

INDIAN HEALTH BOARD OF MINNEAPOLIS, INC.

NOTICE OF PRIVACY PRACTICES



Indian
HEALTH BOARD

COMMUNITY TRADITION WELLNESS

Notice of Privacy Practices of Indian Health Board of Minneapolis, Inc.

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.

This notice also describes:

- HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
- YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION
- HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION

YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH THE IHB PRIVACY OFFICER AT 612-721-9800 OR kate.hemker@indianhealthboard.com IF YOU HAVE ANY QUESTIONS.

Revision Date: 09/20/2026

Free language help and other formats. If you speak a language other than English, or you need this notice in large print, audio, or another format, free help is available. Ask any staff member or call 612-721-9800.

1. About This Notice

This notice explains how Indian Health Board of Minneapolis, Inc. ("IHB," "we," or "us") uses and shares your health information, what rights you have, and what our legal duties are.

We follow several laws that protect your health information:

- The federal **HIPAA Privacy Rule** (45 CFR Parts 160 and 164).
- The federal rules that protect **substance use disorder (SUD) treatment records** (42 CFR Part 2, also called "Part 2").
- The **Minnesota Health Records Act** (Minnesota Statutes, sections 144.291 to 144.298) and other Minnesota laws.

When Minnesota law or Part 2 gives your information **more** protection than HIPAA, we follow the law that protects you more. This notice describes those stronger protections.

Who follows this notice

This notice applies to all IHB clinics, sites, and programs, including our medical, dental, behavioral health, and substance use treatment services. All IHB employees, providers, students and trainees, volunteers, and contractors who work on our behalf must follow it.

IHB locations covered by this notice: Medical & Dental, 2027 E. Franklin Ave, Minneapolis, MN 55404, Counseling and Support, 2101 Minnehaha Ave, Minneapolis, MN 55404, Recovery Services and Admin, 2020 Minnehaha Ave, Minneapolis, MN 55404.

2. Our Responsibilities

- We are required by law to keep your health information private and secure, including your SUD treatment records.
- We must give you this notice of our legal duties and privacy practices, and we must follow the notice that is currently in effect.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your unsecured health information.
- We will not use or share your information in ways other than those described in this notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time by letting us know in writing.
- We will never sell your health information.

3. Minnesota Law: We Usually Need Your Consent

Minnesota law is stricter than federal law. Under the Minnesota Health Records Act, we generally **may not release your health records to anyone outside IHB** unless we have:

- a consent signed and dated by you or your legally authorized representative;
- specific permission in Minnesota law; or
- a statement from another health care provider that it holds your signed and dated consent for the release.

This rule applies even when federal law would allow us to share without your consent, including sharing for treatment, payment, and health care operations. [Minn. Stat. § 144.293, subd. 2]

The consent you sign with us

When you register, we will ask you to sign a consent that allows us to share your information outside IHB for treatment, payment, and health care operations. You may choose to limit this consent. You may also cancel it in writing at any time; except for information we already shared while it was in effect.

A consent generally lasts **one year**, unless it states a different time period or Minnesota law sets a different period. Some consents do not expire unless you cancel them, such as a consent to share records with a provider we consult about your current care, with your health plan to pay claims, or with a county or state program to coordinate your services. [Minn. Stat. § 144.293, subds. 4 and 6]

When Minnesota law lets us share without your consent

- In a **medical emergency**, we cannot get your consent because of your condition or the nature of the emergency.
- With other providers within **related health care entities** when needed for your current treatment.
- In other situations that Minnesota law **specifically** allows or requires, as described in Section 5.

When we release records without your consent as Minnesota law allows, we document the release in your record. [Minn. Stat. § 144.293, subds. 5 and 9]

4. How We Typically Use and Share Your Health Information

Treatment. Your IHB care team uses your health information to provide, coordinate, and manage your care. With your consent (or in an emergency), we share it with providers outside IHB who are treating you.

Example: your IHB provider sends your test results to a specialist you were referred to.

Payment. With your consent, we use and share your information to bill and get paid by Medical Assistance, Medicare, health plans, or others. *Example:* we give your health plan information about a treatment so it will approve or pay for it.

Health care operations. We use your information to run IHB, improve care, train staff and students, meet licensing and accreditation standards, and contact you when needed. We need your consent before we release your records to another organization for its own operations. *Example:* we review charts to check the quality of care our providers give.

OCHIN shared electronic health records. IHB is part of an organized health care arrangement with other OCHIN participants. OCHIN is a business associate that provides IHB's electronic health record system and related services. OCHIN also coordinates quality improvement and clinical review activities for its participants. With your consent, your information may be shared with other OCHIN participants for the joint health care operations of the arrangement. A current list of participants is available at www.ochin.org.

Health information exchange (HIE). IHB takes part in electronic health information exchange, which lets your other providers see important information about your care, and lets us see theirs. Under Minnesota law, we may share your name and the location of your records with a record locator service unless you choose to be excluded. Other providers may not look up your records through that service without your specific consent, except in a medical emergency. You may opt out at any time by completing IHB's **Health Information Exchange Opt-Out Form**. [Minn. Stat. § 144.293, subd. 8]

Business associates. Some services are provided for us by outside companies, such as laboratories, IT vendors, and billing services. They must sign a written contract promising to protect your information.

Appointment reminders and patient portal. We may contact you by phone, mail, text, email (with your permission), or through MyChart to remind you of appointments or share results. We may call your name in the waiting room. If you give another person **proxy access** to your MyChart account, that person can see the information in your account that the proxy access allows.

Health-related services. We may tell you about treatment options or other health-related programs and services at IHB that may interest you.

Your choices: family, friends, and others involved in your care

You may tell us who, if anyone, we may talk with about your care or payment, such as a family member or close friend. Minnesota law generally requires your written consent before we share your records with them. If you cannot tell us your choice, for example if you are unconscious, we may share information we believe is in your best interest, as Minnesota law allows. We may also share information when needed to lessen a serious and imminent threat to health or safety, as the law allows.

5. Other Ways We May Use or Share Your Information

Federal law allows or requires us to share health information in the situations below, usually for the public good. We must meet many legal conditions first. Because Minnesota law is stricter, **we share without your consent only when Minnesota law specifically allows or requires it, or in an emergency.** Extra limits for SUD records are described in Section 7.

As required by law. We share information when state or federal law requires it, including with the U.S. Department of Health and Human Services (HHS) if it wants to check that we are following federal privacy law.

Public health. We report information to public health authorities as Minnesota law requires, such as reporting certain diseases, reporting immunizations to the Minnesota Immunization Information Connection (MIIC), reporting births and deaths, and reporting reactions to medicines or problems with products.

Abuse and neglect. IHB staff are required to report suspected maltreatment of children (Minn. Stat. ch. 260E) and of vulnerable adults (Minn. Stat. § 626.557) to the proper authorities.

Serious threats to health or safety. We may share information to prevent a serious threat to you or others only when Minnesota law allows it, such as when a provider has a legal "duty to warn."

Health oversight. We may share information with government agencies that oversee health care, such as for audits, inspections, and licensing, as Minnesota law allows.

Lawsuits and legal proceedings. We share information in response to a court order or with your written consent. Under Minnesota law, a subpoena alone is generally not enough. We review every legal request carefully before responding.

Law enforcement. We share information with law enforcement only with your consent, in response to a court order or warrant, or when Minnesota law requires it, such as reporting certain wounds like gunshot wounds (Minn. Stat. § 626.52).

Medical examiners, coroners, and funeral directors. We share information with a medical examiner or coroner as Minnesota law requires (Minn. Stat. § 390.11). We need consent from an authorized person before sharing with a funeral director.

Organ and tissue donation. We share information with organ procurement organizations only as allowed by Minnesota's anatomical gift law (Minn. Stat. ch. 525A).

Research. Minnesota law gives you the right to object to your records being released to outside researchers. We will make reasonable efforts to get your general written permission first. **If you object, we will not release your records for outside research.** You may ask us which outside researchers received your records and when. Research must also meet federal privacy rules, such as review by an Institutional Review Board or Privacy Board. [Minn. Stat. § 144.295]

Workers' compensation. We may share information related to a workers' compensation claim as Minnesota law allows (Minn. Stat. § 176.138).

Minnesota Department of Health. We may share certain data with the Commissioner of Health as Minnesota law allows, with identifiers encrypted (Minn. Stat. § 144.293, subd. 7).

Military, national security, and protective services. We share information for these special government functions only with your consent, unless a law requires disclosure.

Correctional institutions. If you are an inmate or in custody of law enforcement, we share information only with your consent or as required by law.

Whistleblowers. Federal law allows a workforce member or business associate to share information with a health oversight agency, public health authority, or attorney if they believe in good faith that IHB acted unlawfully or endangered patients, workers, or the public.

Sharing by others after we release information. When we share information as allowed by HIPAA, the person or organization that receives it may share it again, and it may no longer be protected by federal privacy law. Minnesota law and Part 2 may still limit further sharing.

6. Uses That Always Require Your Written Permission

We will **never** do the following without your written permission:

- Use or share your information for **marketing**.
- **Sell** your information.
- Share most **psychotherapy notes**.
- Share **SUD counseling notes** (see Section 7).

Any other use or share not described in this notice will be made only with your written permission. You may cancel your permission in writing at any time, except to the extent we have already acted on it.

7. Extra Protections for Substance Use Disorder (SUD) Records

Federal law and regulations protect the confidentiality of substance use disorder patient records.

In addition to the uses, rights, and duties described elsewhere in this notice, SUD records from federally assisted alcohol and drug programs have additional protections, and you have additional rights, under the Confidentiality of Substance Use Disorder Patient Records regulations at 42 CFR Part 2 ("Part 2"). IHB operates a Part 2 program, IHB Recovery Services. These protections apply to records from our SUD program and to SUD records we receive from other Part 2 programs. Generally, we may not say to anyone outside the program that you are a patient of the program or share information that identifies you as having a substance use disorder, except as described below. Where Minnesota law is stricter, we follow Minnesota law.

7.1 Uses and disclosures that need your written consent

We need your written consent for most uses and disclosures of your SUD records, **including for treatment, payment, and health care operations**. *Example:* we need your written consent before we share your SUD treatment records with your health plan to get paid, or with a provider outside our SUD program who is treating you.

- **One consent for the future.** You may give a single consent for all future uses and disclosures for treatment, payment, and health care operations.
- **Further sharing by recipients.** If your SUD records are shared, with your written consent, with a Part 2 program, a HIPAA covered entity, or a business associate for treatment, payment, and health care operations, that recipient may share them again without your written consent to the extent HIPAA allows.
- **Counseling notes.** SUD counseling notes may be shared only with separate written consent just for those notes.
- **Cancelling consent.** You may revoke your consent in writing at any time, except to the extent we have already acted on it, as provided in 42 CFR §§ 2.31 and 2.35.
- **Other uses.** We will use or share your SUD records in ways not described in this notice only with your written consent.

7.2 Uses and disclosures allowed without your consent

Part 2 allows us to use or share your SUD records without your written consent only in these limited situations:

- **Within the program:** communication among program staff, or with an entity that has direct administrative control over the program, who need the information to diagnose, treat, or refer you for SUD.
- **Service organizations:** with qualified service organizations and business associates that provide services to the program under a written agreement to protect your records.

- **Medical emergencies:** with medical personnel to the extent needed to meet a bona fide medical emergency when your consent cannot be obtained.
- **Research:** for research that meets the requirements of Part 2, HIPAA, and Minnesota law (including your right to object described in Section 5).
- **Audits and evaluations:** to government agencies, payers, and accrediting organizations that audit or evaluate the program, under the conditions Part 2 sets.
- **Public health:** to public health authorities, but only if the information is de-identified.
- **Child abuse and neglect:** to report suspected child abuse or neglect to state or local authorities as Minnesota law requires. The original SUD records still may not be used to investigate or prosecute you without a court order under Part 2.
- **Crimes at the program or against program staff:** limited information to law enforcement about a crime, or a threat to commit a crime, on program premises or against program personnel.
- **Court orders:** in response to a court order that meets the requirements of Part 2 (see 7.3).
- **Deaths:** to report vital statistics or cause of death, or to respond to a medical examiner or coroner, as allowed by law.

7.3 Protection in legal proceedings

Your SUD records, including records we receive from other programs subject to 42 CFR Part 2, and testimony relating the content of those records, will not be used or disclosed in any civil, criminal, administrative, or legislative proceeding against you unless based on your specific written consent or a court order.

The records will be used or disclosed based on a court order only after notice and an opportunity to be heard is provided to you or the holder of the record, where required by 42 U.S.C. 290dd-2 and 42 CFR Part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the record is used or disclosed.

7.4 Your additional rights for SUD records

- **Right to request restrictions** on disclosures of your SUD records that you have consented to for treatment, payment, and health care operations. We are not required to agree, except as stated in the next item.
- **Right to restrict disclosures to your health plan** for services you paid for in full, out of pocket. We will agree unless a law requires disclosure.
- **Right to an accounting of disclosures** of your electronic SUD records made with your consent for treatment, payment, and health care operations for the past **3 years**, as provided in 42 CFR § 2.25, and an accounting of all other disclosures made with your consent, as provided in 45 CFR § 164.528.
- **Right to a list of disclosures by an intermediary** (such as a health information exchange) for the past **3 years**, if your consent is named the intermediary using a general designation, as provided in 42 CFR § 2.24.
- **Right to a paper or electronic copy of this notice** on request.
- **Right to discuss this notice** with the IHB Privacy Officer (see Section 12).
- **Right to choose not to receive fundraising communications.**

To use any of these rights, contact the IHB Privacy Officer. You may file a complaint about the privacy of your SUD records with IHB or with the Secretary of HHS as described in Section 10. We will not retaliate against you for filing a complaint.

8. Other Information with Special Protection

Mental health records. Minnesota law places extra limits on sharing mental health information, including with family members and law enforcement. In the limited cases where Minnesota law allows sharing with a family member without your consent, we will first tell you in writing about the request. [Minn. Stat. § 144.294]

Minors. Under Minnesota law, minors may consent on their own to certain health services, such as care related to pregnancy, sexually transmitted infections, and alcohol or drug use. Minors control who may see the records of those services, and we generally will not share them with parents or guardians without the minor's consent, except as Minnesota law allows. [Minn. Stat. §§ 144.341 to 144.347]

Reproductive and gender-affirming health care. Minnesota law gives strict, absolute protection to legally protected healthcare, including reproductive and gender-affirming care. In accordance with the state's Shield and Trans Refuge laws, we will not disclose your health records or share information regarding these services with out-of-state law enforcement, courts, or government agencies attempting to investigate, restrict, or penalize lawful care received in Minnesota. Civil or criminal subpoenas, warrants, or out-of-state court judgments targeting this care are legally unenforceable at IHB, and we will refuse to comply with them.

Psychotherapy notes. We keep psychotherapy notes separate from your medical record and share them only as described in Section 6.

9. Your Rights

When it comes to your health information, you have the rights below. To use any of them, contact the IHB Privacy Officer or ask any registration staff member for the right form.

See or get a copy of your health record. You may ask to see or get a paper or electronic copy of your health record and other health information we have about you. We will respond within **30 days** of your written request. If you ask to see or get a copy of your record to review your **current** care, we will not charge you. For other copies, we may charge a reasonable fee that does not exceed the limits in federal and Minnesota law. Special fee rules apply to records requested for Social Security disability appeals. [Minn. Stat. § 144.292] In limited cases we may deny access; if we do, we will tell you why in writing and explain how to ask for a review. You can also view much of your information in MyChart.

Send your records to someone else. You may ask us in writing to send a copy of your records to another provider or to the person you choose.

Ask us to correct your record. You may ask us in writing to correct health information you believe is wrong or incomplete. We may say no, but we will tell you why in writing within **60 days**, and you may submit a statement of disagreement.

Request confidential communication. You may ask us to contact you in a specific way (for example, only by cell phone) or at a different address. We will not ask why, and we will say yes to all reasonable requests.

Ask us to limit what we use or share. You may ask us not to use or share certain information for treatment, payment, or operations. We are not required to agree, and we may say no if it affects your care. If you pay for a service or item **in full, out of pocket**, you may ask us not to share that information with your health plan for payment or operations, and we will say yes unless a law requires us to share it. You may also limit or cancel the consent you signed under Minnesota law.

Get a list of those we shared your information with. You may ask for a list (accounting) of the times we shared your health information in the **6 years** before your request, who we shared it with, and why. The list will not include disclosures for treatment, payment, and health care operations, disclosures you asked us to make, and certain others. (For SUD records, see Section 7.4.) We provide one list per year for free and may charge a reasonable, cost-based fee for more.

Get a copy of this notice. You may ask for a paper copy of this notice at any time, even if you agreed to get it electronically. It is also posted at our sites and on our website.

Choose someone to act for you. If you have given someone medical power of attorney, or someone who is your legal guardian, that person can use your rights and make choices about your health information. We will confirm the person has this authority first.

Opt out. You may opt out of health information exchange (Section 4), outside research (Section 5), and fundraising (Section 4).

Be notified of a breach. We will notify you if a breach affects your unsecured health information.

10. Complaints

If you believe your privacy rights have been violated, you may file a complaint with IHB or with the U.S. Department of Health and Human Services. **We will not retaliate against you for filing a complaint.**

IHB: Contact the Privacy Officer by phone, email, mail, or in person (see Section 12). You may also ask any staff member for help filing a complaint.

Federal government: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue S.W., Washington, D.C. 20201; call 1-877-696-6775; or visit www.hhs.gov/ocr/complaints. This includes complaints about SUD records protected by Part 2.

11. Changes to This Notice

We may change the terms of this notice, and the changes will apply to all health information we have about you, including SUD records. If we make a significant change, we will post the new notice at our sites and on our website at indianhealthboard.com. You may ask for a copy of the current notice at any time, and we will offer it to you at your next visit. The effective date is shown on the first page.

12. Contact Us

For questions about this notice, to discuss it, or to use any of your rights, contact:

Privacy Officer

Indian Health Board of Minneapolis, Inc.
2027 E. Franklin Ave, Minneapolis, MN 55404
Phone: 612-721-9800
Email: kate.hemker@indianhealthboard.com
Website: <https://indianhealthboard.com/>

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