



# FREEDOM HEALTH CENTER OF MINNESOTA

## NOTICE OF PRIVACY PRACTICES

This notice describes how health information about you may be used and disclosed by Freedom Health Center of Minnesota, PLLC and how you can get access to this information. Please review this document carefully. Freedom Health Center of Minnesota, PLLC is referred to in notice as the “Clinic.”

**Your Rights.** The following is a brief summary of your rights. A more detailed description of each right is also included in this document. You may:

- Get a copy of your paper or electronic health record
- Request correction of your paper or electronic health record
- Request confidential communications
- Ask us to limit the information we share
- Get a list of those with whom we have shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

**Your Choices.** You have some choices in the way the Clinic uses and shares information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Provide mental health care (if applicable)
- Market our services
- Raise funds

**Our Uses and Disclosures.** The Clinic may use and share your information as we:

- Treat you and coordinate your care
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Work with a medical examiner or funeral director (if applicable)
- Address workers’ compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

**United States (U.S.) Federal and State Law.** The Clinic may use, process, and disclose your health information in accordance with U.S. law. U.S. federal and state laws require the Clinic to protect your health information and federal law requires us to describe to you how we handle that information. When federal and state privacy laws are different and conflict, and the state law is more protective of your information or provides you with greater access to your information, then we will follow state law.

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

- ✓ Your right to get an electronic or paper copy of your medical record
  - You can ask to see or get an electronic or paper copy of your health record and other health information we have about you. If you would like, we also can send this information in either paper or electronic form to another person you identify in your request.
  - We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- ✓ Your right to request the Clinic 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 will tell you why in writing within 60 days
- ✓ The Right to request confidential communications
  - You can ask us to contact you in a specific way (ex: home or office phone) or to send mail to a different address.
  - We will say “yes” to all reasonable requests.
- ✓ The right to ask the Clinic to limit what we use or share
  - You can ask us not to use or share certain health information for treatment or payment. We are not required to agree to your request, and we may say “no” if it would be harmful or compromise your care.
  - If you pay for a service or healthcare 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.
- ✓ The right to get a list of those with whom we have shared information
  - You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.
  - We will include all the disclosures except for those about treatment, payment, and healthcare operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- ✓ The right to get a copy of this privacy notice
  - You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. The Clinic will provide you with a paper copy promptly.
- ✓ The right to choose someone to act for you
  - If you have given someone a health care power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
  - We will make sure the person has this authority and can act for you before we take any action
- ✓ The right to file a complaint if you feel your rights are violated
  - You can complain if you feel the Clinic violated your rights by contacting us at the Clinic.
  - You can 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 SW, Washington, DC 20201, calling 1-800-368-1019, or visiting [www.hhs.gov/hipaa/filing-a-complaint/index.html](http://www.hhs.gov/hipaa/filing-a-complaint/index.html). We will not retaliate against you for filing a complaint.

**Calling, Texting, and Emailing.** We may contact you about your health care using the phone numbers and email addresses that you provide us. This may include using an automated phone dialing system, pre-recorded or synthetic voice messages, texting, or email. When we contact you in this manner, you will be given the opportunity to opt out of receiving similar communications going forward. Our messages may include, but are not limited to, information about appointment reminders, discharge planning, billing, prescription reminders, research opportunities, our products and services, treatment alternatives, your general health, and regulatory notices provided in lieu of first-class mail. Because any texts and emails would not be encrypted, there is a risk that someone else could read or access these messages. We therefore take steps to limit the amount of protected health information that they contain. If you do not wish to receive these types of text or email messages, please let us know, and we will honor your request.

**Your Choices.** For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, let us know. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

The Clinic does not sell or rent our patients' names or addresses to any organization. We may contact you to provide information about our health-related products or services that may be of interest to you, treatment alternatives and your general health. We may also contact you as part of our fundraising efforts. If you do not wish to be contacted for these reasons, please call the Clinic.

**Our Uses and Disclosures.** Minnesota law generally requires patient consent for disclosures of health information for treatment purposes, unless the disclosure is not possible due to a medical emergency. Having said that, we typically share health information with other health professionals who are treating you and who help coordinate your care. Example: A doctor treating you for an injury asks another doctor about your overall health condition.

**To run our organization.** We can use and share your health information to run our practice, improve your care, and contact you when necessary. Personnel in the Clinic work closely together to improve health care, and we may use health information for those activities. We may also share health information with another healthcare provider who has treated you, or with your insurance company. This may be done when the information is needed for health care operations of the health care provider or the insurance company, such as quality improvement activities, evaluations of health care professionals, and state and federal regulatory reviews. Minnesota law generally requires patient consent for disclosures of health information to other providers for healthcare operations purposes.

**To bill for your services.** We can use and share your health information to bill and get payment from health plans or other entities (if applicable). Example: We give information about you to your health insurance plan so it will pay for your services. Minnesota law generally requires patient consent for disclosures of health information to payers for payment purpose.

**To help with public health and safety issues.** We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### **Additional Applicable State Law Requirements**

To 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 requests to see that we're complying with federal privacy law.

To Work with a medical examiner or funeral director: We can share health information with a coroner, medical examiner, or funeral director when an individual dies. Minnesota law generally requires the consent of a patient's authorized family or legal representative for disclosures of health information to funeral directors.

**To Address workers' compensation, law enforcement, and other government requests.** The Clinic can use or share health information about you for law enforcement purposes or with a law enforcement official

- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Minnesota law generally requires patient consent for disclosures of health information for military or national security purposes unless the disclosure is specifically required by federal law. Minnesota law also requires patient consent for disclosures of health information for law enforcement purposes, unless the disclosure is in response to a valid court order or warrant.

**To Respond to lawsuits and legal actions.** We can share health information about you in response to a court or administrative order, or in response to a subpoena. Minnesota law generally requires patient consent for disclosures of health information in these situations unless the disclosure is in response to a valid court order or warrant.

**The Responsibilities of the Clinic:**

- 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. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

**Changes to the Terms of This Notice.** The Clinic can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

**Confidentiality of Substance Use Disorder Patient Records.** The confidentiality of substance use disorder patient records maintained by the Clinic is protected by special federal law and regulations, in addition to HIPAA. Generally, the Clinic may not say to a provider unaffiliated with the Clinic that a patient attends the Substance Disorder Program, or disclose any information identifying a patient as having or having had a substance use disorder unless:

- The patient consents in writing;
- The disclosure is allowed by a court order; or
- The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the federal law and regulations governing substance use disorder patient records by a Program is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations:

The U.S. Attorney in Minnesota is located at: 316 N Robert Street, Suite 404, St. Paul, MN 55101 Phone 651-848-1950

For opioid treatment programs (previously known as methadone programs), you also can contact: SAMHSA Center for Substance Abuse Treatment, 5600 Fishers Lane, Rockville, MD 20857 Phone 877-SAMHSA-7 (877-726-4727)

Federal law and regulations do not protect any information about a crime committed by a patient either at the Program or against any person who works for the Program or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities. (See 42 U.S.C. 290dd-2 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR Part 2 for Federal regulations.)

**Other Particularly Sensitive Conditions.** Certain other types of health information may have additional protection under state law. For example, health information about mental health, HIV/AIDS and genetic testing results is treated differently than other types of health information under certain state laws. To the extent applicable, the Clinic will need to

get your written permission before disclosing these categories of information to others in many circumstances.

- **Complaints or Concerns:** You are welcome to raise any complaints or concerns to the Clinic. You also have the right to lodge a complaint with a supervisory authority.

**Contact Information.** If you want to file a complaint, express concerns, or further inquire about use or disclosure of health information, please contact Dr. Paul Kunkel, DC, the Privacy Officer of the Clinic.

**Effective Date.** The Effective Date of this Notice is March 15, 2026.

**Discrimination is Against the Law.** The Clinic complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, creed, religion, gender, marital status, sex stereotypes, sex characteristics, sexual orientation, gender identity or expression, veteran status, status with regard to public assistance, national origin, disability, or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities.

If you believe that Clinic has failed to provide these services or discriminated in another way on the basis of race, color, creed, religion, gender, marital status, sex stereotypes, sex characteristics, sexual orientation, gender identity or expression, veteran status, status with regard to public assistance, national origin, disability, or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, you can file a grievance with the Clinic.

You can file a grievance in person or by mail. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

You may file your complaint electronically through the [Complaint Portal](#) at the website of the Office of Civil Rights

Or you may file by mail to the U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201. You may also file by phone: [1-800-368-1019](tel:1-800-368-1019).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

File by mail: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington D.C. 20201. You may also file by phone: [1-800-368-1019](tel:1-800-368-1019).

With the limited exceptions described above, you have a right to refuse consent for disclosure of your health information without your consent.

I acknowledge receipt of this Notice of Private Practices. By signing below, I consent to the Clinic using my personal health information as noted in the Notice of Privacy Practices.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature