

SCENAR Care, LLC
1120 South Avenue, North Mankato, MN 56001
507-317-3958

NOTICE OF PRIVACY PRACTICES

In accordance with the Health and Accountability Act (HIPAA) of 1996 and final regulations issued by the US Department of Health and Human services on August 14, 2002, SCENAR Care, LLC is making you aware of our legal duties and privacy practices with respect to Protected Health information (PHI) about you as follows: The HIPPA regulations prescribe how we may use and disclose PHI about you to carry out treatment, payment or health care options and for other specified purposes that are permitted are required by law. It also describes your rights with respect to PHI about you.

The summary of rights as follows, you may: Obtain a paper copy of the Notice of Privacy Practices upon request. · Request a restriction on certain uses of Privacy Practices upon request. · Inspect and obtain a copy of PHI · Request an amendment of PHI · Receive an accounting of disclosures of PHI · Request communications of PHI by alternative means or at alternative locations · Revoke your consent to use of disclose of PHI. In exercising your rights as briefly noted above, you may have to pay for costs incurred by SCENAR Care, LLC. Further, your rights may be limited by extenuating circumstances. For questions relating to your rights and charges, or any other matter relating to your PHI, kindly contact SCENAR Care, LLC.

In some instances, we may use or disclose PHI about you without your written consent, but within the limits. Below is summary of some such instances. · Your treatment · For health care operations · Communications with individuals involved in your care or payment for your care · Personal communications. · Communication with Food and drug administration (FDA) · Workers compensation · Public health · Law enforcement · As required by law · Health and Administrative proceeding · Notifications · Correctional; institution · Military and veterans activities · National security and intelligence activities · Protective services for the president and others · Victims of abuse, neglect or domestic violence.

Except as indicated above, SCENAR Care, LLC will obtain your written authorization before disclosing PHI about you. You may revoke the authorization in writing any time. Upon receipt of the written revocation, we will stop using or disclosing PHI about you, except to the extent that we have taken action in reliance on the authorization. If you have any questions or would like additional information about the SCENAR Care, LLC privacy practices, you may contact Sharell Cornick at 507-317-3958. If you believe your privacy rights have been violated, you can file a complaint with the secretary of Health and Human services. There will be no retaliation for filing a complaint.

Acknowledgement of Receipt of the Notice of Privacy Practices - By signing this form, I acknowledge the receipt of the SCENAR Care, LLC "Notice of Privacy Practices" (Notice), which contains description of the uses and disclosures of protected health information that may be made by SCENAR Care, LLC and of my rights, and of SCENAR Care, LLC responsibilities, with respect to protected health information. I have read and understand my rights under the Notice. I also understand the Notice is subject to change and I can request a current written Notice at anytime. SCENAR Care, LLC is required to obtain my written authorization before using or disclosing my personal health information for purposes other than those provided for in the Notice or as otherwise permitted or required by law. I understand that I have the right to revoke this authorization in writing, except to the extent that the SCENAR Care, LLC has relied on it. My signature below signifies I have read and understand the Notice.

Patient or Guardian Signature _____ Date _____