

## **NOTICE OF PRIVACY PRACTICES**

### **Your Information. Your Rights. Our Responsibilities.**

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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.**

#### **Your Rights**

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

##### **Get an electronic or paper copy of your medical record**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.
- We 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, we may not charge you a fee.
- If you request copies of your patient records of past medical care, or for certain appeals, we may charge you specified fees.

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

- You can ask us to correct health information about you that you think is incorrect or incomplete.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

##### **Request confidential communications**

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

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

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would impact your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

##### **Get a list of those with whom we’ve shared information**

- You can ask for a list of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all disclosures except for those about treatment, payment, and health care operations, and certain other disclosures. One accounting per year is free; additional requests may be subject to a reasonable, cost-based fee.

##### **Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time.

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

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

##### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting Privacy Officer, Marya Lydeen at: 8301 Golden Valley Rd, Ste 200 Golden Valley, MN 55427 or [mlydeen@minnesotaent.com](mailto:mlydeen@minnesotaent.com) or 763-233-5775.
- You may also 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/).
- We will not retaliate against you for filing a complaint.

## **Your Choices**

**For certain health information, you can tell us your choices about what we share.** If you have a preference for how we share your information, talk to us. We will follow your instructions.

## **Our Uses and Disclosures**

### **How do we typically use or share your health information?**

#### **Treat you**

With your consent, we can use your health information and share it with other professionals who are treating you.

#### **Run our organization**

We can use your health information to run our practice, improve your care, and contact you when necessary.

#### **Bill for your services**

With your consent, we can use and share your health information to obtain authorization for services, bill for services, and receive payment from health plans or other entities.

We will never sell your personal information.

#### **Public health and safety issues**

We may share health information about you

- To prevent disease
- Report reactions to medications
- Report suspected abuse or neglect
- Comply with public health investigations or reduce a serious threat to health or safety

#### **Comply with the law**

We 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 we're complying with federal privacy law.

#### **Respond to lawsuits and legal actions**

We may share health information about you in response to a court or administrative order, or in response to a subpoena.

#### **Substance Use Disorder (SUD) Records – Special Protections**

We do not typically receive or maintain records related to substance use disorder (SUD) treatment that are subject to the confidentiality requirements of 42 C.F.R. Part 2 ("Part 2 records").

However, if we do receive such records (for example, through a referral, records request, coordination of care, or payment activity), those records are subject to additional federal protections.

- Part 2 records may be used or disclosed without your written authorization only as permitted by law for treatment, payment, and health care operations.
- Any other use or disclosure of Part 2 records will be made only with your written authorization, unless otherwise permitted or required by law.
- You have the right to revoke an authorization for the use or disclosure of Part 2 records at any time, except to the extent that action has already been taken in reliance on the authorization.
- Part 2 records, or testimony relaying the content of those records, may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you without your written consent or a court order that meets the requirements of 42 C.F.R. Part 2.

## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your 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 other than as described here unless you tell us we can in writing. You may change your mind at any time by notifying us in writing if.

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

The effective date of this notice is February 16, 2026. We may change the terms of this notice, and the changes will apply to all information we have about you. The revised notice will be available upon request, in our office, and on our website.

**Effective Date: February 16, 2026**