you request a copy, we may charge a fee for the costs of copying, mailing, or other supplies needed to respond to your request. If you are unable to pay fees associated with the request, we may facilitate your request in a manner that is not likely to be harmful to you. If you are denied access to medical information, you have the right to request a copy of that portion of your record that contains it. The person conducting the review will comply with the outcome of the review. If you believe your privacy rights have been violated you may submit a complaint to our privacy representative.

Changes to this notice
The effective date of this notice is September 23, 2013. We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you, as well as any medical information we receive in the future. If the terms of this notice are changed, North Memorial Health will give you a revised notice upon request and will post the revised notice on our website and in designated locations at North Memorial Health.

Complaints
If you believe your privacy rights have been violated, please inform the supervisor of the area where you were treated. You may file a complaint with the hospital by contacting the Customer Service Representative at 763-581-0780. A written complaint may be filed with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

Other uses and disclosures of medical information
Other uses and disclosures of medical information not covered by this notice that apply to you may be made only with your written authorization, including uses and disclosures of psychotherapy notes, uses and disclosures for marketing purposes, or disclosures that are considered the sale of protected health information. If you provide us permission to use or disclose medical information about you, we may revoke your permission, in whole or in part, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by the written authorization, except to the extent we had already relied on your authorization. We are unable to take any disclosures we have already made with your permission, and we are required to retain our records of the care that we provided to you.

Notice of Privacy Practices
This notice describes how medical information about you may be used and disclosed and how you can access this information. Please review carefully

During your treatment at North Memorial Health, doctors, nurses, and other caregivers gather information about your medical history and your current health. This notice will explain how such information may be used and shared with others. It will also explain your privacy rights about this kind of information. The terms of this notice apply to health information created or received by North Memorial Health and all health care professionals providing services at North Memorial Health facilities. We are required by law to assume that medical information that identifies you is kept private, give you this notice of our legal duties and privacy practices with respect to medical information about you, follow the terms of the notice that is currently in effect, and notify you in the event there is a breach of any unsecured protected health information about you.

Your medical information may be used and disclosed for the following purposes:

- **Treatment:** We will use your information to provide, coordinate, and manage your care and treatment. For example, a clinic or hospital doctor may share your medical information with another doctor for a consultation or a referral.
- **Payment:** We may use and disclose medical information about you so that the treatment and services you receive at the hospital may be billed to and payment may be collected from you, an insurance company or another third party payer. For example, a doctor may need to give you your health plan information about surgery you received at the hospital so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to get prior approval or to determine whether your plan will cover the treatment.

North Memorial Health provides medical services through North Memorial Health Hospital, primary care and specialty clinics, home health and hospice, medical transportation and other services.

North Memorial Health

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Health Care Operations: We may use and disclose medical information about you for North Memorial Health operations. These uses and disclosures are necessary to run North Memorial Health and make sure that all of our patients receive quality care. For example, we may use medical information about you to review your medical record and to compare your quality of care to the national average for patients being treated for similar conditions at hospitals like ours.

Hospital Directory: We may include certain limited information about you in the hospital directory while you are a patient at the hospital. This directory is created so people can visit or contact you in the hospital. This information may include your name, Illinois and Minnesota law generally requires consent before limited circumstances in which North Memorial Health may disclose relevant medical information to a hospital and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who may need to know if you are present in the hospital. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don’t ask for you by name. If you would prefer that North Memorial Health not make these disclosures, please notify the Customer Registration Department at 763-581-4474.

To family members or friends who will be caring for you or paying your medical bills: We may use and disclose medical information about you to a family member or family member’s legal representative. We may also disclose medical information about you to your legal representative as needed to help them handle your affairs.

To Avert a Serious Threat to Health or Safety: We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. In addition, Minnesota law generally requires consent before limited circumstances in which North Memorial Health may disclose relevant medical information to a

Health Care Operations: We may use and disclose medical information about you for these purposes, either with your authorization or when authorization is not required by law. We may disclose limited information to determine whether the study or the potential participants are appropriate. Minnesota law generally requires consent before limited circumstances in which North Memorial Health may disclose relevant medical information to a

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