

# Your Information, Your Rights, Our Responsibilities

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## *Joint Notice of Privacy Practices: Effective date February 2026*

### **Why did I receive this Notice?**

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** is a joint Notice that applies to **Fairview Health Services, HealthEast Care System, Range Regional Health Services, University of Minnesota Physicians, M Health Fairview, Grand Itasca Clinic & Hospital, and the M Health Fairview Clinics and Surgery Centers**. (collectively referred to in this Notice as “we,” “our,” or “us”). We partner to provide care and related services to patients at many different locations (See the last page for a list of locations covered by this Notice).

We understand that medical information about you is personal and private. We keep a record of the care and services you receive in order to provide you with quality care and to meet legal requirements.

Sometimes, state law may protect you more than federal HIPAA laws. If state law has stricter rules about how we use or share your health information, we will follow state law.

### **Your health information**

In this Notice, the phrase “your health information” or “your information” refers to records that we keep related to your health care. The record may include health information like a diagnosis, a treatment plan, visit notes, test results, or payment for those services. It also includes information such as your name, address, phone number, and date of birth.

### **Your rights**

This section explains your rights over your health information. If you have a request, we may ask you to submit it in writing. For help making a request in writing, ask at one of our care locations or call the Privacy Office.

You have a right to:

#### ***Get a copy of your medical record***

- You can ask for an electronic or paper copy of your health information.
- We will send a copy or a summary as soon as possible. This may take up to 30 days, and we may charge a fee.
- If we cannot provide a record, we will explain why.

#### ***Ask us to amend your medical record***

- You can ask us in writing to amend (add to) health information that you think is wrong or missing.
- We may say “no” to your request, but we will tell you why as soon as possible, usually within 60 days.

### ***Ask for private communications***

- You can tell us how you would like to be contacted (for example, home, mobile, or office phone) or to send mail to a different address.
- We will do our best to honor all requests within reason.

### ***Ask us to limit what we use or share***

- You can ask us not to use or share your health information. We will always consider your request, but we are not required to agree to it. We may say “no” if it would affect your care or we cannot do it.
- If you pay for a service or health care item in full, out-of-pocket, you can ask us not to share that fact with your health insurer when you check in or register. We will honor your request unless a law requires us to share that information with the health plan.

### ***Get a list of who has your information***

- You can ask for a list (an “accounting”) of the times we have shared your health information with an outside organization or person. It will show who we shared it with and why.
- The list may go back as long as six years from the date you ask.
- We would not include the times your information was shared for treatment, payment, or business and other times (such as when you asked us to share information).
- You may receive one report per year at no cost. If you ask for another one within 12 months, we will charge a fee.

### ***Get a copy of this Notice***

- You can ask for a paper copy of this Notice at any time. We will send the Notice right away, even if you have agreed to receive it by email in the past.
- This Notice also is on our websites and is posted in all of our care locations.

### ***Choose someone to act for you***

- You may have given someone medical power of attorney or you may have a legal guardian. They can exercise your rights and make choices about your health information.
- We will make sure that the person you chose has this authority and can act for you before we take any action.

### ***File a complaint***

- You may file a complaint with us if you feel we have violated your privacy rights. Contact us using the information on the last page of this Notice.
- You may also file a complaint with the US Department of Health and Human Services Office for Civil Rights. Go to: [hhs.gov/ocr/privacy/hipaa/complaints](https://www.hhs.gov/ocr/privacy/hipaa/complaints)
- We will not penalize you or act against you in any way for filing a complaint.

## Your choices

You have choices about how we use and share your health information. Let us know what you want us to do, and we will follow your instructions as best we can.

### ***You may tell us NOT to:***

- Share your information with your family, close friends, or others involved in your care.
- Include your information in a patient directory that can be used to locate you.
- Share your information in a disaster relief situation.
- Contact you to raise money to support our mission.

### ***We need your written permission before:***

- We use or share your information
  - to market another organization's services or products or
  - to market our own services if they are not health related or if another organization pays us to do it.
- We sell your information.
- We share psychotherapy notes if they were kept for services you have received.
- We share substance use disorder treatment program records.

## Our responsibilities

- We are required by law to keep your health information private and secure.
- We will tell you if there has been a breach of your health information.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- We will not use or share your information except as described in this Notice unless you give us written permission. You may change your mind at any time by letting us know in writing.
- We cannot take back any information we have already shared with your permission.

## How do we use your health information?

We use or share your health information in the following ways:

### ***To treat you (treatment)***

We use and share your health information to treat you and coordinate your care. When you first become a patient, we ask for your written permission to share your information with health care providers caring for you outside of our facilities. In an emergency, we may have to share your information without your consent.

*Example: A doctor treating you for an injury asks another doctor about your overall health.*

*Example: We use and share your information to remind you of an appointment with us.*

We use an **Electronic Health Record** that allows care providers and other approved users within and outside our facilities to store, update, and use your information. They may do so at the time you are seeking care, even if they work at different clinics and hospitals. We also share health details with other care providers in a health information exchange as we co-operate to improve your care.

For example, if you are brought to the hospital in an emergency and cannot tell us what is wrong, we will be able to see your health records if your doctor takes part in the shared electronic health record or health information exchange.

If you receive care from more than one provider who uses our electronic health record, your health information will be combined into one record. Once combined, it cannot be separated in the future.

This electronic health record is a secure system, and users are trained to protect your information. For a list of the health care providers that use this electronic health record, please go to [fairview.org/Medical-Records/Electronic-Health-Record](http://fairview.org/Medical-Records/Electronic-Health-Record) or contact us at the phone numbers or addresses at the end of this Notice.

### ***To run our organization (operations)***

We use and share your health information to manage our operations and to improve the quality of your care.

**Example:** We use some of your health information to evaluate our services; review and train students, staff and care providers; and assess new treatments.

**Example:** We share some information with our business partners – those we work with to provide operational services, but who are not our employees or affiliates. The law requires our business partners to safeguard your information the same way we do.

### ***To bill for your services (payment)***

We use and share your health information to bill and get payment from health plans and others for care that you receive. When you first become a patient, we will ask you for your written consent to share your information for this purpose.

**Example:** We give information to your health insurer about the services we gave you so they will pay for those services.

**Example:** We share information with our accountable care organizations or networks to coordinate, manage costs, and generate value for your care.

### **How else can we use or share your health information?**

We may share your information in other ways:

#### ***For public health and safety***

We can share your information with public health or other authorized agencies in order to:

- Prevent or control diseases
- Help with product recalls
- Report bad reactions to medicines
- Report births and deaths
- Report suspected abuse or neglect of a child or vulnerable adult
- Prevent or reduce a serious threat to anyone's health or safety
- Help with health system oversight activities, such as audits, inspections, or investigations
- Comply with government functions such as military, national security, correctional facilities, and presidential protective services

### ***For research***

- We may ask to use or share your information for health research. In order to use your information:
  - We must meet the conditions of both state and federal law.
  - We must get approval from you or a research review board.
- When you first become a patient, we will ask you whether you wish to have your information used for research. You may choose not to allow use of your information in research. Contact us at the phone numbers or addresses listed at the end of this Notice.

### ***To inform about our services***

We can use and share your information to tell you about treatment options and health-related services that may interest you.

### ***To contact you by phone or electronic communication***

We use telephone, email, and text message tools to communicate with you about information related to your care such as appointment reminders and satisfaction surveys. You can update your communication preferences at any time.

### ***For fundraising***

- We can use and share limited information to contact you about donating to our activities. This includes supporting our Foundations.
- You can tell us not to contact you again by following the “opt-out” instructions given in printed fundraising requests. Or you can contact us at any of the phone numbers or addresses listed at the end of this Notice.

### ***For organ and tissue donation***

We can share your health information to help with organ or tissue donation.

### ***To work with a medical examiner or coroner***

We can share your health information with a coroner, medical examiner or funeral director.

### ***To handle workers’ compensation claims***

We can share your information for your claims for workers’ compensation and similar programs for work-related injuries or illness.

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

- We can share your information for legal actions such as a court order, grand jury subpoena, warrant or other legal process.
- We can share your information with law enforcement officials as required by law.

### ***To comply with the law***

We can share your information if state or federal laws require it.

### **De-identified information**

We may create and use “de-identified” information about you. This is information that does not have any details that could reasonably be used to identify you. We follow HIPAA privacy rules and state law when we do this.

### **GDPR notice for European citizens**

We comply with United States federal and state laws regarding the privacy of your health information. If you are located in the European Union, you may withdraw your consent to our use of any personally identifying information previously provided at any time by contacting us in writing.

## Privacy rights of minors

In some cases, such as when seeking treatment for substance use disorder or sexually transmitted diseases, persons under age 18 may consent to treatment and make decisions about the release of their protected health information without parental or guardian consent.

## Substance use disorder records

Some of your health information about substance use is protected under federal law at 42 C.F.R. Part 2 (“Part 2”). Part 2 covers diagnosis, treatment, and referral and restricts use and sharing of these records beyond HIPAA. If we keep any Part 2-protected records about you, we will follow both HIPAA and Part 2 when handling those records.

You can give us written permission (authorization) to share your substance use disorder records for treatment, payment, and health care operations. This authorization is good until you revoke it (take it back), or it expires.

You may revoke your authorization at any time by written request to our Privacy Office. Revoking your authorization will **not** take back any records that we have already shared with your permission.

When we have your written authorization, we will include a statement in anything we share, telling the person who gets your information that it’s protected by federal law and may not be redisclosed except as permitted by 42 C.F.R. Part 2. Please be aware that recipients who are not Part 2 programs may have different rules, and protections may vary.

If your substance use disorder records need to be used or shared for any court or legal process, you must give a separate permission. This kind of sharing isn’t included in the general permissions you give for treatment, payment, or health care operations.

## Website and app data / tracking technologies

Our websites and mobile apps may use cookies, analytics, and other tracking tools. This Notice does not describe those practices in detail. For information about web cookies, analytics, tracking technologies, profiling, and your consumer privacy choices (including opt-outs where applicable), see Fairview’s Website Terms & Conditions and App Privacy statements at [fairview.org/about/privacy](https://fairview.org/about/privacy).

## Use of artificial intelligence (AI)

We may use AI tools to support your treatment and care, such as to support clinical decisions in scheduling, or when we contact you. We may also use secure technology, sometimes called “ambient scribe” or “AI-assisted documentation,” to help create a record of your visit. This records the conversation during your visit to prepare a draft note for your doctor to review. The recording itself gets destroyed.

Your doctor or other provider makes decisions about your care. If we use AI, we will follow HIPAA and other federal and state law requirements. We will protect your privacy as described in this Notice.

## Changes to the terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. You can check our website to see if the date of the Notice has changed. You may ask for the new notice at our care locations and on our websites.

## For information or concerns

You may contact us for any questions about this Notice or concerns about the privacy of your patient information or to inform us of your choices.

*M Health Fairview*  
*Fairview Health Services*  
*Range Regional Health Services*  
*HealthEast Care System*  
*Grand Itasca Clinic & Hospital*  
Privacy Office  
1700 University Ave W  
St Paul, MN 55104

Email: [privacy1@fairview.org](mailto:privacy1@fairview.org)  
Phone: 612-672-5647 or 1-866-356-7410

*University of Minnesota Physicians*  
*M Health Fairview Clinics and Surgery Centers*  
Patient Relations  
720 Washington Avenue SE, Suite 200  
Minneapolis, MN 55414

Email: [cscfeedback@mhealth.org](mailto:cscfeedback@mhealth.org)  
Phone: 612-884-0661

## Who must follow the Terms of this Notice?

All of our employees, medical staff, students, volunteers and agents will comply with the terms of this Notice. If you receive services at one of our locations from a care provider who is not a staff member, they are also required to follow the terms of this Notice.

As part of a health care arrangement, your health information may be shared among our organizations as needed to carry out treatment, payment or health care operations. We also jointly instruct medical residents and students at the University of Minnesota and engage in joint education and research activities. This means we may share your health information with the University of Minnesota, and it will be subject to the requirements contained in this Notice.

For a list of all the providers that follow this notice, go to [fairview.org/About/Privacy](http://fairview.org/About/Privacy) and review the list of entities.

*This list may change from time to time as we change and grow. We will update the list in the Notice that is posted on our websites.*