

John G. Stark, M.D., P.A.

Notice of Privacy Practices--January 2005

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.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:

For Treatment: We will need access to your information in order to properly treat you. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other hospital/clinic personnel involved in taking care of you. We also may disclose medical information about you to people outside the hospital/clinic who may be involved in your medical care, such as family, clergy, or others we use to provide services that are a part of your care.

For Payment: We may use and disclose medical information about your treatment and services to bill and collect payment from you, your insurance company, or a third-party payer.

For Health Care Operations: We may use information in your health record to assess the care and outcomes in your case and others like it. This results in an effort to continually improve the quality of care for all patients we serve.

Appointment Reminders: We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the hospital/clinic.

Treatment Alternatives: We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services: We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Fundraising Activities: We may use medical information about you to contact you in an effort to raise money for the hospital/clinic and its operations. If you do not want the hospital/clinic to contact you for fundraising efforts, you must notify Veronique in writing.

Hospital Directory: We may include certain limited information about you in the hospital directory while you are a patient at the hospital. This is so your family, friends, and clergy can visit you in the hospital and generally know how you are doing.

Individuals Involved in your Care or Payment for your Care: We may release medical information about you to a friend or family member who is involved in your medical care and also to someone who helps pay for your care.

Research: Under certain circumstances, we may use and disclose medical information about you for research purposes. We will almost always ask for your specific permission if the research will have access to your name, address or other information that reveals who you are.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order or in response to a subpoena, discovery request, or other lawful process.

Law Enforcement: We may release medical information if asked to do so by a law enforcement official.

As Required by Law: We may use and disclose medical information about you when required to do so by federal, state, or local law; this includes, but is not limited to, these entities: Food and Drug Administration; public health or legal authorities charged with preventing/controlling disease, injury, or disability; correctional facilities; workers' compensation agents; military command authorities; health oversight agencies; and national security and intelligence agencies.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU:

Right to Inspect and Copy: You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

Right to Amend: If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, your request must be made in writing with a reason provided. We may deny your request and you will be notified of the reason for the denial.

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 medical information about you.

Right to Request Restrictions: You have the right to request a restriction or limitation on the medical information that we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on medical information we disclose about you to someone who is involved in your care or the payment of your care. We, however, are not required to agree to your request.

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.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice. The notice will contain on the first page the effective date. In addition, each time you register for treatment or health care services, we will offer you a copy of the current notice in effect.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with us by phone call or letter. You may also contact the Secretary of the Department of Health and Human Services and send your complaint to the address below in Washington. You will not be penalized for filing a complaint.

FOR MORE INFORMATION ABOUT OUR PRIVACY PRACTICES, please contact:

Betty Fuentes, Office Manager
12993 Ridgedale Drive
Minnetonka, MN 55305

FOR MORE INFORMATION ABOUT HIPAA OR TO FILE A COMPLAINT:

The U.S. Department of Health & Human Services
Office of Civil Rights
Medical Privacy Complaint Division
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201
HHS Voice Hotline: 800.368.1019

Acknowledgement of Receipt of Privacy Practices

I, _____, have read a copy of John G. Stark, M.D, P.
A.'s Notice of Privacy Practices with an effective date of January 2005.

Name of Patient: _____

Address: _____

Signature of Patient: _____ Date: _____