NOTICE OF PRIVACY PRACTICES

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.

Effective Date: July 29, 2026

WHO WILL FOLLOW THIS NOTICE
This notice applies to Infinity Medicine LLC, its providers, staff, and any business associates who help us provide care.

OUR COMMITMENT TO YOUR PRIVACY
We understand that your health information is personal. We are required by law to protect your protected health information (PHI), provide you with this notice of our legal duties and privacy practices, and follow the terms currently in effect.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION
We may use and share your PHI without your written authorization for the following purposes:

• **Treatment** – To provide, coordinate, or manage your health care
• **Payment** – To bill and receive payment for services
• **Health Care Operations** – For business activities such as quality improvement, training, and administrative functions

We may also disclose your information in the following situations:
• As required by federal or Minnesota law
• Public health activities (e.g., disease reporting)
• Health oversight activities (e.g., audits, inspections)
• Law enforcement or legal proceedings, as permitted
• To prevent a serious threat to health or safety
• Workers' compensation claims

USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION
We will not use or disclose your PHI for the following without your written authorization:
• Marketing purposes
• Sale of your information
• Most sharing of psychotherapy notes (if applicable)

You may revoke your authorization at any time in writing.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION
You have the right to:

• **Access and obtain a copy** of your medical records
• **Request corrections** to your records

• **Request restrictions** on certain uses or disclosures
• **Request confidential communications** (e.g., alternate address or phone)
• **Receive an accounting of disclosures**
• **Obtain a paper or electronic copy** of this notice

MINNESOTA-SPECIFIC PRIVACY PROTECTIONS
Minnesota law provides additional protections for certain types of health information. In many cases, your written consent is required before releasing records, including:
• Mental health records
• HIV/AIDS-related information
• Substance use disorder treatment records
• Genetic testing information

We will comply with Minnesota law when it is more protective than federal law.

OUR RESPONSIBILITIES
We are required to:
• Maintain the privacy and security of your PHI
• Notify you if a breach occurs that may compromise your information
• Follow the terms of this notice

We reserve the right to change this notice and make the new notice effective for all PHI we maintain. Updated notices will be posted on our website.

COMPLAINTS
If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services. Filing a complaint will not affect your care.

Contact us at:
Infinity Medicine LLC
1111 1st Street
Waubun, MN 56589
Phone: 218-234-2120

You may also file a complaint with:
U.S. Department of Health and Human Services, Office for Civil Rights

CONTACT INFORMATION
If you have questions about this notice, please contact:
Infinity Medicine LLC
1111 1st Street
Waubun, MN 56589
Phone: 218-234-2120