



Canvas Health Inc.
7066 Stillwater Boulevard North
Oakdale, MN 55128-3937
Phone: (651) 777-5222 Fax: (651) 251-5111

Notice of Privacy Practices (HIPAA) of Canvas Health

Your Information. Your Rights. Our Responsibilities.

This notice describes:

- YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION
- HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
- 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 CANVAS HEALTH PRIVACY OFFICER, SARAH BROWN, PRIVACY OFFICER, AT 651-251-5027 OR HIPAA@CANVASHEALTH.ORG, IF YOU HAVE ANY QUESTIONS.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

When it comes to your health information, you have certain rights.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say no to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share



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- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say no if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
- We will say yes unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations that were not disclosed electronically, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- For clients being treated for substance use disorder, we will also include an accounting of all disclosures for treatment, payment, and health care operation made through an electronic health record, within the past three years.
- If we use a third party to transmit records – like a health information exchange (HIE), you can request an accounting of all disclosures using the third party for the past three years.

Get a copy of this privacy notice

- You can ask for a paper or electronic copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper or electronic copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.



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Single Consent for Clients being Treated for Substance Use Disorder

- You may provide a single consent to release information for all future uses or disclosures for treatment, payment, and healthcare operation purposes.
- Let the Canvas Health HIPAA Privacy Officer (hipaa@canvashealth.org) know if you need help writing the single consent for release of information.
- We will still ask you to complete other consents, for example, a Telehealth Agreement or Informed Consent to Treat.

Right to not receive fundraising communications

- You have the right to opt-out of receiving any fundraising communications. Let the Canvas Health HIPAA Privacy Officer (Hipaa@canvashealth.org) know if you would like to opt-out.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care.
- Contact you for fundraising efforts
- If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may use and disclose your information to help us contact you for fundraising efforts, but you can tell us not to do this. Please contact the Canvas Health HIPAA



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Privacy Officer (hipaa@canavshealth.org) if you'd like to opt out of using your information for fundraising.

OUR USES AND DISCLOSURES

HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED

How do we use or share your health information?

We use or share your health information in the following ways.

When we share your records for healthcare, treatment, and payment purposes, those records might be shared again by those organizations, as allowed by state and federal laws. We will obtain your written consent for sharing information for healthcare operation, treatment, and payment purposes when doing so is required by state or federal law.

Treat You / Treatment

We can use your health information and share it with other professionals who are treating you.

In an emergency, we may share your information without your consent.

Example: A provider treating you for a mental health problem asks your doctor about your overall health.

Health Information Exchange

We may share or receive health details with other health care providers in a health information exchange as we co-operate to improve your care.

Example: If you are a client of ours, and you are admitted to a nearby hospital, your hospital may notify us about your hospitalization using a health information exchange.

Run our organization / Healthcare Operations

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We may use your information to evaluate the quality of treatment and services provided by our providers.



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Bill for your services / Payment

We can use and share your health information to bill and get payment from health plans, worker's compensations or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

Text Message (SMS)and Emails

- If you give us your cell phone number or email address, you agree that we can call, email or text message you. We will use text messages and emails to communicate about the services you receive from Canvas Health.
- We will not share, sell, or disclose your consent, email address, or phone numbers with third parties or affiliates, unless you give us permission to do so, or we are otherwise required or allowed to do so by law. Your consent, email address, or phone numbers will not be shared with third parties or affiliates for marketing purposes. Your consent, email address, or phone numbers may be shared with third parties or affiliates to help us communicate with you.
- You can tell us to stop calling, emailing, or texting you at any time.

Do Research

- We can use or share your information for health research.

How else can we use or share your health information?

We are allowed or required to share your information in other ways usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes. In some cases, we do not need to ask your permission before we share your records. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications



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- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers compensation claims,
- For law enforcement purposes or with a law enforcement official,
- With health oversight agencies for activities authorized by law,
- For special government functions such as military, national security, and presidential protective services.

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Examples of legal disclosures include but are not limited to:

- Suicide or Homicide: if you are assessed to be a danger to yourself or others; cannot guarantee your physical safety against the intention of suicide or fatal harm to others; and/or have immediate suicidal plans, this information is not considered to be confidential. Actions may be taken to ensure your safety.
- Child abuse/neglect: Minnesota State Law requires your provider to report to the appropriate authorities (i.e. Child Protective Services) any suspicion or evidence of child abuse or neglect. This law also applies to past incidents of abuse or neglect.



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- Elder abuse/neglect: Minnesota State Law requires your provider to report to the appropriate authorities any suspicion or evidence of elder abuse/neglect.
- Vulnerable adult abuse/neglect: Minnesota State Law requires your provider to report to the appropriate authorities any suspicion or evidence of abuse or neglect.
- For clients receiving substance use treatment:
 - Records, or testimony relating the content of such records, shall not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against the patient unless based on specific written consent or a court order.
 - Records shall only be used or disclosed based on a court order after notice and an opportunity to be heard is provided to the patient or the holder of the record, where required by 42 U.S.C. 290dd-2 and this part; and
 - 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.

OUR RESPONSIBILITIES

- We are required by state and federal law to maintain the privacy and security of your protected health information. This includes records related to mental health, substance use, or other medical records.
- 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 give written consent for us to do so. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

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 can complain if you feel we have violated the privacy or security of your information, or if you feel we have violated your rights. You can contact any Canvas Health staff, or you can contact the Canvas Health HIPAA Privacy Officer (hipaa@canvashealth.org). Other contact options are listed on the first page.



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- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/
- We will not retaliate against you for filing a complaint.

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.

Notice is effective: 4-9-2025

This Notice of Privacy Practices applies to the following organizations:

Canvas Health, Canvas Health Inc., HSI-New Generations LLC (discontinued)

Since Canvas Health Inc. is a Hybrid Entity, the following programs are not included:

1. Abuse Prevention & Response Services
2. Housing where we are the landlord
3. Share Apartments
4. Home Free Apartments
5. Suicide Prevention Program
6. Emergency Social Services Anoka County
7. Emergency Social Services Scott County
8. Forensic Services
9. Service Coordination

HIPAA Privacy Officer: Sarah Brown, JD, 7066 Stillwater Boulevard North, Oakdale, MN 55128
 651.251.5027 Direct | 651.251.5111 Fax | hipaa@canvashealth.org | www.canvashealth.org

By signing below, I acknowledge that I have been offered a copy of the Notice of Privacy Practices for Canvas Health

 Signature of Client or Client’s Representative

 Date

 Name of Client

 Name of Representative (if applicable)