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## Notice of Privacy Practices

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.

### 1. Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of my responsibilities to help you.

#### a. Obtaining a copy of your medical record

- You can ask to see or copy an electronic or paper copy of your medical record and other health information I have about you. Ask me how to do this.
- I will provide a copy or a summary of your health information within a reasonable time.
- If you ask to see or receive a copy of your record for purposes of reviewing current medical care, I may not charge you a fee. [Minn. Stat. § 144.292 subd. 6]
- If you request copies of your patient records of past medical care, or for certain appeals, I may charge you specified fees. [Minn. Stat. § 144.292 subd. 6]

#### b. Correcting your medical record

- You can ask me to correct health information about you that you think is incorrect or incomplete. Ask me how to do this.
- I may say “no” to your request, but I’ll tell you why in writing within 60 days.

#### c. Requesting confidential communication

- You can ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- I will say “yes” to all reasonable requests.

#### d. Asking me to limit what I use or share

- You can ask me not to use or share certain health information for treatment, payment, or the operation of my medical practice (TPO). I am not required to agree to your request, and I may say “no” if it would affect your care.
- If you pay for services out-of-pocket in full, you can ask me not to share that information for the purpose of payment of my practice (operations) with your health insurer. I will say “yes” unless a law requires me to share that information. (Minnesota Law requires consent for disclosure of treatment, payment, or operations information. [Minn. Stat. § 144.293 subd. 2])

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### e. Getting a list of those with whom I've shared information

- You can ask for a list (accounting) of the times I've shared your health information for six years prior to the date you ask, who I shared it with, and why.
- I will include all the disclosures except for those about treatment, payment, and medical practice operations, and certain other disclosures (such as any you asked me to make). I'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### f. Getting a copy of this Notice

- You can ask for a printed (paper) copy of this notice at any time, even if you have agreed to receive the notice electronically. I will provide you with a paper copy promptly.

### g. Filing a complaint

- You can complain if you feel I have violated your rights by contacting me using the information that appears at the top of every page of this Notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)
- I will not retaliate against you for filing a complaint.

## 2. Your Choices

For certain health information, you can tell me your choices about what I can share.

### a. Request that I not share your information

- If you have a clear preference for how I share your information in the situations described below, talk to me. Tell me what you want me to do, and I will follow your instructions.
- In these cases, you have both the right and choice to tell me NOT to:
  - Share information with your family, close friends, or others involved in your care
  - Share information in a disaster relief situation
- If you are not able to tell me your preference, for example, if you are unconscious, I may go ahead and share your information if I believe it is in your best interest. I may also share your information when needed to lessen a serious and imminent threat to health or safety.

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### **b. I will never share your information without your permission**

- In these cases I will never share your information unless you give me written permission:
  - Marketing purposes
  - Sale of your information
  - Most sharing of psychotherapy notes
- Minnesota Law also requires consent for most other sharing purposes.

### **3. My Uses and Disclosures**

I typically use or share your health information in the following ways. I need your consent before I disclose protected health information for treatment, payment, and medical practice operations, unless the disclosure is to a related entity, or the disclosure is for a medical emergency and I am unable to obtain your consent due to your condition or the nature of the medical emergency. [Minn. Stat. § 144.293, subd. 2 and 5]

#### **a. To treat you**

- I can use your health information and share it with other professionals who are treating you only if I have your consent. I can only release your health records to health care facilities and providers without your consent if it is an emergency and you are unable to provide consent due to the nature of the emergency. [Minn. Stat. § 144.293, subd. 2 and 5]

#### **b. To run my medical practice**

- I can use and share your health information to run my medical practice, improve your care, and contact you when necessary. I am required to obtain your consent before I release your health records to other providers for their own health care operations. [Minn. Stat. § 144.293, subd. 2 and 5]

#### **c. To bill for your medical care**

- I can use and share your health information to bill and get payment from health plans or other entities only if I obtain your consent. [Minn. Stat. § 144.293, subd. 2 and 5]

#### **d. For other uses and disclosures**

- I am allowed or required to share your information in other ways—usually in ways that contribute to the public good, such as public health and research. I have to meet many conditions in the law before I can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

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### **e. To help with public health and safety issues**

- I can share health information about you for certain situations such as:
  - Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone's health or safety

### **f. To do research**

- I can use or share your information for health research if you do not object. [Minn. Stat. § 144.295 subd. 1]

### **g. To comply with the law**

- I will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that I'm complying with federal privacy law. [Minn. Stat. § 144.293 subd. 2]

### **h. To respond to organ and tissue donation**

- I can share health information about you with organ procurement organizations only with your consent. [Minn. Stat. § 525A.14]

### **i. To work with the medical examiner or coroner**

- I can share health information with a coroner and medical examiner when an individual dies. I need consent to share information with a funeral director. [Minn. Stat. § 390.11 subd. 7(a)]

### **j. To address workers' compensation, law enforcement and other government requests**

- I can use or share health information about you:
  - For workers' compensation claims
  - For law enforcement purposes or with a law enforcement official with your consent, unless required by law [Minn. Stat. § 144.293, subd. 2]
  - With health oversight agencies for activities authorized by law
  - For special government functions such as military, national security, and presidential protective services with your consent, unless required by law [Minn. Stat. § 144.293, subd. 2]

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### **k. To respond to lawsuits and legal actions**

- I can share health information about you in response to a court or administrative order, or in response to a subpoena. [Minn. Stat. § 144.293 subd. 2]

### **l. Mental health and addiction care**

- I will never share any records dealing with mental health and addiction care (substance abuse treatment) without your written permission.

## **4. My Responsibilities**

I am required by law to maintain the privacy and security of your protected health information.

### **a. To inform you of data breaches**

- I will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

### **b. To follow notice practices**

- I must follow the duties and privacy practices described in this Notice and give you a printed (paper) copy of it.
- I will not use or share your information other than as described here unless you tell me I can in writing. If you tell me I can, you may change your mind at any time. Let me know in writing if you change your mind.
- For more information see:  
[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

## **5. Changes to the Terms of this Notice**

I can change the terms of this notice, and the changes will apply to all information that I have about you. The new notice will be available upon request, in my office, and on my web site.

## **6. Effective Date**

10 April 2017

## **7. Name and Contact Information of the Privacy Official**

David A. Frenz, M.D.  
Contact information appears at the top of every page in this Notice. In addition:  
[email@doctorfrenz.com](mailto:email@doctorfrenz.com)  
[www.doctorfrenz.com](http://www.doctorfrenz.com)