

Rights to Inspect and Copy. With some exceptions, you have the right to inspect and request a copy of your medical records, billing records, and records used to make decisions about your care or services if those records include health information about you and are maintained or used by us. To inspect and request a copy of records containing your health information, you must submit your request in writing to us at the address listed at the end of this Notice. If you request a copy of your health information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. In some cases, we may deny your request to inspect and copy records. With some exceptions, if you are denied access to records, you may request that the denial be reviewed. Another licensed health care professional chosen by us will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend. If you feel that a record containing your health information is incorrect or incomplete, you may ask us to amend the information. Your request must be made in writing and submitted to us at the address listed at the end of this Notice. You must provide a reason that supports your request. We may deny your request if (among other reasons) the information was not created by us; is not included in your medical, billing, or other records used to make decisions about your care; or is already accurate and complete.

Right to an Accounting of Disclosures. With limited exceptions, you have the right to request a written accounting of every disclosure of your health information we have made for up to six years prior to your request, other than disclosures to you, disclosures for law enforcement and national security purposes, and disclosures for treatment, payment, and health care operations as described in this Notice. To request this accounting, you must submit your request in writing to us at the address

listed at the end of this Notice. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the accounting (for example, on paper or electronically). 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 cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, health care operations, or to assist others' involvement in your care. We are not required to agree to your request. If we would normally submit a bill to your health plan for an item or service provided, you may request a restriction to not send the bill to your health plan if you pay for the item or service out of pocket in full. For other requested restrictions, if we do agree, we will comply with your request unless the information is needed by us or another healthcare provider to provide you emergency treatment. To request a restriction, you must make your request in writing to us at the address listed at the end of this Notice. In your request, you must tell us (1) what information you want to limit; (2) whether and how you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply (for example, disclosures to your spouse).

Right to Request Confidential Communications. You have the right to request that we communicate health information about you in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing at the time you register with us, or send your request to us at the address listed at the end of this Notice. We will attempt to accommodate all reasonable requests. Right to Receive Notice of a Breach of

Privacy. If there has been a breach of unsecured protected health information, individuals who are the subject of such information will be notified of the breach unless there is a low probability that such information has in fact been compromised.

OUR LEGAL DUTIES AND RIGHTS. We are required to protect the privacy of your health information and to provide this Notice about our legal duties and health information practices. We reserve the right to change our health information practices and the terms of this Notice. We reserve the right to make the changed Notice effective for health information we already have about you as well as any health information we receive after the change. The Notice will contain an effective date on the first page, near the bottom of the page. We will post a copy of the current Notice in a prominent place at each of our locations.

COMPLAINTS. If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer at the address listed immediately below. You may also file a complaint with the Shakopee Mdewakanton Sioux Community Business Council at 2330 Sioux Trail NW, Prior Lake, Minnesota 55372.

All complaints must be submitted in writing. You will not be penalized for filing a complaint. If you have any questions or wish to make any of the requests listed above, you may contact us at the following address:

HIPAA Privacy Officer
Shakopee Mdewakanton Sioux Community
2330 Sioux Trail N.W.
Prior Lake, MN 55372
Telephone: 952-496-6114



NOTICE OF PRIVACY PRACTICES

EFFECTIVE 9/1/15

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

SHAKOPEE MDEWAKANTON SIOUX COMMUNITY NOTICE OF PRIVACY PRACTICES

Throughout this Notice, the words "**we**" and "**us**" mean the SMSC Medical Group (which includes the Dakota Clinic and Mystic Clinic), the Wellness Center, Behavioral Health, and Public Safety (with respect to ambulance services only). "**You**" refers to anyone who receives health care services from us. "**Health information**" means any information, whether oral, written or recorded in any form, that we create or receive relating to your past, present or future health or health care payment.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION. We are required by law to give you this Notice explaining that we use and disclose your health information for the following purposes:

Treatment. We may use your health information to provide you with the health care services or products you seek. We may share your health information with doctors, nurses and/or other health care providers (such as persons working with x-ray, lab or pharmacy) who are involved in your care and who are part of the entity providing your care. With your agreement (or the agreement of your legal representative), we may share certain health information specified by you with your family members or others involved in your care.

Payment. If any insurers, health plans, Medicare, Medical Assistance, or other third party payors provide payment for the health care services you receive from us, we may use and disclose your health information as necessary to bill the appropriate payor(s). If your insurer or health plan

requires prior approval or other notice in order to determine whether they will pay for those services or products, we may disclose certain parts of your health information to them—unless you have asked that we not bill your insurer or plan.

Health Care Operations. We may use and disclose information about you to manage and improve our health care service to you. This includes quality assessment activities; evaluating our physicians, providers and nurses; licensing and accreditation activities; obtaining legal and accounting services; and conducting business planning and management. We may provide you some services with the assistance of people or companies who are not employees or affiliates of SMSC, such as equipment personnel, computer and software consultants, and lawyers, accountants, and other business consultants. We call these individuals or companies our "business associates." We may give our business associates limited access to your health information to the extent that they need it to do what we have hired them to do. To protect your health information, we minimize that access as much as possible and require our business associates to safeguard your information.

Appointment Reminders, Treatment Alternatives. We may use and disclose your health information to contact you to provide appointment reminders, information about treatment alternatives, or other health-related products or services that may be of interest to you.

Individuals Involved in Your Care. If you agree, we may release certain health information about you to a friend or family member involved in your care or payment related to your care. If you are unable to agree due to your incapacity or emergency circumstances, we may disclose your health information as necessary if we determine that it is in your best interest, based on our professional judgment. We may disclose information about you to an organization assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

Research. We will not use or disclose any health information that identifies you or can be used to identify you for any research purposes without either obtaining your prior written authorization or following state law procedures for attempting to notify you of our research request.

Workers' Compensation. We may release health information about you for workers' compensation or similar programs to the extent authorized and necessary to comply with related laws. These programs provide benefits for work-related injuries or illness.

In addition to the above-listed purposes, we may need to use or disclose your health information without your authorization for the following purposes:

- To the government for public health activities as permitted or required by law to report disease statistics, births and deaths, child or vulnerable adult abuse or neglect, domestic violence, reactions to medications, problems with products, and disease exposures;
- To a health oversight agency for audits, investigations, inspections, and licensure activities;
- To prevent a serious and imminent threat to the health or safety of a person or the public, or to help the police apprehend an individual involved in a violent crime that may have seriously harmed someone;
- To organ donation organizations to facilitate organ or tissue donation and transplantation, consistent with applicable law;
- To a law enforcement official in response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, witness, or missing person; to identify a victim of crime if, under certain limited circumstances, we are unable to obtain the victim's agreement; or in emergency circumstances to report the location and perpetrator of a crime;

- To a court or party in litigation in response to a valid court or administrative order;
- To a coroner or funeral director as permitted or required by law to identify a deceased person, determine the cause of death, or otherwise as necessary to carry out his or her duties;
- If you are an inmate of a correctional institution, to the institution as necessary for your health and the health and safety of other individuals;
- For military, national security or lawful intelligence activities; or
- Otherwise as permitted or required by law. Other uses and disclosures of your health information will be made only with your written authorization. Authorizations are required in the following situations:
 - For most uses and disclosures of psychotherapy notes;
 - For uses and disclosures of protected health information for marketing purposes;
 - For disclosures that constitute a sale of protected health information; and
 - For other uses and disclosures not otherwise described in this notice.

You may revoke that authorization in writing at any time, but we cannot take back any disclosures we have already made in reliance on your authorization.

YOUR RIGHTS TO YOUR HEALTH INFORMATION. You have the following rights regarding the health information we maintain about you: