

information for as long as the information is kept by Metro Urology. To request an amendment, your request must be made in writing and submitted to Privacy Officer, Metro Urology, 2550 University Ave. W, 240 North, St. Paul, MN 55114. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
- Is not part of the health information kept by Metro Urology.
- Is not part of the information, which you would be, permitted to inspect or copy.
- Is accurate and complete.

4 Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures that we have made of your/your child's health information. To request this list of disclosures, you must submit your request in writing to Privacy Officer, Metro Urology, 2550 University Ave. W, 240 North, St. Paul, MN 55114. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in which form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists during such 12-month period, Metro Urology may charge you for the costs of providing the list. 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.

5. Request Confidential Communication. You have the right to request how we communicate with you to preserve your privacy.

Your request must be in writing and must specify how or where we are to contact you. We will accommodate all reasonable requests.

6 Complaints. If you believe your/child's privacy rights have been violated, you may file a complaint with Metro Urology or with the Secretary of Health and Human Services. To file a complaint with Metro Urology, provide as much detail as you can about the suspected violation and send it to the Privacy Officer, Metro Urology, 2550 University Ave. W, 240 North, St. Paul, MN 55114. You should know that there would be no retaliation for your filing a complaint.

If you have any questions about this Notice, please contact:

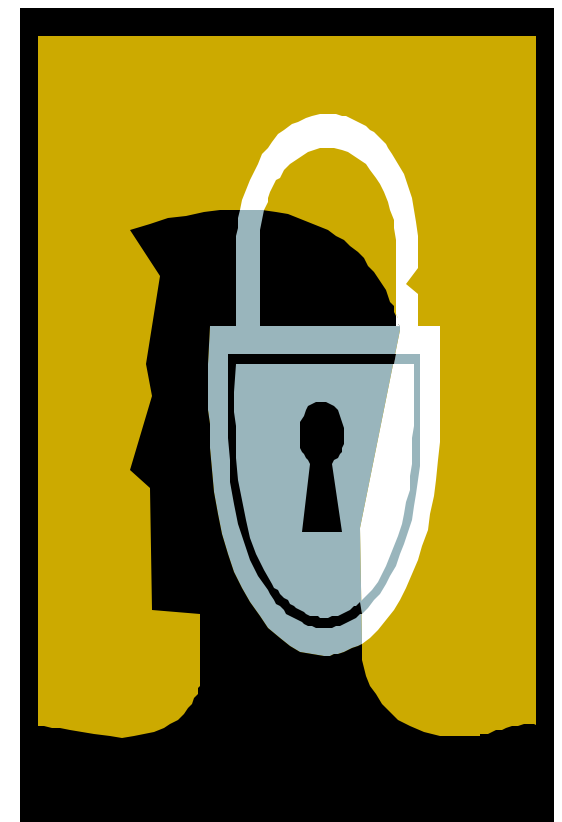


Attn: Privacy Officer
2550 University Avenue West
240 North
St. Paul, MN 55114
651-999-7043



NOTICE OF PRIVACY PRACTICES

HIPAA



NOTICE OF PRIVACY PRACTICES

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.

OUR RESPONSIBILITIES

Metro Urology (Metro Urology) takes the privacy of your/your child's health information seriously. We are required by law to maintain that privacy and to provide you with this Notice of Privacy Practices. This Notice is provided to tell you about our duties and practices with respect to your/your child's information.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION

The following categories describe different ways that we use and disclose your/your child's health information without your authorization. For each category, we explain what we mean and give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

1 . For Treatment. Metro Urology may use health information for treatment, health care, or other related services. We disclose health information to doctors, nurses, technicians, assistants, or other Metro Urology employees who are involved in your/your child's care. *Examples:* For a referral for an ultrasound, for a prescription, at your request for transfer of care to another clinician.

2 . For Payment. Metro Urology may use health information to bill and collect for the treatment and services we provide to you/ your child. We may send health information to an insurance company or other third party for payment purposes. *Examples:* Sending information for payment purposes in order for your insurance company to pay for the visit and services.

3 . For Health Care Operations. Metro Urology may use and disclose health information for quality health care, and to maintain and improve the quality of health care we provide. *Examples:* Chart reviews and transcription services.

4 . As required by Law. Metro Urology will disclose health information when required to do so by federal, state, or local law. *Examples:* In response to a court order or subpoena; reporting victims of abuse; or criminal conduct.

5 . For Public Health Reasons. Metro Urology may disclose health information for public health activities. *Examples:* Controlling disease, injury, or disability. Reporting defective medical devices or problems with medications.

6 . Research. Metro Urology may use and disclose protected health information to researchers provided the research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your/your child's health information.

7 . Worker's Compensation. Metro Urology may disclose your health information as authorized by and to the extent necessary to comply with worker's compensation laws or laws relating to similar programs.

8 . Other ways we may use and disclose your Protected Health Information.

- Appointment reminders.
- Treatment alternatives.
- Health-related benefits.

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use/disclose your/your child's health information, you may revoke that authorization, in writing,

at any time. You understand that we are unable to take back any disclosures we have made under the authorization, and that we are required to retain our records of the care that we provided to you/your child.

YOUR HEALTH INFORMATION RIGHTS

You have the following rights regarding health information about you.

1.Right to Request restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you/your child for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you/your child to someone who is involved in your/your child's care to the payment for that care. **In most cases, we are not required to agree to your request.** If we do agree, 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 to our Privacy Officer, Metro Urology, 2550 University Ave. W, 240 North, St. Paul, MN 55114. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you wants the limits to apply.

2. Right to Inspect and Copy. You have the right to inspect and copy health information that may be used to make decisions about you/your child's care. To inspect and copy health information that may be used to make decisions about you/your child, you can submit your request in writing to our Release of Information Clerk, Metro Urology, 2550 University Ave. W, 240 North, St. Paul, MN 55114. If you request a copy of information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. We will have 30 days to respond to your request for information that we maintain on site. If the information is stored off-site, we are allowed up to 60 days to respond but must inform you of this delay.

3.Right to Amend. You have the right to ask us to amend your/your child's health and/or billing