ANOD, Inc.
4846 Park Glen Rd, St. Louis Park, MN 55416
Phone: 651-802-2533 / Fax: 612-288-1002
info@anodinc.com

NOTICE OF PRIVACY PRACTICES

Effective Date: 09/09/2025
Privacy Contact: Adriana Cusinato, EIDBI Compliance Officer - adrianacusinato@anodinc.com

Your Information. Your Rights. Our Responsibilities.

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.**

Your health record contains personal information about you and your health. This information, which may identify you and relates to your past, present, or future mental and/or physical health, is referred to as Protected Health Information (PHI).

You have privacy rights under:

- The federal Health Insurance Portability and Accountability Act (HIPAA)
- The Minnesota Government Data Practices Act
- Other state and federal laws, rules, and regulations

We are required by law to abide by the terms of this Notice of Privacy Practices and to provide you with this notice. We reserve the right to change its terms and apply changes to all present and future information that we collect about you.

Your Rights

When it comes to your health information, you have the right to:

- **Get a copy of your paper or electronic medical record**. Ask to see or get an electronic or paper copy of your record and other health information we have about you. We usually provide it within 30 days. We may charge a reasonable, cost-based fee as allowed by law.
- **Ask for a correction.** Ask us to correct information you think is incorrect or incomplete. If we deny your request, we will tell you why in writing within 60 days and explain your options.
- **Request confidential communications.** Ask us to contact you in a specific way or at a different place. We will honor reasonable requests.
- **Ask us to limit what we use or share.** You can 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 would affect your care.

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- **Right to restrict disclosures when you pay out of pocket.** If you pay in full out of pocket for a service, you can ask us not to share information about that service with your health plan unless the law requires it.
- **Get a list of disclosures.** Ask for a list of the times we shared your PHI for six years prior to your request, who we shared it with, and why. This excludes disclosures for treatment, payment, operations, and some other disclosures.
- **Get a copy of this notice.** You can ask for a paper copy at any time, even if you agreed to receive it electronically.
- **Choose someone to act for you.** If you have given someone medical power of attorney or someone is your legal guardian, that person can exercise your rights and make choices about your PHI.
- **File a complaint.** You can complain if you believe your privacy rights have been violated. We will not retaliate for filing a complaint.

Your Choices

In certain situations, you can tell us your choices about how we share your information. If you have a clear preference, tell us, and we will follow it when allowed by law.

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.
- Contact you for fundraising. You can opt out of future contacts.
- Include you in a hospital directory

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

Our Uses and Disclosures

We typically use or share your PHI in the following ways:

- **Treat you.** We use and share PHI with other professionals who are treating you and to coordinate your care. *Example: consulting with your physician or school team.*

- **Run our organization.** We use and share PHI to run our practice, improve your care, conduct quality review, licensing inspections, audits, and compliance activities, and to contact you when needed.

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- **Bill for your services.** We use and share PHI to bill and receive payment from health plans, government programs, or other payers.

Other uses and disclosures that may occur
We are allowed or required to share your PHI in other ways that contribute to the public good, meet legal duties, or support specialized government functions. Examples include public health reporting, research as allowed by law, organ and tissue donation, medical examiner or funeral director, workers' compensation, law enforcement, health oversight activities, and response to legal actions such as court orders or subpoenas. We will share PHI with the Department of Health and Human Services if it wants to see that we are complying with HIPAA.

Minnesota-Specific Notices

- **Minor consent and confidentiality.** Minnesota law allows minors to consent to certain services, including outpatient mental health care for youth 16 and older and other services in specific circumstances. When a minor legally consents, we follow state confidentiality rules and may limit disclosure to parents or guardians as allowed or required by law.

- **Access to records and fees.** We follow Minnesota law regarding access and copying fees, including no charge when records are requested to review current care and state maximums for other requests.

Exceptions to Privacy and Confidentiality

We generally need your authorization to release information. We may release information without your authorization in situations such as:

- Duty to warn of potential suicide, homicide, or serious imminent harm.
- Mandatory reporting of suspected abuse or neglect of children or vulnerable adults.
- Reporting certain prenatal exposures and other threats to health or safety as required by law.
- Reporting misconduct of health professionals.
- Responding to valid court orders or subpoenas.
- Providing access to parents or guardians of minors where required by law.

Reproductive Health Privacy

We do not use or disclose PHI to investigate or impose liability on any person for seeking, obtaining, providing, or facilitating lawful reproductive health care. If we receive a request for PHI that may relate to reproductive health care, we will obtain a signed attestation that the request is not for a prohibited purpose before using or disclosing PHI, consistent with applicable federal requirements.

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Telehealth
We use secure platforms for telehealth. We do not record telehealth sessions unless you agree in writing. PHI collected during telehealth receives the same protections as in-person care.

Websites and Apps
We do not place tracking technologies on patient portals or online forms that collect PHI. If we use online tools, we protect PHI consistent with HIPAA requirements.

Vendors and Business Associates
We share PHI with service providers who support treatment, payment, and operations, such as billing, EHR, and IT support. They must safeguard PHI and are bound by written agreements that limit what they can do with your information.

Record Retention
We keep clinical and billing records for the periods required by law and payer rules. In Minnesota this is generally at least seven years for clinical records and at least five years for services billed to Minnesota Health Care Programs. For minors, required retention generally runs from the age of 18.

Our Responsibilities

- 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.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of this Notice
We 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 web site.

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Questions or Complaints

ANOD, Inc. Privacy Officer: Adriana Cusinato, EIDBI Compliance Officer - adrianacusinato@anodinc.com

You may also contact:
Minnesota Department of Human Services, Data Privacy Office
Centennial Building, 4th Floor, St. Paul, MN 55155
Phone: 651-297-3173

You may file a complaint with the **U.S. Department of Health and Human Services, Office for Civil Rights** at 1-877-696-6775 or online. We will not retaliate against you for filing a complaint.

Acknowledgment of Receipt and Understanding

I have received and reviewed the Notice of Privacy Practices. The privacy rights have been explained to me.

Client Name: _____

Date of Birth: _____

Person Signing is: ☐ **Client** ☐ **Parent/Guardian**

Name of Person Signing: _____

Signature: _____ **Date:** _____

ANOD, Inc. Representative: _____ **Date:** _____

Language access and nondiscrimination: We do not discriminate on the basis of race, color, national origin, sex, age, or disability. Free language assistance services are available. Ask for an interpreter or contact our Section 1557 coordinator at adrianacusinato@anodinc.com.

- We never market or sell personal information.
- This notice applies to ANOD Incorporated – EIDBI Services which operates in the Twin Cities area.