



GatherWell, PLLC
17565 Central Ave NE, Suite 200, Ham Lake, MN 55304
2180 105th Ave NE, Suite 200, Blaine, MN 55449
6550 York Ave, Suite 305, Edina, MN 55435
www.GatherWellMN.com
info@GatherWellMN.com
612-806-1546

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: February 16, 2026

Our Pledge Regarding Your Protected Health Information We understand that medical information about you and your health is personal. We are committed to protecting the privacy of your protected health information ("PHI"). We are required by law to:

- Maintain the privacy of your PHI;
- Give you this notice of our legal duties and privacy practices with respect to your PHI; and
- Follow the terms of the notice that is currently in effect.

How We May Use or Disclose Your Protected Health Information We may use or disclose your PHI for treatment, payment, and health care operations purposes without your specific authorization, as described below. We will use or disclose your PHI only as permitted or required by law.

- **For Treatment.** We may use and disclose PHI to provide, coordinate, or manage your health care and related services. This includes consulting with other health care providers and sharing information for coordination of care.
- **For Payment.** We may use and disclose PHI so that we or others may bill and receive payment for the treatment and services provided to you.
- **For Health Care Operations.** We may use and disclose PHI for our health care operations, such as quality assessment and improvement, reviewing the competence or qualifications of health care professionals, conducting training programs, accreditation, certification, licensing, or credentialing activities, and business management and general administrative activities.

Other Uses and Disclosures We May Make Without Your Authorization We may use or disclose your PHI without your authorization for the following purposes (subject to applicable law):

- To avert a serious threat to health or safety;
- As required by law (e.g., court orders, public health reporting, abuse/neglect reporting);
- For public health activities (e.g., disease reporting);



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- For health oversight activities (e.g., audits by government agencies);
- For judicial and administrative proceedings;
- For law enforcement purposes (under limited circumstances);
- About decedents (e.g., to coroners or funeral directors);
- For research (under strict protections);
- To prevent or lessen a serious and imminent threat to health/safety;
- For specialized government functions (e.g., military, national security);
- For workers' compensation.

Uses and Disclosures Requiring Your Authorization We will obtain your written authorization before using or disclosing your PHI for purposes not described above, such as marketing (except face-to-face communications or promotional gifts of nominal value), or sale of PHI. You may revoke authorization at any time in writing (except to the extent action has already been taken).

Your Rights Regarding Your Protected Health Information You have the right to:

- **Inspect and obtain a copy** of your PHI (with limited exceptions); request in electronic format if we maintain it electronically.
- **Request restrictions** on certain uses/disclosures (we are not required to agree except in cases where you paid out-of-pocket in full and requested no disclosure to your health plan).
- **Receive confidential communications** (e.g., alternative address or method).
- **Amend** your PHI if inaccurate or incomplete.
- **Receive an accounting** of disclosures (for the prior 6 years, with exceptions).
- **Obtain a paper copy** of this notice upon request.
- **File a complaint** if you believe your privacy rights have been violated (with us or with the U.S. Department of Health and Human Services, Office for Civil Rights).

To exercise these rights, contact our Privacy Officer at 612-806-1546
info@gatherwellmn.com.

Our Duties We are required to:

- Maintain the privacy of your PHI;
- Provide you this notice;
- Abide by the terms of this notice;
- Notify you following a breach of your unsecured PHI (if required).

Changes to This Notice We reserve the right to change our privacy practices and update this notice. The revised notice will apply to all PHI we maintain. We will post the current notice on our website and make copies available.



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Contact Information If you have questions or want to exercise your rights, contact: Privacy Officer, 17565 Central Ave NE, Suite 200, Ham Lake, MN 55304 Phone: 612-806-1546
Email: info@gatherwellmn.com

Complaints You may complain to us or to: U.S. Department of Health and Human Services Office for Civil Rights <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.

We will not retaliate against you for filing a complaint.

Special Note on Substance Use Disorder Records (if applicable) If we create or receive records related to substance use disorder treatment subject to 42 CFR Part 2, additional protections apply, and we will handle those records accordingly (e.g., requiring specific consent for most disclosures). Contact us for details if this applies to your care.

Thank you for trusting us with your care. We are committed to protecting your privacy.