



## **NOTICE OF PRIVACY PRACTICES**

Effective Date: **January 1, 2026**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### **About Us**

In this Notice, we use terms like “we,” “us,” “our” or “Practice” to refer to **Minnesota Oncology**, its physicians, employees, staff and other personnel. All of the sites and locations of **Minnesota Oncology** follow the terms of this Notice and may share health information with each other for treatment, payment or health care operations purposes and for other purposes as described in this Notice.

### **Purpose of this Notice**

This Notice describes how we may use and disclose your health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. This Notice also outlines our legal duties for protecting the privacy of your health information and explains your rights to have your health information protected. We will create a record of the services we provide you, and this record will include your health information. We maintain this information to ensure that you receive quality care and to meet certain legal requirements related to providing you care. We understand that your health information is personal, and we are committed to protecting your privacy and ensuring that your health information is not used inappropriately.

### **Our Responsibilities**

We are required by law to maintain the privacy of your health information. Your protected health information (“PHI”) is individually identifiable health information, including demographic information such as age, address, email address, and past, present, or future physical or mental health or condition related to health care services. We are required by law to do the following:

- Make sure that your PHI is kept private.
- Give you this notice of our legal duties and privacy practices related to the use and disclosure of your PHI.
- Follow the terms of this notice.
- Communicate any changes in the notice to you.

## **How We May Use or Disclose Your Health Information**

**The following categories describe examples of the way we use and disclose health information without your written authorization:**

For Treatment: We may use and disclose your health information to provide you with medical treatment or services. For example, your health information will be shared with your oncology doctor and other health care providers who participate in your care. Psychotherapy notes will never be shared outside of our network without your specific consent.

For Payment: We may use and disclose your health information as needed to bill or obtain payment for the treatment and services provided. For example, a bill may be sent to you, your insurance company or a third-party payer. The bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your health plan will cover the treatment.

Medical Emergency. We may use or give your health information to help you in the case of a medical emergency or if you become incapacitated.

For Health Care Operations: We may use and disclose your health information in order to support our business activities. These uses and disclosures are necessary to run the Practice and make sure our patients receive quality care. For example, we may use your health information for quality assessment activities, training of medical students, necessary credentialing, and for other essential activities. We may also disclose your health information to third party "business associates" that perform various services on our behalf, such as transcription, billing and collection services. In these cases, we will enter into a written agreement with the business associate to ensure they protect the privacy of your health information.

As Required by Law: We may use and disclose your health information when required to do so by federal, state or local law.

**We may also use and disclose your health information without your authorization for the following purposes:**

Legal Proceedings: We may disclose PHI without your written consent during a judicial or administrative proceeding, in response to a court order or administrative tribunal (if such disclosure is expressly authorized or required by law). If this ever happens, we will notify you about the request and disclosure.

Health Oversight Activities: We may disclose PHI to a health oversight agency for oversight activities authorized by law, including licensure and disciplinary actions.

Law Enforcement: We may disclose your health information, within limitations, to law enforcement officials in limited circumstances such as: to identify or locate suspects, fugitives, witnesses or victims of a crime, to report deaths from a crime, and to report crimes that occur on our premises.

Public Health Activities: We may use and disclose your health information for public health activities, including the following:

- To prevent or control disease, injury, or disability;
- To report births or deaths;
- To report suspected physical or financial abuse or neglect, including child abuse or neglect;
- Activities related to the quality, safety or effectiveness of FDA-regulated products;
- To report an imminent serious threat to health or safety of others.

Organ/Tissue Donation: If you are an organ donor, we may use and disclose your health information to organizations that handle procurement, transplantation or banking of organs, eyes, or tissues.

Coroners, Medical Examiners, and Funeral Directors: We may use and disclose health information to a coroner or medical examiner. This disclosure may be necessary to identify a deceased person or determine the cause of death. We may also disclose health information, as necessary, to funeral directors to assist them in performing their duties.

Workers' Compensation: We may disclose your health information as authorized by and to the extent necessary to comply with laws related to workers' compensation or similar programs that provide benefits for work-related injuries or illness.

Victims of Abuse, Neglect, or Domestic Violence: We may disclose health information to the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure with your consent, or when required or authorized by law.

Military, Veterans, National Security and Other Government Purposes: If you are a member of the armed forces, we may release your medical information as required by military command authorities or to the Department of Veterans Affairs. We may also disclose your medical information to authorized federal officials for intelligence and national security purposes to the extent authorized by law.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your health information to the correctional institution or law enforcement official to assist them in providing you health care, protecting your health and safety or the health and safety of others, or for the safety of the correctional institution.

Research: Use of your PHI for research purposes typically requires your consent, however, an Institutional Review Board (IRB) or Privacy Board may approve uses and disclosures of your health information for certain research activities without your authorization.

**Other Uses and Disclosures of Your Health Information that Require Written Authorization:**

Except as described above, your health information will only be used or disclosed with your written authorization. Some examples include:

Family and Friends. You have the right to choose to share your health information with family, friends, or others involved in your care. You may revoke all such authorizations at any time, provided that such revocation is in writing. We cannot take back any information that has already been disclosed or used with your permission. Note that there is a potential that information disclosed to third parties under an authorization may no longer be protected by HIPAA, and those third parties could re-disclose your information.

Please let Us know if there is any family member, friend, or other individual(s) you would like to allow Us to share your health information with, if any:

Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Marketing: We may only use and disclose your health information for marketing purposes with your written authorization. This would include making treatment communications to you when we receive a financial benefit for doing so.

Sale of Your Health Information: We may sell your health information only with your written authorization.

**Your Rights Regarding Your Health Information**

You have the following rights regarding the health information we maintain about you:

Right to Request Restrictions: You have the right to request restrictions on how we use and disclose your health information for treatment, payment or health care operations. Depending upon the request, **we are not always required to agree or grant a restriction.** If we agree to a restriction, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing and submit it to **Sunny Ray, Dir, Practice Operations, 2550 University Avenue West, Suite 110-N, Saint Paul, MN 55114.** We are required to agree to a request that we restrict a disclosure made to a health plan for payment or health care operations purposes if the information applies solely to a healthcare item or service for which we have been paid out of pocket in full and such disclosure is not otherwise required by law.

Right to Request Confidential Communications: You have the right to request that we communicate with you in a certain manner or at a certain location regarding the services you receive from us. For example, you may ask that we only contact you at work or only by mail. To request confidential communications, you must make your request in writing and submit it to **Sunny Ray, Dir, Practice Operations, 2550 University Avenue West, Suite 110-N, Saint Paul, MN 55114.** We will not ask you the reason for your request. We will attempt to accommodate all reasonable requests.

Right to Inspect and Copy: You have the right to inspect and/or obtain a copy of your health information maintained in a designated record set. If we maintain your health information electronically, you may obtain an electronic copy of the information or ask us to send it to a person or organization that you identify. To request to inspect and/or obtain a copy of your health information, you must submit a written request to **Sunny Ray, Dir, Practice Operations, 2550 University Avenue West, Suite 110-N, Saint Paul, MN 55114**. If you request a copy (paper or electronic) of your health information, we may charge you a reasonable, cost-based fee, unless your request is for purposes of reviewing current medical care. Requests for medical records will be responded to within 30 calendar days, in accordance with the Minnesota Health Records Act.

Right to Amend: If you feel that your health information is incorrect or incomplete, you may request that we amend your information. We will review and document your request, but We are not required to make any amendment. To request an amendment, you must make your request in writing by filling out the appropriate form provided by us and submitting it to **Sunny Ray, Dir, Practice Operations, 2550 University Avenue West, Suite 110-N, Saint Paul, MN 55114**.

Right to an Accounting of Disclosures: You have the right to request an accounting of disclosures we have made of your health information in the past six (6) years. We will provide one (1) accounting per year without any cost to you. If you request more than one accounting within twelve (12) months, then we may charge a cost to provide you with the second copy. Please note that certain disclosures need not be included in the accounting we provide to you.

To request an accounting of disclosures, you must make your request in writing by filling out the appropriate form provided by us and submitting it to **Sunny Ray, Dir, Practice Operations, 2550 University Avenue West, Suite 110-N, Saint Paul, MN 55114**. The first accounting you request within a 12-month period will be free. For additional accountings, we may charge you for the costs of providing the accounting. We will notify you of the costs involved and give you an opportunity to withdraw or modify your request before any costs have been incurred.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this Notice at any time, even if you previously agreed to receive this Notice electronically. To obtain a paper copy of this Notice, please contact **Sunny Ray, Dir, Practice Operations, 2550 University Avenue West, Suite 110-N, Saint Paul, MN 55114**. You may also obtain a paper copy of this Notice at our website, **[www.mnoncology.com](http://www.mnoncology.com)**.

Fundraising. You can decline to be contacted for fundraising efforts.

## **Communications**

We may reach out to you regarding your healthcare via the phone numbers and email addresses you've provided. This could include calls, texts, or emails, possibly through automated systems or pre-recorded messages. Some communications sent via text message may request an additional confirmation from you that you would like to receive the message. You'll always have the option to opt out of future communications like these.

Our messages might cover topics such as appointment reminders, your experience as a patient, discharge planning, billing, prescription updates, research opportunities, our products and services,

treatment options, general health information, and regulatory notices. Please be aware that texts and emails are not encrypted, so there's a risk they could be accessed by others. To protect your privacy, we limit the sensitive health information in these messages. If you prefer not to receive texts or emails, please contact us, and we will remove you from such lists.

### **Changes to this Notice**

We reserve the right to change the terms of this Notice at any time. We reserve the right to make the new Notice provisions effective for all health information we currently maintain, as well as any health information we receive in the future. If we make material or important changes to our privacy practices, we will promptly revise our Notice and provide you with a copy of the revised Notice. We will also post a copy of the current Notice in the lobby of our clinics. Each version of the Notice will have an effective date listed on the first page. Updates to this Notice are also available at our website, [www.mnoncology.com](http://www.mnoncology.com).

### **Questions and Complaints**

If you have any questions about this Notice or would like to file a complaint about our privacy practices, please direct your inquiries to: **Sunny Ray, Dir, Practice Operations, 2550 University Avenue West, Suite 110-N, Saint Paul, MN 55114** or call at **651-602-5398**. You may also file a complaint with the Secretary of the Department of Health and Human Services. **You will not be retaliated against or penalized for filing a complaint.**

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