



## Notice of Privacy Practices

### Your Information. Your Rights. Our Responsibilities

Understanding your health information and how it is used is important in maintaining its accuracy and confidentiality. When you receive services from Walker Methodist, we record information that identifies you and relates to your medical condition, provision of health care, or your payment for treatment. This record consists of your medical history, symptoms, assessments, observations, test results, diagnosis, care plans, and treatments.

Walker Methodist is committed to protecting the privacy and safeguarding the security of your health information. Our Notice of Privacy Practices pertains to our clinically integrated workforce members, other health care providers we work with, and it pertains to uses and disclosures of your protected health information whether made verbally, on paper, electronically, or through a health information exchange operated by Walker Methodist or a business associate.

This notice describes how health information about you may be used and disclosed, and how you can get access to this information.

Please Review Carefully

## Your Health Information Rights

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

Right to Request Medical Record	<p>You have the right to see or receive a copy of your medical record, or other health information we have about you in paper or electronic format.</p> <p>We will allow you to inspect your records within 24 hours of a written request. We will provide copies within 2 business days of a written request.</p> <p>To review current medical care is free of charge. To receive copies of past medical care, or for certain appeals, fees may apply.</p> <p>(MN Stat. § 144.292 subd.6)</p> <p>Walker Methodist may deny your request to inspect or receive copies in certain limited circumstances. If you are denied access, you may request a review of the denial.</p>
Right to Request Amendment to Medical Record	<p>You have a right to ask us to correct health information that you believe is incorrect or incomplete. This right exists as long as we keep this information. You must provide a reason that supports your request.</p> <p>We may deny your request for an amendment for the following reasons:</p> <ul style="list-style-type: none"> <li>• The records were not created by Walker Methodist</li> <li>• The information was not part of a designated record set.</li> <li>• The information is not available for reviewing (Department of Health and Human Services §164.524) or is accurate and complete.</li> </ul> <p>We will notify you of our reason for denial within 60 days.</p> <p>We will maintain accurate documentation of requests to amend medical records, and our subsequent denial, if any.</p>
Right to Accounting of Disclosures	<p>You have a right to obtain a listing of certain disclosures we have made of your health information. You may request an accounting of these disclosures for up to 6 years prior to the date of your request.</p> <p>The first request in a 12-month period is provided at no cost to you. There may be a charge for subsequent requests within the same 12-month period. We will notify you of the cost in advance, so you may withdraw or modify your request before incurring any costs.</p> <p>Restrictions: We will not provide disclosures for payment, treatment and healthcare operations, disclosures for which authorizations are required, if they impede law enforcement activities or national security, or those permitted uses and disclosures outlined by §164.502.</p> <p>If your request is made orally, Walker Methodist will document your statement, and unless you provide a written statement at that time, temporarily suspend your right to accounting of disclosures for no more than 30 days.</p>
Right to Request Restrictions	<p>You have a right to request a restriction on the health information Walker Methodist uses or discloses about you for treatment, payment, or health care operations.</p> <p>If you have a clear preference for how we share your information in the situations described below, talk to us.</p> <p>In these cases, you have both the right and choice to tell us:</p> <ul style="list-style-type: none"> <li>• To share or not, information with your family, close friends or others involved in your care.</li> <li>• To share or not, information in a disaster relief situation.</li> <li>• To include or not, your information in the community directory.</li> </ul> <p>Except in circumstances where the disclosure of your health information is to your health plan for payment for which you have paid in full, Walker Methodist is not required to agree to your request</p> <p>We may also share your information when needed to lessen a serious and imminent threat to your health or safety.</p>

Your Health Information Rights (continued)	
Right to Request Confidential Communications	You have the right to request to receive communications of health information in a certain way or at a certain location. For example: You can ask that Walker Methodist only contact you at work, or by mail. You must make this request in writing, and we will accommodate all reasonable requests.
Right to Obtain a Copy of this Notice	You have a right to obtain a paper copy of this notice at any time. You have a right to obtain an electronic copy of this notice at any time. This notice can be found on our website. Go to <a href="http://www.walkermethodist.org">www.walkermethodist.org</a> and choose Privacy Notices
Health Records under State Law	Release of health records by licensed Minnesota providers requires the signed permission of the patient/resident or their responsible party. Exceptions include medical emergencies, obtaining care from a related provider for current treatment, or other releases required or allowed by law.
Right to Receive Notice of a Breach	You have a right to be notified upon a breach of the privacy of your health information. Walker Methodist will provide such notice promptly and in accordance with its policies.
Right to File a Complaint	If you feel your rights have been violated, you have a right to file a complaint with Walker Methodist or the Department of Health and Human Services.  Walker Methodist 3737 Bryant Avenue S. Minneapolis, MN 55409 Corporate Compliance Helpline: 612-827-8360  U.S. Department of Health and Human Services Office of Civil Rights – Celeste Davis 233 N. Michigan Avenue, Suite 240 Chicago, IL 60601 Customer Response Center Phone: 800-368-1019 Fax: 202-619-3818 TDD: 800-537-7697 Email: <a href="mailto:ocrmail@hhs.gov">ocrmail@hhs.gov</a> <a href="http://www.hhs.gov/ocr/privacy/hipaa/complaints/">www.hhs.gov/ocr/privacy/hipaa/complaints/</a> We will not retaliate against you for filing a complaint.
Uses and Disclosures	
Payment	We may use and disclose your health information so that the treatment and services you receive are billed to and payment is collected from you, an insurance company, or a third party. Example: You may tell your health plan about your treatment plans to obtain prior approval or determine whether your plan will cover the treatment.
Individuals Involved in Your Care or Payment of Your Care	We may share limited health information to a family member or close personal friend, including clergy, who is involved in your care. This information may be communicated via fax, voicemail or email. You may request that this information not be shared. To opt out, contact our Privacy Officer.
Uses and Disclosures (continued)	

Health Care Operations	<p>We may use and disclose your health information for our health care operations. For example: To review our treatment and services, to manage your care, to evaluate the performance of our staff and other caring for you.</p> <p>Your health information and that of others may be combined by our quality improvement department can analyze our health care delivery.</p>
Directory	<p>We will include certain limited information about you in our community directory. This information may include your name, location within the community, general condition, and religious affiliation. Specific medical information is not provided.</p> <p>You may choose not to allow us to disclose some or all of this information. To opt out, contact our Privacy Officer.</p>
Fundraising Activities	<p>Walker Methodist will only release contact information, such as name, address, phone number, and dates you received treatment or services from us for the purposes of fundraising activities.</p> <ul style="list-style-type: none"> <li>• We may contact you to raise money for our not-for-profit organization based on information we have about you.</li> <li>• We may disclose limited information about you to a foundation related to our operations who may contact you to raise money for our not-for-profit organization.</li> </ul>
Research	<p>We may use and disclose your health information to researchers in certain circumstances, such as research that has been approved through a special process designed to protect your health information privacy.</p>
Medical Examiners, Funeral Directors, Organ/Tissue Donations	<p>We may disclose your health information to medical examiners for purposes of identification, or to determine the cause of death, to assist funeral directors in their duties, or to organ procurement organizations to facilitate organ, eye or tissue donation and transplantation.</p>
Disaster Relief	<p>We may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.</p>
National Security and Intelligence Activities	<p>We may release health information about you to authorized federal officials for intelligence, counterintelligence, special investigations and other national security situations authorized by law. This includes protection for the President, or other authorized persons or foreign heads of state.</p>
Public Health and Safety	<p>We may share health information about you for certain situations such as:</p> <ul style="list-style-type: none"> <li>• Preventing disease</li> <li>• Helping with product recalls</li> <li>• Reporting adverse reactions to medications</li> <li>• Reporting suspected abuse, neglect, or domestic violence</li> </ul> <p>Preventing or reducing a serious threat to anyone's health or safety</p>
Worker's Comp, Law Enforcement, Government, Military	<p>We may use or share health information about you for:</p> <ul style="list-style-type: none"> <li>• Workers' compensation claims.</li> <li>• Law enforcement purposes, or with a law enforcement official with your consent, unless required by law.</li> <li>• Health oversight agencies for activities authorized by law.</li> <li>• Special government functions such as military, national security, and presidential protective services with your consent, unless required by law.</li> </ul> <p>(MN Stat. § 144.293 subd. 2)</p>

Uses and Disclosures (continued)	
Lawsuits and Disputes	We may disclose health information about you in response to a court or administrative order, a subpoena, discovery request, or other lawful process by someone else involved in the dispute. However, we must make efforts to inform you about the request in order to give you time to seek an order protecting the information if so desired.
Minors	Walker Methodist does not provide services for minors.
Inmates	We may release your health information to correctional institutions or law enforcement officials if you are an inmate for the purpose of: <ul style="list-style-type: none"> <li>To provide you with health care</li> <li>To protect your or others health and safety</li> </ul> To protect the safety and security of the correctional institution
Health Oversight Activities	We may disclose health information to a health oversight agency for activities authorized by law. These activities are necessary for the government to monitor the health care system, and programs and compliance with civil rights laws. Example: Audits, investigations, licensure activities, and inspections (the Minnesota Department of Health conducts annual inspections)
Health Related Services and Treatment Alternatives	We may use and disclose health information to you about health-related services or recommend possible treatment options or alternatives that may be of interest to you. Walker Methodist has relationships with other health care systems that provide medical care and services. These organizations are not part of Walker Methodist. We will disclose to you our business relationships upon request. During your stay with us, you or your family may be contacted to learn more about these organizations. You are under no obligation to utilize what they have to offer. If you would like to opt out, contact the Privacy Officer.
Necessary Content	In these cases we will never share your information unless you give us written permission: <ul style="list-style-type: none"> <li>Marketing purposes</li> <li>Sale of your information</li> <li>Most sharing of psychotherapy notes</li> </ul> Minnesota law requires consent for most other sharing purposes.
	Other uses and disclosures of health information not covered by this notice or laws that apply to use will be made only with your written permission. You may revoke permission, in writing, at any time. You understand that we are unable to retract any disclosures that were already made with your permission.
Our Responsibilities	
Maintain Privacy and Security	We are required by law to maintain the privacy and security of your protected health information.
Follow Notice Practices	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 other than as described here unless you tell us we can in writing. You may change your mind at any time. For more information go to: <a href="http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html">www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html</a>
Changes to the Terms of this Notice	We reserve the right to change the terms of this notice, and the changes will apply to all information we have about you. Each time you register for treatment or services, we will offer you a copy of the current notice in effect. The current notice is always available upon request in paper or electronic format, or on our website <a href="http://www.walkermethodist.org">www.walkermethodist.org</a> choose Privacy Notice

Our Responsibilities (continued)

Effective Date | Effective date of this notice: April 14, 2003 Revision Date: June 1, 2020

Entities Covered by this Notice

- Walker Methodist Care Suites
- Walker Methodist Community Services, Inc.
- Walker Methodist ElderCare, Inc.
- Walker Methodist Foundation
- Walker Methodist Health Center, Inc.
- Walker Methodist Highview Hills
- Walker Methodist Kenzie
- Walker Methodist Levande
- Walker Methodist Lyndale
- Walker Methodist Place
- Walker Methodist Plaza Cityview
- Walker Methodist Plaza Gardens
- Walker Methodist River
- Walker Methodist Senior Services, Inc.
- Walker Methodist Westwood Ridge I
- Walker Methodist Westwood Ridge II
- Eastwood Senior Living
- Havenwood of Buffalo
- Havenwood of Burnsville
- Havenwood of Maple Grove
- Havenwood of Minnetonka
- Havenwood of Onalaska
- Pioneer Manor
- Rushseba Landing
- Rushseba Station