HealthPartners Use or Disclose My Personal Information Based on my Authorization?

There may be times when we may use or disclose your personal information in a way that is not considered treatment, payment or health care operations or is not required by law. In those situations, we are required to get your specific written authorization to do so. If you do not wish to give your authorization for the proposed activity, you may do so with no fear of reprisal. If you do give us this authorization, then later wish to revoke it, you may do so in writing at any time, except if we have already relied upon it.

HealthPartners' Other Uses and Disclosures of Personal Information

Sharing when Required by Law HealthPartners may be required to use or disclose your personal information in certain situations not considered treatment, payment or health care operations. In certain circumstances we are not required to obtain your authorization before disclosing your personal information but Minnesota Law may require us to obtain your written consent before disclosing your personal information. Following are some examples of when we disclose your personal information without your authorization:

- When required by law, we may use or disclose your personal information in certain situations without your permission. When this occurs, we limit the disclosure to the requirements of the law.
- To law enforcement agencies to report suspicious wounds such as gun shot wounds.
- To public health authorities, for purposes such as tracking and controlling certain diseases, injuries and other health conditions;
- To report victims of abuse, neglect.
- To health oversight agencies, such as the Minnesota Department of Health and Human Services, and the United States Department Health and Human Services;
- In response to judicial or administrative bodies

under certain circumstances, or in response to court orders. We will require your consent before we release your personal information in response to a subpoena.

- To law enforcement agencies.
- To medical directors or coroners for identification purposes. This may be necessary to identify a deceased person, determine cause of death or to allow them to perform their other legal duties. We may also disclose your information to funeral directors to allow them to carry out their duties.
- For certain organ, eye or tissue donation purposes to aid in the donation or transplant of the organs, eyes or tissue;
- To the military or other governmental agencies personnel under certain circumstances (such as to avert serious threat to public safety or to an individual, or to protect national security);
- For worker compensation purposes in order for the provision of worker compensation benefits.
- To correctional institutions if you are an inmate or in the custody of a law enforcement official as necessary to provide you with healthcare, protect the health and safety of you or others and maintain the safety and security of the institution.

Uses and Disclosures for Health Research Sometimes our providers seek to engage in research in conjunction with the HealthPartners Research Foundation, a nonprofit organization that conducts research on health and health services to improve the health of our patients and the community. In order for your personal information to be used or disclosed for research purposes, you must give specific authorization for your personal information to be used or disclosed. Only in certain circumstances may your personal information be used or disclosed without your authorization. For more information on the HealthPartners Research Foundation, visit the Research Foundation website at www.hprf.org.

Facility Directories In some of our inpatient facilities,

The following entities participate in an organized healthcare arrangement: Regions Hospital, those providers that render care at the hospital including those providers with staff privileges, North St. Paul Transitional Care Center, Ramsey Integrated Health Services. HealthPartners clinics and those providers that render care at these HealthPartners Medical Clinic locations including Riverside and Como.

we may create and obtain a facility directory. Unless you object, these facilities may use the following personal information in the facility directory; (i) name; (ii) your location in the facility (iii) your general condition; and (iv) your religious affiliation. This information may be disclosed by us to members of the clergy, or to other persons who ask for you by name (except for your religious affiliation). You will be given the opportunity to restrict or prohibit these uses and disclosures. In the event of an emergency or your incapacity, we will do what is consistent with your known preference (if any) and what we determine to be in your best interest. We will inform you of any such uses and disclosures under these circumstances and give you an opportunity to object as soon as practicable.

Persons involved in your care Unless you object, we may disclose to one of your family members, to a close personal friend, or to any other person identified by you, your personal information that is directly relevant to that person's involvement with your care or payment related to your care. We may also use or disclose your personal information to notify, identify, or locate a patient of your family. We will also use our best judgment and experience in allowing people to pick up, on your behalf, filled prescriptions, medical supplies, x-rays, or other forms of personal information.

What are My Privacy Rights, and How do I Exercise Them?

Privacy laws give patients several rights that relate to the privacy of their personal information. Each of these rights is described below. All requests to exercise your rights must be received in writing.

Right to Review and Copy your Personal Information

We maintain a designated record set of our patients' personal information. A designated record set includes your medical record and billing records or other records used to make decisions about you. You have a right to inspect and obtain a copy of your personal information that we maintain in a designated record set, as determined by us. We must honor your request within thirty (30) days of the

date your request is received.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding, and personal information that is subject to law that prohibits access to personal information. We do reserve the right to deny access in certain circumstances, for example, if the denial is based upon concerns that access may be detrimental to you, or to another person. We will inform you of such a denial in writing. Depending on the circumstances, a decision to deny access may be reviewable.

We may impose a reasonable charge for copies of your personal information.

Right to Request a Restriction of Your Personal Information

You have the right to ask us not to use or disclose any part of your personal information for the purposes of treatment, payment or healthcare operations. You may also ask that any part of your personal information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Please note that your request must be specific as to the restriction requested and to whom you want the restriction to apply.

We are not required to agree to a restriction that you may request. If we believe that it is in your best interest to permit use and disclosure of your personal information, or it is not feasible for us to administer your request, your personal information will not be restricted. However, if we agree to the requested restriction, we must honor it and may not use or disclose your personal information in violation of that request (unless necessary for emergency treatment).

Right to Receive Confidential Communications You have the right to ask us to communicate with you about confidential matters by alternative means or at alternative locations. For example, you may prefer that we call you

only at your work telephone number or send your test results to an address that is different from the one on file. You do not have to tell us why you are making this request, but we may condition the change on your being able to make special arrangements for payment or other communications.

Right to Amend Your Personal Information You have the right to request an amendment of your personal information contained in our designated record set. We must act on your request within thirty (30) days of receiving it. If we honor your request you will be notified of the change. We do not have to honor your request, but if we deny it, you may file a written statement of disagreement with us. At that time, we may prepare a rebuttal to your statement and will provide you with a copy of the rebuttal. We will maintain your original request, statement of disagreement and our rebuttal with your designated record set.

Right to Receive an Accounting of Disclosures Subject to certain exceptions, you have the right to receive from us an accounting - a listing - of instances when we released your personal information to nonaffiliated third parties after April 14, 2003. You may request an accounting going back six (6) years or for a shorter time period, but because we are only obligated to track disclosures beginning April 14, 2003, we will only account for disclosures made on or after that date.

Right to Complain about Our Privacy Practices If you believe we have violated your privacy rights, you may complain to us directly or to the United States Department of Health and Human Services. If you wish to file a complaint with the Department of Health and Human Services, please contact them at Region V, Office for Civil Rights, U.S. Department of Health and Human Services, 233 N. Michigan Ave., Suite 240, Chicago, IL 60601, (312) 886-2359, Fax (312) 886-1807, TDD (312) 353-5693 Email: OCRComplaint@hhs.gov.

We will not retaliate against you for filing a compliant

with either us or the Department of Health and Human Services.

We reserve the right to change the terms of this notice and to make the new notice provisions effective for all personal information we maintain. A revised notice will be prominently displayed at our care delivery sites and provided to you individually upon request. Our privacy notice will also be available at www.healthpartners.com, www.healthpartnerscmc.com and www.regionshospital.com.


This is all very confusing - whom should I call if I have other questions?

We agree that privacy laws - and our privacy obligations as a health care provider - can be confusing. But we also believe that safeguarding your privacy is an important part of our commitment as your health care provider. Therefore, we encourage you to contact us if you have any questions about this Notice of Privacy Practices, to exercise your privacy rights, or to receive a copy of this privacy notice.

- If you are a Regions Hospital patient, please contact the Patient Relations Department at 651-254-2372.
- If you are a clinic patient, please contact the manager at your clinic.
- If you are a home care or hospice patient, please contact your case manager.
- If you are a patient at North St. Paul Transitional Care Center, please contact Administration at 651-777-7435.



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