



Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed by Mayo Clinic and how you can get access to this information. **Please review this document carefully.**

YOUR RIGHTS

The following is a brief summary of your rights. A more detailed description of each right is also included in this document.

- Get a copy of your paper or electronic health record
- Request correction of your paper or electronic health record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we have shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

YOUR CHOICES

You have some choices in the way that Mayo Clinic uses and shares information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include your information in a hospital directory
- Provide mental health care
- Market our services
- Raise funds

OUR USES AND DISCLOSURES

Mayo Clinic may use and share your information as we:

- Treat you and coordinate your care
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

A Word About United States (U.S.) Federal and State Law

Mayo Clinic may use, process, and disclose your medical information in accordance with U.S. law. U.S. federal and state laws require Mayo Clinic to protect your medical information and federal law requires us to describe to you how we handle that information. When federal and state privacy laws are different and conflict, and the state law is more protective of your information or provides you with greater access to your information, then we will follow state law. For example, where we have identified specific state law requirements in this notice, the referenced Mayo Clinic location will follow the more protective state law requirements.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of Mayo Clinic's responsibilities to help you.

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. If you would like, we also can send this information in either paper or electronic form to another person you identify in your request. For more information about requesting your medical records, ask us or go online to the Patient and Visitor Guide for the location where you receive your care, then explore the release of information options: <http://www.mayoclinic.org/patient-visitor-guide>

- 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 Mayo Clinic to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete.
- We may say "no" to your request, but we will 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 Mayo Clinic to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or Mayo Clinic's operations. We are not required to agree to your request, and we may say "no" if it would be harmful or compromise your care.
- If you pay for a service or healthcare 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 have shared information

- You can ask for a list (accounting) of the times we have 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 healthcare operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

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

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us.
- 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 SW, Washington, DC 20201, calling 1-800-368-1019, or visiting www.hhs.gov/hipaa/filing-a-complaint/index.html

We will not retaliate against you for filing a complaint.

CALLING, TEXTING, AND EMAILING

We may contact you about your healthcare using the phone numbers and email addresses that you provide us. This may include using an automated phone dialing system, pre-recorded or synthetic voice messages, texting, or email. When we contact you in this manner, you will be given the opportunity to opt out of receiving similar communications going forward.

Our messages may include, but are not limited to, information about appointment reminders, discharge planning, billing, prescription reminders, research opportunities, our products and services, treatment alternatives, your general health, and regulatory notices provided in lieu of first-class mail. Because any texts and emails would not be encrypted, there is a risk that someone else could read or access these messages. We therefore take steps to limit the amount of protected health information that they contain. If you do not wish to receive these types of text or email messages, please let us know, and we will honor your request.

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
- Share information in a disaster relief situation
- Include your information in a hospital directory

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.

Additional Applicable State Law Requirements

Wisconsin law generally requires patient consent to share health information with family members or friends, except as required or authorized by law.

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

- Marketing purposes
- Most sharing of psychotherapy notes

Mayo Clinic does not sell or rent our patients' names or addresses to any organization outside of Mayo Clinic.

We may contact you to provide information about our health-related products or services that may be of interest to you, treatment alternatives and your general health. We may also contact you as part of our fundraising efforts. If you do not wish to be contacted for these reasons, please let us know. You may email PRIVACYOFFICE@mayo.edu or call 507-266-6286 to opt out of these communications.

OUR USES AND DISCLOSURES

How does Mayo Clinic typically use or share your health information?

We typically use or share your health information in the following ways:

To treat you and coordinate your care

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

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Additional Applicable State Law Requirements

Minnesota law generally requires patient consent for disclosures of health information for treatment purposes, unless the disclosure is to a Mayo-related entity or consent is not possible due to a medical emergency.

To run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary. All of our locations work closely together to improve healthcare operations across the Mayo Clinic health system, and we may use health information for those activities. We may also share health information with another healthcare provider who has treated you, or to your insurance company. This may be done when the information is needed for healthcare operations of the healthcare provider or the insurance company, such as quality improvement activities, evaluations of healthcare professionals, and state and federal regulatory reviews.

Example: We use health information about you to manage your treatment and services.

Additional Applicable State Law Requirements

Minnesota law generally requires patient consent for disclosures of health information to other providers for healthcare operations purposes, unless the disclosure is to a Mayo-related entity.

Florida law generally requires patient consent for disclosures of health information to other providers for healthcare operations purposes.

Wisconsin law generally requires patient consent to disclose HIV test results for certain healthcare operations.

To bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

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

Additional Applicable State Law Requirements

Minnesota law generally requires patient consent for disclosures of health information to payers for payment purposes, unless the disclosure is to a Mayo-related entity.

Florida law generally requires patient consent for disclosures of health information to payers for payment purposes.

Wisconsin law generally requires patient consent to disclose HIV test results for payment purposes.

How else can Mayo Clinic 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 have to meet many conditions in the law before we can share your information for these purposes. For more information, you can go to this online link: www.hhs.gov/hipaa/for-individuals/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
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Additional Applicable State Law Requirements

Wisconsin law generally requires patient consent to disclose information about your HIV test results, unless the disclosure is otherwise authorized or required by law.

Do research

We can use or share your information for health research.

Additional Applicable State Law Requirements

Minnesota law generally requires patient consent for disclosures of health information to outside researchers for medical research purposes. We will obtain such consent from you or note your refusal to participate in any research study, or we will make a good faith effort to obtain such consent or refusal, before releasing any identifiable information to an outside researcher for research purposes.

Wisconsin law generally requires patient consent before we may disclose health information for research purposes to a researcher who is not affiliated with Mayo Clinic. In some situations, we may disclose health information for research purposes to a researcher who agrees to protect the privacy of your information.

Private-pay patients may be able to opt out of the use or disclosure of your information for research purposes. Florida law generally requires patient consent for disclosures of identifiable health information to outside researchers for medical research purposes.

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 requests to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

Mayo Clinic 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.

Additional Applicable State Law Requirements

Minnesota law generally requires the consent of a patient's authorized family or legal representative for disclosures of health information to funeral directors.

Wisconsin law generally requires consent of a patient's authorized family or legal representative to release health information to funeral directors. However, HIV test results and certain other health information may be disclosed to a funeral director when necessary to permit the funeral director to carry out his/her duties.

Address workers' compensation, law enforcement, and other government requests

Mayo Clinic 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

Additional Applicable State Law Requirements

Florida law generally requires patient consent for disclosures of health information for national security purposes, unless the disclosure is specifically required by federal law.

Iowa law does not allow the disclosure of health information regarding substance abuse to any law enforcement officer or law enforcement agency unless you have authorized the disclosure.

Minnesota law generally requires patient consent for disclosures of health information for military or national security purposes unless the disclosure is specifically required by federal law. Minnesota law also requires patient consent for disclosures of health information for law enforcement purposes, unless the disclosure is in response to a valid court order or warrant.

Wisconsin law generally requires patient consent for disclosures of health information for military, national security, or law enforcement purposes, unless the disclosure is specifically required by federal law.

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.

Additional Applicable State Law Requirements

Minnesota law generally requires patient consent for disclosures of health information in these situations unless the disclosure is in response to a valid court order or warrant.

MAYO CLINIC'S 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/hipaa/for-individuals/index.html

CHANGES TO THE TERMS OF THIS NOTICE

Mayo Clinic 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 website at www.mayoclinic.org.

WHO IS COVERED BY THIS NOTICE

This notice applies to the following Mayo Clinic entities (collectively referred to as "Mayo Clinic"):

- **Arizona:** Mayo Clinic Arizona
- **Florida:** Mayo Clinic Florida (a nonprofit corporation), Mayo Clinic Jacksonville (a nonprofit corporation)
- **Minnesota:** Charterhouse, Inc., John E. Herman Home and Treatment Facility, LLC, Mayo Clinic, Mayo Clinic Ambulance, Mayo Clinic Community ACO LLC, Mayo Clinic Health System — Decorah Clinic Physicians, Mayo Clinic Health System — Fairmont, Mayo Clinic Health System — Lake City, Mayo Clinic Health System — Southeast Minnesota Region, Mayo Clinic Health System — Southwest Minnesota Region, Mayo Clinic Health System — St. James, Mayo Clinic Hospital — Rochester, Mayo Foundation for Medical Education and Research
- **Wisconsin:** Bloomer Lakeview, Inc., Mayo Clinic Health System — Northwest Wisconsin Region, Inc., Mayo Clinic Health System — Southwest Wisconsin Region, Inc.
- **Texas:** Mayo Clinic Support Services, Texas

This notice also covers other healthcare providers that come to Mayo Clinic's facilities to care for patients (such as physicians, physician assistants, therapists, and other healthcare providers not employed by Mayo Clinic), unless these other healthcare providers give you their own notice of privacy practices that describes how they will protect your medical information.

ORGANIZED HEALTH CARE ARRANGEMENT (OHCA) AT MAYO CLINIC

Mayo Clinic participates in an Organized Health Care Arrangement (OHCA) under the Health Insurance Portability and Accountability Act (HIPAA). An OHCA is an arrangement that allows Mayo Clinic entities to share health information about our patients and/or plan members to promote the joint operations of the participating entities. The entities covered by this notice, which are listed above, have formed an OHCA and share health information with each other for the treatment, payment, and healthcare operations of the OHCA.

The above Mayo Clinic entities also have a separate OHCA and share health information with the Mayo Medical Plan, a HIPAA Covered Entity that provides medical benefits to Mayo Clinic employees, retirees and their families. The Mayo Medical Plan is covered by its own separate Notice of Privacy Practices, which can be found here:

- Mayo Medical Plan: <http://www.mayo.edu/pmts/mc0900-mc0999/mc0937-59.pdf>

CONFIDENTIALITY OF SUBSTANCE USE DISORDER PATIENT RECORDS

Certain Mayo Clinic facilities, units, and staff specialize in providing substance use disorder treatment (Programs). The confidentiality of substance use disorder patient records maintained by these Programs is protected by special federal law and regulations, in addition to HIPAA. Generally, such a Program may not say to a person outside the Program that a patient attends the Program, or disclose any information identifying a patient as having or having had a substance use disorder unless:

- (1) The patient consents in writing;
- (2) The disclosure is allowed by a court order; or
- (3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the federal law and regulations governing substance use disorder patient records by a Program is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations:

The U.S. Attorney where the Program is located:

Arizona: District of Arizona, Two Renaissance Square, 40 N Central Avenue, Suite 1800, Phoenix, AZ 85004-4449 Phone 602-514-7500

Florida: Middle District of Florida, 300 N Hogan Street, Suite 700, Jacksonville, FL 32202 Phone 904-301-6300

Iowa: Northern District of Iowa, 111 7th Avenue SE, Box #1, Cedar Rapids, IA 52401 Phone 319-363-6333

Minnesota: District of Minnesota, 316 N Robert Street, Suite 404, St. Paul, MN 55101 Phone 651-848-1950

Wisconsin: Western District of Wisconsin, 222 West Washington Avenue, Suite 700, Madison, WI 53703 Phone 608-264-5158

For opioid treatment programs (previously known as methadone programs), you also can contact:

SAMHSA Center for Substance Abuse Treatment, 5600 Fishers Lane, Rockville, MD 20857 Phone 877-SAMHSA-7 (877-726-4727)

Federal law and regulations do not protect any information about a crime committed by a patient either at the Program or against any person who works for the Program or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities. (See 42 U.S.C. 290dd-2 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR Part 2 for Federal regulations.)

OTHER PARTICULARLY SENSITIVE CONDITIONS

Certain other types of health information may have additional protection under state law. For example, health information about mental health, HIV/AIDS and genetic testing results is treated differently than other types of health information under certain state laws. To the extent applicable, Mayo Clinic would need to get your written permission before disclosing these categories of information to others in many circumstances.

INDIVIDUALS IN OR FROM THE EUROPEAN ECONOMIC AREA (EEA), THE UNITED KINGDOM, AND SWITZERLAND

- **Applicability:** We honor our patients' rights under the General Data Protection Regulation (GDPR), the United Kingdom Data Protection Act, and the Swiss Federal Act on Data Protection when applicable and as outlined below.
- **Purposes of processing and legal basis for processing:** We process personal data consistent with our disclosures in this Notice. We process personal data on the following legal bases: (1) with your consent; (2) as necessary to perform our agreement to provide services; (3) as necessary to provide medical service, protect public health, and perform scientific research; (4) as required under the laws of the jurisdictions where we operate, and (5) as necessary for our legitimate interests, as described in this Notice, when providing our services.
- **Transfers:** We may transfer personal data internationally or receive personal data from organizations established in the European Economic Area, the United Kingdom and/or Switzerland; for example, when we receive a referral or exchange medical records with a European health provider. We apply appropriate safeguards to international transfers.

- **Individual Rights:** To exercise your rights under the GDPR, the United Kingdom Data Protection Act or the Swiss Federal Act on Data Protection, please contact Mayo Clinic’s Data protection Officer at INTLcompliance@mayo.edu. In addition to the rights in the “Your Rights” section above, you may ask us to erase your personal data if it is no longer necessary for the purpose for which we collected it, you withdraw consent and no other legal basis for processing exists, or you believe your fundamental rights to data privacy and protection outweigh our legitimate interest in continuing the processing. You may also restrict or object to our processing of your personal data if we are processing it based on legitimate interests or the performance of a task in the public interest as an exercise of official authority (including profiling), or using your data for direct marketing (including profiling). Note that in some instances we are legally required to retain records pursuant to the record retention laws of the jurisdictions where we operate.
- **Complaints or Concerns:** You are welcome to raise any complaints or concerns to Mayo Clinic by contacting Mayo Clinic’s Data Protection Officer at INTLcompliance@mayo.edu. You also have the right to lodge a complaint with a supervisory authority.

CONTACT INFORMATION

If you want to file a complaint, express concerns, or further inquire about Mayo Clinic’s use or disclosure of health information, please contact the Mayo Clinic Privacy Officer by calling 507-266-6286 or send an email to PRIVACYOFFICE@mayo.edu.

EFFECTIVE DATE

The Effective Date of this Notice is January 1, 2018. Entities in the Organized Health Care Arrangement (OHCA) were updated most recently on July 7, 2020. Important information regarding EEA, United Kingdom, and Switzerland residents was added on July 7, 2020. Information about U.S. law, care coordination and calling, texting and emailing was added on August 17, 2022. Information was added about health-related products/services, treatment alternatives, and general health communications on August 29, 2023.

The Discrimination is Against the Law section was updated on January 8, 2025.

DISCRIMINATION IS AGAINST THE LAW

Mayo Clinic complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, creed, religion, gender, marital status, sex stereotypes, sex characteristics, sexual orientation, gender identity or expression, veteran status, status with regard to public assistance, national origin, disability, or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities.

Mayo Clinic:

- Provides free aids and services to people with disabilities to communicate effectively, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please contact the Office of Patient Experience or visit [MayoClinic.org](https://www.mayoclinic.org). If you believe that Mayo Clinic has failed to provide these services or discriminated in another way on the basis of race, color, creed, religion, gender, marital status, sex stereotypes, sex characteristics, sexual orientation, gender identity or expression, veteran status, status with regard to public assistance, national origin, disability, or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, you can file a grievance with: 1557 Coordinator, Office of Patient Experience, 200 First Street SW, Rochester, Minnesota 55905, 1-844-544-0036.

You can file a grievance in person or by mail. If you need help filing a grievance, the Mayo Clinic Office of Patient Experience is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

File electronically through the [Complaint Portal](#).

File by mail: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201

File by phone: 1-800-368-1019

Complaint files are available [here](#).

ATTENTION: Free language assistance services are available to you. Call 1-844-544-0036.

ATENCIÓN: tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-544-0036

FIIRO GAAR AH: Waxaa kuu diyaar ah adeegyada caawimaada luuqadda oo bilaash ah. Wac 1-844-544-0036.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-544-0036

谨此提醒，您可以享受免费的语言协助服务。请致电1-844-544-0036。

주의: 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-544-0036번으로 전화해 주십시오.

ATTENTION : Des services d'aide linguistique gratuits sont à votre disposition. Appelez le 1-844-544-0036.

NCO NTSOOV: Peb yeej muaj cov kev pab txhais lus dawb rau koj. Hu rau 1-844-544-0036.

ຂ້ອນໃສໃຈ: ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາພຣີເຊມ່ນມີໃຫ້ແກ່ທ່ານ. ໂທ 1-844-544-0036.

تنبيه: تتوفر لك خدمات المساعدة اللغوية مجاناً. اتصل بالرقم 1-844-544-0036

ВНИМАНИЕ! Вы можете бесплатно воспользоваться услугами переводчика. Звоните по номеру 1-844-544-0036

PAŽNJA: dostupne su vam usluge besplatne jezične pomoći. Pozovite 1-844-544-0036.

ທ່ານສາມາດໄດ້ໃຊ້ບໍລິການປ່ຽນພາສາໄດ້ຢ່າຈ່າຍເງິນ. ຈົ່ງໂທ: 1-844-544-0036.

ចំណាំ: សេវាជំនួយភាសាភក្ដីតាមផ្លូវមានសម្រាប់អ្នក។ ទូរសព្ទទៅលេខ 1-844-544-0036។

NEENĪ DØC: Da køny mar dhøk mo nut kiperi. Göönyĭ ki yi 1-844-544-0036.

គម្រោងជំនួយភាសា: ប្រើប្រាស់ឥតគិតថ្លៃ ព្រមទាំង គម្រោងជំនួយភាសា ឥតគិតថ្លៃ ឥតគិតថ្លៃ ឥតគិតថ្លៃ ឥតគិតថ្លៃ ឥតគិតថ្លៃ ឥតគិតថ្លៃ 1-844-544-0036 គម្រោង គម្រោង

