

ACKNOWLEDGEMENT OF PRIVACY POLICY

Right to Request Restrictions on Uses and Disclosures of Your Health Information.

You have the right to request that we restrict our use of disclosure of your health information. We ask that your request is made in writing. We are not required to agree to your request for a restriction, and we will notify you of our decision. However, if we do agree, we will comply with our agreement, unless there is an emergency or we are otherwise required to use or disclose the information.

Right to Request Confidential Communications.

Periodically, we will contact you by phone, e-mail, postcard reminders, or other means to the location identified in our records with appointment reminders, results of tests or other health information about you. You have the right to request that we communicate with you in a specific way or at a specific location. For example, you may request that we contact you at your work address or phone number or by e-mail. We ask that your request be made in writing. While we are not required to agree with your request, we will make efforts to accommodate reasonable requests.

Right to Request and Accounting of Disclosures of Health Information.

You have the right to request a listing of certain disclosures we have made of your health information. We ask that your request be made in writing. You may ask for disclosures made up to six (6) years before the date of your request (not including disclosures made prior to April 14, 2003. We will provide you one accounting in any 12-month period free of charge.

Right to Receive a Copy of This Notice.

You have the right to request and receive a paper copy of this Notice at any time. We will make this notice available in electronic form and post it on our web site.

Questions or Complaints

If you want more information about our privacy practices or have questions or concerns, please contact our Privacy Office. If you are concerned that your privacy rights have been violated, you may file a complaint with our Privacy Office. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request. We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Privacy Office Contact Information

Address: 215 Garden Street, Walker, MN 56484

Phone: 218-547-0080 Fax: 218-547-0081

ACKNOWLEDGEMENT OF RECEIPT

(For organizations Choosing to Record Signature in the Notice)

Any signature below indicates that I have been provided with a copy of this Notice of Privacy Practices.

SIGNATURE _____ DATE _____

If signed by personal representative, relationship to patient: _____