

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain and we have the obligation to provide you a paper copy of this notice at your first service delivery date.
- The right to provide and we are obligated to receive a written acknowledgement that you have received a copy of our Notice of Privacy Practices.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective as of April 1, 2003 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of the revised Notice of Privacy Practices from our office at the address below.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a formal, written complaint with us at the address below, or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

Please sign a Notice of Privacy Practice Acknowledgement form and return it to
Parkway Family Physicians at the address below.

[Click here for Privacy Practice Acknowledgement form.](#)

**For more information, please
contact us at:**

Amy Martinson
Parkway Family Physicians
721 Snelling Avenue South
St. Paul, MN 55116
651-690-1311

**For more information about HIPPA
or to file a complaint:**

The U.S. Department of health
& Human Services
Office of Civil Rights
200 Independence Avenue Southwest
Washington, D.C. 20201
202-619-0257
Toll Free: 1-877-696-6775

Clinic Hours: Monday – Friday 9:00 AM – 5:00 PM