STATE OF MINNESOTA
IN COURT OF APPEALS
A24-1390

Justin Holtzbauer,
Appellant,

vs.

Allina Health System,
Respondent.

Filed May 19, 2025
Reversed and remanded
Bentley, Judge
Dissenting, Johnson, Judge

Hennepin County District Court
File No. 27-CV-23-10257

Christopher Kuhlman, Kuhlman Law, LLC, Minneapolis, Minnesota; and

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Considered and decided by Harris, Presiding Judge; Johnson, Judge; and Bentley, Judge.

SYLLABUS

A health care provider's disclosure that a person is a patient and currently hospitalized at a specific facility and in a specific room and bed is "information . . . that relates to . . . the provision of health care" and therefore constitutes release of a "health

record" under section 144.291, subdivision 2(c), of the Minnesota Health Records Act, Minn. Stat. §§ 144.291-.298 (2024).

OPINION

BENTLEY, Judge

Appellant Justin Holtzbauer was hospitalized after suffering an injury and did not want his former spouse to know where he went for treatment. But when she called one of respondent Allina Health System's hospitals, an employee disclosed that he was currently hospitalized at another Allina facility and revealed his room and bed numbers. Shortly thereafter, she showed up at the hospital and caused Holtzbauer distress.

The issue on appeal is whether Allina released a "health record" in violation of the Minnesota Health Records Act, Minn. Stat. §§ 144.291-.298 (2024), when its employee disclosed that Holtzbauer was a patient at a specific hospital in a specific room and bed. The district court determined that the information was not a health record, as that term is defined in section 144.291, subdivision 2(c), and granted summary judgment for Allina. We reverse and remand for further proceedings because we conclude that Allina released "information . . . that relates to . . . the provision of health care to a patient." Minn. Stat. § 144.291, subd. 2(c). It therefore constituted a health record.

FACTS

The following facts derive from the record and are presented in the light most favorable to Holtzbauer, the nonmoving party, as is required on summary judgment. *See Warren v. Dinter*, 926 N.W.2d 370, 375 (Minn. 2019).

In November 2022, Holtzbauer suffered an injury while working as a tree trimmer. As he cut a tree limb, a branch swung down and struck him in the chest. Holtzbauer felt chest pain, so he later asked someone to drive him to the nearest hospital: Allina's Mercy Hospital in Coon Rapids. He arrived around midnight. Holtzbauer opted out of the facility directory and, pursuant to Allina policy, his file was therefore marked as a "confidential encounter," meaning that he did not want anyone to know that he was a patient or otherwise receive information about him.

Holtzbauer texted his former spouse, H.H., to say that he was hospitalized because he broke his breastbone and had a compression fracture in his neck. He wanted H.H. to tell their children that he was being hospitalized but did not want them to visit him.

At 6:28 a.m., H.H. texted Holtzbauer asking where he was. He did not text back immediately, so she began calling hospitals to find him. She would call, provide Holtzbauer's name and birth date, and ask if he was there. When she called United Hospital, an Allina facility, an employee informed H.H. that Holtzbauer was hospitalized at Mercy Hospital in room 10, bed 3. Because Holtzbauer was marked as a confidential encounter, the employee's disclosure violated Allina's internal policies.

Holtzbauer texted H.H. back at around 9:30 a.m., and the two exchanged contentious messages. At 11:00 a.m., H.H. arrived at Mercy Hospital and asked to see Holtzbauer. A nurse saw that he was marked as a confidential encounter and did not disclose that Holtzbauer was there. Instead, the nurse had H.H. wait at the triage window. The nurse then went to Holtzbauer's room and asked if he wanted H.H. to be allowed to see him. Holtzbauer said yes. The nurse observed that Holtzbauer appeared to be upset that

H.H. had come to the hospital. When H.H. entered his room, the two argued for several minutes. The argument continued over text message after H.H. left.

At 4:00 p.m., H.H. returned to the hospital with their daughters because Holtzbauer had asked her to bring them to see him. H.H. was told by security that they were too young to go to Holtzbauer's room. H.H. went to Holtzbauer's room alone, and the two got into another argument. After she left, the argument again continued over text message. Holtzbauer testified that he had not wanted H.H. to show up at the hospital because he thought he would "get verbally attacked" by her. But he agreed to see her because "since she was there already, the damage [was] already done."

In April 2023, Holtzbauer sued Allina under Minnesota Statutes section 144.298, subdivision 2(1), which provides a cause of action if a health care provider "negligently or intentionally requests or releases a health record in violation of sections 144.291 to 144.297." Minn. Stat. § 144.298, subd. 2(1); *see also Expose v. Thad Wilderson & Assocs., P.A.*, 889 N.W.2d 279, 288 (Minn. 2016) (noting that Minn. Stat. § 144.298, subd. 2(1), provides a "cause of action"). The complaint alleged that Allina violated the Health Records Act by disclosing that he was a patient at Mercy Hospital and was assigned a particular room and bed. Holtzbauer alleged that he suffered "emotional harm, anger, embarrassment, frustration, shame, and anxiety" because of Allina's conduct. The parties proceeded with discovery, and Allina stipulated that its employee disclosed that Holtzbauer

was "hospitalized at Mercy Hospital" in a particular room.[1] Notwithstanding that fact, Allina argued that it was entitled to summary judgment because, even though the disclosure violated its internal policies, it did not violate the Health Records Act. Alternatively, Allina argued that it is entitled to summary judgment because Holtzbauer had not presented evidence establishing that any damages were proximately caused by Allina's disclosure. The district court agreed that Allina did not violate the Health Records Act and granted summary judgment without reaching the causation issue.

Holtzbauer appeals.

ISSUE

Does a provider disclose a health record, as that term is defined in Minnesota Statutes section 144.291, subdivision 2(c), when it releases information that a person is a patient and currently hospitalized at a specific facility and in a specific room and bed?

ANALYSIS

This appeal turns on the meaning of the term "health record," as it is defined in the Health Records Act, Minn. Stat. § 144.291, subd. 2(c). Holtzbauer argues that the Health Records Act defines health record to include the information that Allina disclosed to H.H.—that he was hospitalized at that time at a specific Allina facility—and that the district court therefore erred by granting Allina's motion for summary judgment. Allina maintains that the district court properly granted summary judgment because a health record must be

[1] We agree with the dissent that the fact that a person "is hospitalized" at a facility is synonymous with the fact that the person is a current patient of a hospital. *See infra* at D-1 n.2.

"information of a clinical nature," and Allina disclosed only "nonclinical identifying information" that is outside the scope of an action for unlawful release of a health record. In short, the issue is whether a provider releases a health record by disclosing that a person is a patient who is currently hospitalized at the provider's facility.[2]

Because Holtzbauer appeals from the district court's grant of summary judgment, our review is de novo. *Hanson v. Dep't of Nat. Res.*, 972 N.W.2d 362, 371-72 (Minn. 2022). We will affirm a district court's grant of summary judgment if "no genuine issues of material fact exist and . . . the court accurately applied the law." *Id.* We "view the evidence in the light most favorable to the nonmoving party and resolve all doubts and factual inferences against the moving part[y]." *Warren*, 926 N.W.2d at 375 (quotations omitted). The legal question presented here requires an interpretation of the Health Records Act, which is an issue we also review de novo. *See Wood v. County of Blue Earth*, 994 N.W.2d 309, 312 (Minn. 2023) (reviewing questions of statutory interpretation de novo).

In reviewing the district court's decision, we first consider the meaning of the definition of "health record" in section 144.291, subdivision 2(c), with a focus on the category of information that "relates to . . . the provision of health care to a patient." Minn. Stat. § 144.291, subd. 2(c). That inquiry leads us to conclude that Allina released a health record under the facts of this case. Nevertheless, in the second part of our analysis, we

[2] We do not decide whether a provider releases a health record solely by disclosing that a person is, or has been, a patient of the provider without more detail, such as the fact that Holtzbauer was hospitalized at Mercy Hospital and assigned to a bed and room. That question is not before us.

address some of the practical implications of our decision that bolster our interpretation of the plain meaning of the statute.

I

When interpreting statutes, our goal is to "ascertain and effectuate the intention of the legislature." *Cambria Co., LLC v. M&M Creative Laminants, Inc.*, 11 N.W.3d 318, 323 (Minn. 2024) (quoting Minn. Stat. § 645.16 (2022)). The legislature has instructed that words and phrases should be given their "common and approved usage." Minn. Stat. § 645.08(1) (2024). We also "interpret a statute as a whole so as to harmonize and give effect to all its parts, and where possible, no word, phrase, or sentence will be held superfluous, void, or insignificant." *In re Annexation of Certain Real Prop. to City of Proctor*, 925 N.W.2d 216, 218 (Minn. 2019) (quotation omitted). "When the statutory language is plain and unambiguous, we will look only to that language in ascertaining legislative intent." *Haefele v. Haefele*, 837 N.W.2d 703, 708 (Minn. 2013). We first discern the plain meaning of the health-record definition, we then assess that meaning within its statutory context, and, finally, we consider the persuasive value of case law interpreting the meaning of health record.

A. Plain Meaning of Section 144.291, Subdivision 2(c)

The Health Records Act defines a "health record" as "any information, whether oral or recorded in any form or medium, that relates to the past, present, or future physical or mental health or condition of a patient; the provision of health care to a patient; or the past, present, or future payment for the provision of health care to a patient." Minn. Stat. § 144.291, subd. 2(c). For our purposes, the phrase "relates to" is a key element of the

definition because it modifies all three categories of information that can constitute a health record. The supreme court has defined a nearly identical phrase ("relating to") to mean, "to stand in some relation; to have bearing or concern; to pertain; refer; to bring into association with or connection with." *Phone Recovery Servs., LLC v. Qwest Corp.*, 919 N.W.2d 315, 320 (Minn. 2018) (quoting *500, LLC v. City of Minneapolis*, 837 N.W.2d 287, 291 (Minn. 2013)). It recognizes that the plain meaning of the phrase is broad. *See id.* at 320-21, 325; *see also 500, LLC*, 837 N.W.2d at 291 (quoting *Morales v. Trans. World Airlines, Inc.*, 504 U.S. 374, 383 (1992)). Considering that meaning here, a health record is any information that pertains, refers, or stands in some relation to (1) the past, present, or future physical or mental health or condition of a patient; (2) the provision of health care to a patient; or (3) past, present, or future payment for the provision of health care to a patient.

The parties focus primarily on the category, "the provision of health care to a patient," as do we. The dictionary definition of "provision" is "[t]he act of providing or supplying something." *The American Heritage Dictionary of the English Language* 1419 (5th ed. 2018). Here, the "something" being provided is "health care," which is defined as "[t]he prevention, treatment, and management of illness and the preservation of mental and physical well-being through the services offered by the medical and allied health professions." *Id.* at 810.

Applying these definitions to the record before us, we conclude that Allina released information that relates to the provision of health care. Allina revealed information that Holtzbauer was hospitalized at Mercy Hospital. The fact that a person is hospitalized reveals that the person is presently under the hospital's care and receiving treatment.

Information that identifies the specific facility and location within the facility reveals even more about the health care being provided. Here, the disclosure that Holtzbauer was at Mercy Hospital in a specific room allowed H.H. to deduce that he was in the emergency department. In other situations, disclosure of the facility and room location could disclose that a person is presently receiving mental health care, reproductive health care, or cardiovascular care, for example. That information pertains, refers, or stands in some relation to the provision of health care to a patient.[3]

Allina sets forth a narrower definition of a "health record" when it comes to information that relates to the "provision of health care to a patient." Allina argues that such health-record information is limited to "the efforts medical professionals undertook to treat the patient," i.e., "clinical information." Through that lens, Allina argues that information is a health record under the "provision of healthcare" category only if it is "about . . . the treatment received" or "the actual care provided." We are unpersuaded.

First, Allina's proposed definition adds limiting words to the definition of "health record" in section 144.291, subdivision 2(c), that do not exist in the statute. The definition includes "*any* information" that relates to the provision of health care, Minn. Stat § 144.291, subd. 2(c) (emphasis added), but Allina maintains that it encompasses only "*clinical* information." By adding the word "clinical," Allina's proposed definition violates the well-established rule that we "do not, and cannot, add to a statute words intentionally

[3] Holtzbauer argues that we should construe "health record" liberally because the HRA is a remedial statute. But the "canon of liberally construing remedial statutes does not apply in cases in which, as here, the statute is facially unambiguous." *Qwest*, 919 N.W.2d at 325.

or inadvertently omitted by the Legislature." *Linn v. BCBSM, Inc.*, 905 N.W.2d 497, 503 (Minn. 2018) (quoting *J.D. Donovan, Inc. v. Minn. Dep't of Transp.*, 878 N.W.2d 1, 13 (Minn. 2016)); *see also Gen. Mills, Inc. v. Comm'r of Revenue*, 931 N.W.2d 791, 800 (Minn. 2019) ("We do not . . . add words to the plain language of a statute to fit with an identifiable policy."). Likewise, Allina contends that "provision of health care" is limited to the "efforts medical professionals undertook to treat the patient (i.e., the actual care provided)." This limitation also contravenes the principle that we cannot rewrite a statute. *See Linn*, 905 N.W.2d at 503.[4]

Second, limiting the definition of health record to information about the actual care provided does not give effect to all parts of the definition as set forth in section 144.291, subdivision 2(c), because it renders the phrase "relates to" superfluous. *See* Minn. Stat. § 645.16 (2024) ("Every law shall be construed, if possible, to give effect to all its provisions."). Instead of defining a health record as information that "relates to" (i.e., pertains, refers, or stands in some relation to) one of the categories of material, Allina interprets a health record to be information "about" the care provided. But the supreme court has already rejected a call to equate the plain meaning of "relating to" with the word "about." *See Qwest*, 919 N.W.2d at 320-22. In *Qwest*, the court noted that, even if "relating to" and "about" may in some circumstances be "consistent synonyms," there was no definition proposed in that case that offered "about" as a "second reasonable interpretation"

[4] In any event, hospitalization is an "effort[] that medical professionals undertook to treat" Holtzbauer. Therefore, even under Allina's proposed definition, the fact of his hospitalization at Mercy Hospital is related to "the actual care provided."

of the phrase "relating to." *Id.* at 321. Likewise, here, Allina offers no alternative definition of "relates to" that supports its interpretation of the statute, and we decline to adopt a construction that would alter the plain meaning of the statutory definition of "health record."

Third, our interpretation of information that relates to "the provision of health care to a patient" still gives meaning to the other categories of information identified in the health-record definition. It does not, as Allina contends, render superfluous the other two categories: "the past, present, or future physical or mental health or condition of a patient" or "the past, present, or future payment for the provision of health care to a patient." Minn. Stat. § 144.291, subd. 2(c). In Allina's view, our interpretation requires that information relating to the patient's mental and physical health and condition, or to payments for the provision of health care, "necessarily also relate[s] to the 'provision of healthcare.'"

To be sure, there may be information that constitutes a health record under more than one category. If anything, that result reflects the statute's broad terms (e.g., "relates to") and broad categories that involve related subjects. But the possibility of overlap does not render the different categories superfluous because each category still has its own meaning and may cover information not included in the others. Consider, for example, a provider's disclosure that a patient has the flu. That disclosure would reveal information that only relates to the patient's health condition; without more, it does not relate to the provision of health care or to payment. Or consider a provider's disclosure that a patient updated their file with a new insurance provider. That information may relate to the future payment for the provision of health care but, without more, it would not relate to the

provision of health care itself. Considering the definition of health record as a whole, we decline to stray from the ordinary meaning of the statute to attempt to reconcile broad categories that may, in some circumstances, overlap.[5]

B. Statutory Context

Our determination that Allina released a health record comports with the meaning of health record in the broader statutory context. Allina disagrees, but none of its arguments convince us that we should apply a narrower definition of health record than its plain meaning.

Allina points us to section 144.292, subdivision 4(2), which states that providers must give written notice of "the right of the patient to have access to and obtain copies of the patient's *health records and other information* about the patient that is maintained by the provider." Minn. Stat. § 144.292, subd. 4(2) (emphasis added). Then, subdivision 5

[5] The dissent acknowledges that health records—including x-rays, laboratory reports, and "other technical information used in assessing the patient's condition"—may relate to both a "patient's health condition and a health-care provider's care and treatment of the patient's condition." *Infra* at D-4. Thus, even an interpretation limited to "clinical information" cannot avoid all redundancy. *See State v. Nelson*, 842 N.W.2d 433,439 n.4 (Minn. 2014) ("[T]he canon against surplusage merely favors that interpretation which *avoids* surplusage[.]"). And as the supreme court has observed, the canon against surplusage "must be applied with judgment and discretion, and with careful regard to context" because "[s]ometimes drafters *do* repeat themselves and *do* include words that add nothing of substance, either out of a flawed sense of style or to engage in the ill-conceived but lamentably common belt-and-suspenders approach." *In re Krogstad*, 958 N.W.2d 331, 335 (Minn. 2021) (quoting Antonin Scalia & Bryan A. Garner, *Reading Law: The Interpretation of Legal Texts* 176-77 (2012)). We decline to add words to the statute (such as "clinical information") in an attempt to avoid any redundancy because, in the context of this statute, information relating to a patient's condition or payment may inherently overlap with the provision of health care. And that is so, regardless of whether health records are limited to clinical information or not.

requires providers to give patients, on written request, "copies of the patient's health record, including but not limited to laboratory reports, x-rays, prescriptions, and other technical information used in assessing the patient's health conditions." Minn. Stat. § 144.292, subd. 5(1). Reading these two subdivisions together, Allina argues that the list of examples in subdivision 5, which are clinical in nature, shows that "health records" are clinical information and are distinct from "other information about the patient that is maintained by the provider." And, invoking the definition of "identifying information," Minn. Stat. § 144.291, subd. 2(d), Allina maintains that "other information" in section 144.292, subdivision 5, includes identifying information like "the patient's name, address, date of birth, gender, parent's or guardian's name regardless of the age of the patient, and other nonclinical data which can be used to uniquely identify the patient." Minn. Stat. § 144.291, subd. 2(d). Pulling it all together, Allina posits that the statute "draws a clear distinction between the release of clinical information (which is actionable) and the release of nonclinical identifying information (which is not)." We are not convinced for several reasons.

First, we are not persuaded that the meaning of "health record" in section 144.291, subdivision 2(c), is limited by section 144.292. That is because section 144.292 sets forth a patient's right to access information and focuses only on a subset of health records: those which may be "copie[d]" and are "maintained by the provider." Minn. Stat. § 144.292, subds. 4(2), 5. That group of health records is inherently narrower than the full breadth of the statutory definition of "health record" in section 144.291, subdivision 2(c). A "health record" includes information that is "oral or recorded in any form or medium," Minn. Stat.

§ 144.291, subd. 2(c), and may include some information that would not fall within section 144.292 because it cannot be maintained or copied as those terms are ordinarily understood. For example, had an Allina employee told H.H. about the specific treatment Holtzbauer received, that information would not fall within the parameters of section 144.292 because it was not "maintained" by Allina and could not be "copied." Still, it would be a health record under even Allina's proposed definition.

Second, the fact that section 144.292, subdivision 5, offers a list of examples of health records subject to that provision does not mean that the legislature intended to restrict the meaning of health record in other contexts. The provision states as much when it references health records "including but not limited to" the examples provided. Minn. Stat. § 144.292, subd. 5; *see also In re Welfare of H.B.*, 986 N.W.2d 158, 168-69 (Minn. 2022) (explaining that the ordinary meaning of "including" signifies enlargement). The examples also make sense in the context of that patient-rights provision, as they illuminate the types of health records that a patient would commonly want to keep for themselves or take to another provider. *See Cocchiarella v. Driggs*, 884 N.W.2d 621, 624 (Minn. 2016) (instructing that we "consider[] the provision at issue in light of the surrounding sections to avoid conflicting interpretations" (quotation omitted)). For these reasons, it would be unreasonable to use those examples to limit our understanding of "health record" in the context of a claim for unauthorized release.[6]

[6] For similar reasons, we are not persuaded that the definition of health record is limited by the provision concerning the release of health records from one provider to another upon the written request of a patient. *See* Minn. Stat. § 144.293, subd. 3 (requiring providers to furnish "[a] patient's health record, including, *but not limited to*, laboratory reports, x-rays,

Third, we are not persuaded that Allina disclosed only "identifying information," as defined in section 144.291, subdivision 2(d). When H.H. called the Allina facility, she provided identifying information and got something more in return: information that Holtzbauer was a patient and currently hospitalized at a specific location in a specific facility, i.e., that Allina was providing him health care. This is not a case where a health care provider disclosed only information that could be used to identify a person and nothing more. We thus do not need to decide whether or when a provider could disclose a health record by disclosing only identifying information.[7]

3. Case Law

Allina identifies three nonprecedential opinions to justify its interpretation of the statute. These opinions are not binding authority, but we may consider them for their

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prescriptions, and other technical information used in assessing the patient's condition, or the pertinent portion of the record relating to a specific condition, or a summary of the record" (emphasis added)).

[7] The dissent advances an interpretation of that statute that identifying information receives less protection under the Health Records Act because it may be disclosed without a patient's consent to "a record locator or patient information service." Minn. Stat. § 144.293, subd. 8(a). *See infra* at D-5. But the fact that a provider may disclose identifying information to a record locator or patient information service without consent does not mean that it can disclose identifying information to other third parties without consent or other authorization in the statute. To the contrary, subdivision 8(a)'s placement within section 144.293—which identifies when and under what circumstances a provider may disclose health records—indicates that identifying information that falls within the definition of a health record and that is not subject to an exception to the consent requirement (like in subdivision 8(a)) may not be disclosed without consent. In any event, we do not need to reach that question here because Allina released more than identifying information.

persuasive value. Minn. R. Civ. App. P. 136.01, subd. 1(c). They do not persuade us to depart from our plain reading of the statute.

First, Allina contends that *Lonergan v. Dakota County Social Services* supports its argument that "identifying information" is not a health record. No. A23-1536, 2024 WL 2722164, at *2 (Minn. App. May 28, 2024). In *Lonergan*, the district court dismissed a complaint brought by patients in the Minnesota Sex Offender Program (MSOP) that alleged the county disclosed health records when it revealed "names, addresses, MRECs [medical records numbers or client ID numbers], dates of birth, gender, billing/invoice information, 'other clinical and nonclinical data,' and 'other not public, private data still unknown to [appellants].'" *Id.* There, we stated that "[t]here was no error in the dismissal of the [Health Records Act] claims." *Id.* But we did not conduct a statutory-interpretation analysis, nor did we recite the facts in detail as we do in precedential opinions. *Id.*; *see Vlahos v. R&I Const. of Bloomington, Inc.*, 676 N.W.2d 672, 676 n.3 (Minn. 2004) (noting that nonprecedential opinions "rarely contain a full recitation of the facts"). Without additional details about the information released and the parties' arguments with respect to the meaning of the term "health record," we do not find *Lonergan* persuasive. And regardless, *Lonergan* does not support Allina's interpretation—that only clinical information is a health record—because the *Lonergan* plaintiffs alleged, in part, that clinical data was disclosed. 2024 WL 2722164, at *2.

Second, Allina points to two other cases in which we concluded that disclosures were not health records when the disclosed information allowed for an *inference* that a person was a patient, without disclosing that the person was, in fact, a patient. In *Rhoades*

v. Lourey, an MSOP patient alleged that a mailed sex-offender registration form that contained his personal information was a health record because one could deduce that he was an MSOP patient based on his name and address. No. A18-1120, 2019 WL 1006804, at *2 (Minn. App. Mar. 4, 2019), *rev. denied* (Minn. May 28, 2019). We concluded that his name and address was not a health record and rejected the implication that health records include "information from which a person's status as a patient could be inferred." *Id.* For the same reason, we concluded in *Furlow v. Madonna Summit of Byron* that a picture of a resident at a senior living facility, taken by a nurse's aide and posted to social media without the resident's consent, was not a health record. No. A19-0987, 2020 WL 413356, at *2-3 (Minn. App. Jan. 27, 2020). In contrast, Allina disclosed that Holtzbauer was a patient who was hospitalized at Mercy Hospital and assigned to a particular room and bed. There was no inference required to discern his status as a current patient receiving care. *Rhoades* and *Furlow*, therefore, do not convince us to affirm.

In sum, we see no basis to depart from the plain meaning of the statute and adopt a narrower definition of "information . . . that relates to . . . the provision of health care to a patient" that limits the statute's scope to information about the actual treatment provided.

III

We typically do not consider the overarching effect of a statute absent a determination that the statutory provision at issue is ambiguous. *See State v. Pakhnyuk*, 926 N.W.2d 914, 920-24 (Minn. 2019) (considering a statute's purpose only after determining

its plain language is ambiguous). But, as Holtzbauer and the amicus curiae argue,[8] a decision that the disclosure here is not a health record could result in the unauthorized release of information that the legislature intended to protect. We are reassured that our interpretation aligns both with the Health Records Act and with common sense.

As amicus emphasizes, the fact that an individual is a current patient at a specific hospital and in a specific room is inherently personal information that the person may want to keep private for any host of reasons. As one example, a survivor of domestic violence who seeks the provision of health care after an assault may justifiably want to keep the fact and location of the hospitalization private from their abuser. As another example, a person receiving reproductive health care may wish to keep the fact and location of such care private from someone outside of the patient-provider relationship. Under our interpretation of the statute, the provider would be prohibited from disclosing any information relating to the provision of health care in those circumstances—including the fact and location of care—without the patient's consent or other authorization in Minnesota law. *See* Minn. Stat. § 144.293, subd. 2. Under Allina's interpretation, it would not.[9]

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[8] Amicus curiae Minnesota Association for Justice describes itself as "a professional association of attorneys who represent Minnesotans who have been wrongfully harmed, who suffer injuries to their person or property, or who suffer violations to their civil or human rights."

[9] Allina acknowledges that some providers have a specialized practice—the example it used at oral argument was Bob's Mole Removal Clinic—such that information that a person is a current patient at the provider's facility might qualify as a health record. Allina urges that the district court should decide on a case-by-case basis whether that information constitutes a health record. But, in interpreting section 144.291, subdivision 2(c), we see no basis to delineate between a general-practice hospital's disclosure of a patient's hospitalization and bed and room number, and a specialty provider's disclosure of

In certain other circumstances, it may be important for a provider to disclose a patient's hospitalization even when the patient has not consented—and the statute allows for that. The dissent raises a concern that, under our interpretation of the statute, family members may not be able to find a loved one who is suddenly hospitalized. *See infra* at D-7-9. But the legislature considered that scenario and developed nuanced exceptions to the consent requirement in cases of emergency and other situations where a patient may not be able to consent.

In the context of a "medical emergency," a provider may disclose a health record without consent (including the fact and location of hospitalization) "when the provider is unable to obtain the patient's consent due to the patient's condition or the nature of the medical emergency." *Id.*, subd. 5(a)(1). The dissent construes that exception narrowly and contends that it may apply only to disclosures from one provider to another. *See infra* at D-8. But that limitation does not appear in the text of the provision. And because other exceptions do expressly limit who may receive the information without consent, *see, e.g.*, *id.*, subd. 5(a)(2)-(3), (b), we presume the legislature intended not to limit disclosures in the context of a medical emergency under subdivision 5(a). *See Vlahos*, 676 N.W.2d at 677 n.4 ("The legislature would not have employed different terms in different subdivisions of the statute if it had intended those subdivisions to have the same effect."). Moreover, Allina has not advanced the position, as the dissent does, that practical difficulties in determining

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analogous information. In both instances, the provider releases information that it is actively providing the patient with treatment, care, and observation. That information relates to the provision of health care.

what constitutes a medical emergency would inhibit providers from disclosing health record information to family members when the statute would allow it.

As another example, in the context of a patient receiving mental health care, the statute allows family members to obtain access to health records in some circumstances without the patient's consent. The statutory section addressing records relating to mental health says that "a provider providing mental health care and treatment may disclose [certain] health record information . . . about a patient to a family member of the patient or other person who requests the information if" specific conditions are met, including that "the patient agrees to the disclosure, does not object to the disclosure, or is unable to consent or object, and the patient's decision or inability to make a decision is documented in the patient's medical record." Minn. Stat. § 144.294, subd. 3.

As these examples illustrate, the statute strikes a careful balance between a concern for patient privacy and the need for disclosure of records in some express circumstances. The legislature made a policy choice in determining when to permit the release of a health record without consent. It is not our job, nor is it appropriate for us, to carve out more exceptions or to read between the lines as to what the legislature intended when the language in the statute is clear. In the circumstances of this case, none of the exceptions apply. And because the information disclosed here falls within the plain meaning of a health record, it follows that Allina was not authorized to release it absent consent. *See* Minn. Stat. § 144.193, subd. 2.

DECISION

We hold that Allina released "information . . . that relates to . . . the provision of health care to a patient" under the plain meaning of the definition of "health record" in Minn. Stat. § 144.291, subd. 2(c), when it revealed that Holtzbauer was a patient who was hospitalized at Mercy Hospital in a specific room and bed. The district court erred by granting summary judgment to Allina based on its determination that the disclosed information was not a health record.[10]

We therefore reverse the district court's entry of summary judgment and remand for further proceedings not inconsistent with this opinion.

Reversed and remanded.

[10] We note that Allina alternatively argues that it was entitled to summary judgment because Holtzbauer failed to offer evidence sufficient to establish that his damages were proximately caused by Allina's disclosure without an intervening, superseding cause of harm. Although we "may affirm a grant of summary judgment if it can be sustained on any grounds," *Doe v. Archdiocese of St. Paul*, 817 N.W.2d 150, 163 (Minn. 2012), we may decline to consider alternative grounds for summary judgment that the district court did not address, *see Monson v. Suck*, 855 N.W.2d 323, 329-30 (Minn. App. 2014), *rev. denied* (Minn. Dec. 30, 2014) (declining to address on appeal alternative arguments that the district court did not address in the first instance). Because the district court did not consider Allina's alternative ground for summary judgment, we decline to reach that issue and instruct the district court on remand to determine in the first instance whether to grant Allina's motion for summary judgment on that basis.

JOHNSON, Judge (dissenting)

This appeal turns on the meaning of the term "health record," as used in the Minnesota Health Records Act.[1] *See* Minn. Stat. § 144.291, subd. 2(c) (2024). Holtzbauer argues that the statutory definition of that term is "expansive and encompassing" and "broad and all-inclusive," with "no limitations." In contrast, Allina argues that the relevant clause of the statutory definition is limited to information of a clinical nature, such as diagnosis, prognosis, and treatment. The court interprets the term broadly to include the fact that a particular person is a patient at a particular hospital. In my view, the court's interpretation is not justified by the text of the statutory definition or by the context indicated by the act as a whole. I would interpret the term "health record" to *not* include the mere fact that a particular person is a patient at a particular hospital and is in a particular room.[2]

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[1]It is irrelevant that Holtzbauer opted out of Mercy Hospital's directory and that Allina violated its own policy by disclosing that he was a patient at that hospital. *See supra* at 3-5. Holtzbauer seeks relief on a theory that would apply to any person who is a patient at a hospital, regardless of whether the person opted out of a patient directory.

[2]When I refer throughout this opinion to a person who is a patient of a hospital, I mean that the person is, in the present tense, a patient of the hospital at that particular time. To me, it is redundant to say that a person is a patient of a hospital and is hospitalized. *See supra* at 5 n.1, 6 n.2. Holtzbauer's former wife apparently shares my understanding. She testified in her deposition that she called multiple hospitals, provided her former husband's name and date of birth, and asked, "Is he a patient?" Holtzbauer's former wife also testified that, when she posed that question to Allina's United Hospital, an Allina employee stated, "Yes, Justin is at Mercy Hospital, room 10, bed 3." Holtzbauer's former wife did not testify that she asked hospitals whether her former husband was "hospitalized" and did not testify that Allina disclosed that Holtzbauer was "hospitalized."

A.

In interpreting a statute, we should consider the entire statutory scheme of which the statute is a part. *State v. Beganovic*, 991 N.W.2d 638, 645 (Minn. 2023); *State v. Cloutier*, 987 N.W.2d 214, 219 (Minn. 2023); *State v. Prigge*, 907 N.W.2d 635, 638, 640 (Minn. 2018). We read a statute as a whole "to harmonize and give effect to all its parts" because "various provisions of the same statute must be interpreted in the light of each other." *State v. Riggs*, 865 N.W.2d 679, 683 (Minn. 2015) (quotation omitted). In addition, we should consider the particular context of the statute. *See Wocelka v. State*, 9 N.W.3d 390, 394 (Minn. 2024); *State v. Townsend*, 941 N.W.2d 108, 110 (Minn. 2020).

The supreme court has summarized the context in which the health records act operates as follows:

> The Minnesota Health Records Act regulates the relationship between patients and healthcare providers to level the playing field between the two regarding healthcare records. Healthcare records often are the sole documentation of the providers' provision of healthcare services and, consequently, patients' ability to timely access healthcare records is crucial to patients' autonomy over their medical care. The statute limits to whom, under what circumstances, and for what purpose the healthcare provider may share healthcare records with other persons and entities, and it provides patients with various rights to access their own healthcare records.

Findling v. Group Health Plan, Inc., 998 N.W.2d 1, 7-8 (Minn. 2023).

These purposes of the act are evident in two sections. Section 144.292, captioned "Patient Rights," generally requires health-care providers to give patients access to their own health records and specifies the circumstances in which a provider may refuse to do so. *See* Minn. Stat. § 144.292 (2024). Section 144.293, captioned "Release or Disclosure

of Health Records," generally limits the circumstances in which a health-care provider may release a patient's health record to a third party. *See* Minn. Stat. § 144.293 (2024). To be specific, a provider may release a patient's health record to a third party only if the patient has given written consent or if there is "specific authorization in Minnesota law." *Id.*, subd. 2.

These provisions of the act require a clear understanding of the term "health record." The act includes a statutory definition of that term, which identifies three types of information: "any information, whether oral or recorded in any form or medium, that relates to [1] the past, present, or future physical or mental health or condition of a patient; [2] *the provision of health care to a patient*; or [3] the past, present, or future payment for the provision of health care to a patient." Minn. Stat. § 144.291, subd. 2(c) (numerals added) (emphasis added). Holtzbauer has focused his argument on the second type, which I have italicized, and that is the legal basis of the court's decision.

B.

For four reasons, I would conclude that the statutory definition of "health record" is narrower than the interpretation given it by the court and, thus, does not include the mere fact that a particular person is a patient at a particular hospital and is in a particular room.

First, other provisions of the act illustrate the meaning of "health record" by giving examples. We may discern the meaning of a statutorily defined term by referring to examples within the statute. *See, e.g., State v. Bee*, 17 N.W.3d 150, 153-54 (Minn. 2025). Section 144.293 requires that, if a patient makes a written request for one provider to release a health record to another provider, the first provider "shall promptly . . . furnish[]

to" the other provider the patient's "health record, *including, but not limited to, laboratory reports, x-rays, prescriptions, and other technical information used in assessing the patient's condition*." Minn. Stat. § 144.293, subd. 3 (emphasis added). The specific examples of health records provided by the act—laboratory reports, x-rays, and prescriptions—typically reveal specific and detailed information concerning a patient's health condition and a health-care provider's care and treatment of the patient's condition. In addition, the catch-all example "other technical information" suggests that a health record must be technical in nature. These examples support Allina's argument that the second clause of the statutory definition of "health record" should be limited to information of a clinical nature.[3] Information consisting of the mere fact that a particular person is a patient at a particular hospital is not similar to the examples of health records provided by the act.

Second, the statutory definition of "health record" is juxtaposed with another statutory definition that is a closer fit with the information at issue in this case and—importantly—is given less privacy protection. The act defines "identifying information" to mean "*the patient's name, address, date of birth, gender*, parent's or guardian's name regardless of the age of the patient, and *other nonclinical data* which can be used to uniquely identify a patient." Minn. Stat. § 144.291, subd. 2(d) (emphasis added). Contrary

[3]Allina does not make an argument that would require the court to insert the word "clinical" into the phrase "any information . . . that relates to." *See supra* at 9-10. Allina argues that "the first two categories [of health record] relate to *clinical* information about the patient." Specifically, Allina argues that the second clause of the statutory definition of health record includes only "information that discloses the actual treatment provided to a patient."

to the general pro-privacy thrust of section 144.293, "identifying information" *may be released* by a provider to a certain type of third party ("a record locator or patient information service") "*without consent from the patient*," unless the patient has made a specific election to not participate in such a service. Minn. Stat. § 144.293, subd. 8(a) (emphasis added). Because the legislature expressly included a patient's name and date of birth in the statutory definition of identifying information, but not in the statutory definition of health record, we should presume that a patient's name and other identifying information are not included in the statutory definition of health record. In addition, the catch-all example "other nonclinical data" strongly suggests that, as Allina argues, a health record must be clinical in nature. *See* Minn. Stat. § 144.291, subd. 2(d).

Third, the court's interpretation of the second clause of the statutory definition is so broad that it would make the first and third clauses superfluous. "The canon against surplusage dictates that we avoid interpretations that would render a word or phrase superfluous, void, or insignificant." *Shefa v. Ellison*, 968 N.W.2d 818, 825 (Minn. 2022) (quotation omitted). If the second type of health record—"any information . . . that relates to . . . the provision of health care to a patient"—is broad enough to include a person's name and other identifying information or the fact that the person is a patient at a particular hospital, the first and second types of information would be "completely unnecessary." *See Sterry v. Minnesota Dep't of Corrections*, 8 N.W.3d 224, 233-34 (Minn. 2024) (applying canon against surplusage). That is so because, given the court's broad interpretation of the second type of health record, the first type, a patient's "health condition," necessarily would relate to "the provision of health care to a patient" given that a patient seeks out "the

provision of health care" for the purpose of addressing a "health condition." Likewise, the third type of health record, "payment for the provision of health care to a patient," obviously would relate to "the provision of health care to a patient" because the language describing the third type incorporates the language describing the second type. The court interprets the second type of health record so broadly that, in effect, it encompasses all three types.[4]

Fourth, the court places too much weight on the phrase "relates to," which the court describes as "a key element of the definition." *See supra* at 7-8. That phrase, by itself, does not shed any light on the meaning of "health record." The phrase merely serves as a connector between the word "information" and the modifying phrase describing the three types of health record. As a general matter, it is appropriate to construe the phrase "relates to" to mean "'to stand in some relation; to have bearing or concern; to pertain; refer; to bring into association with or connection with.'" *See supra* at 8 (quoting *Phone Recovery Servs., LLC v. Qwest Corp.*, 919 N.W.2d 315, 320 (Minn. 2018) (quoting *500, LLC v. City of Minneapolis*, 837 N.W.2d 287, 291 (Minn. 2013))). But the court stretches an elastic concept too far. The *Qwest* court concluded, quite naturally and logically, that the phrase

[4]The court reasons that the first type of health record does not make the second or third types superfluous, and that the third type does not make the second type superfluous. *See supra* at 11-12. But that reasoning does not address the pertinent question. Allina argues that "if Mr. Holtzbauer's broad and virtually unlimited interpretation were to prevail, the second part of the definition . . . would swallow the other two discrete parts of the same definition," which "would be rendered superfluous because, under Mr. Holtzbauer's broad view, they necessarily also relate to the 'provision of health care.'" The court does not directly confront the question whether its interpretation of the second type makes the first and third types superfluous.

"portions of Minnesota Statutes *relating to* taxation" includes statutes that impose fees or charges that are expressly defined by another statute as a "tax." 919 N.W.2d at 323-24 (emphasis added) (citing Minn. Stat. § 15C.03 (2016), and Minn. Stat. § 645.44, subd. 19 (2016)). But in this case, a patient's name and other identifying information, or the mere fact that a particular person is a patient at a particular hospital, is not expressly included in any statutory definition of "provision of health care." The court errs by applying the "relates to" language to concepts that are related only in an attenuated way to the provision of health care.

If the legislature intended to prohibit Minnesota hospitals from engaging in the commonplace practice of disclosing that a particular person is a patient and is in a particular room, the legislature would have done so with specificity and clarity, not with a definition of "health record" that refers only to "the provision of health care" but omits any mention of a patient's name and other identifying information or the fact that a particular person is a patient at a particular hospital and is in a particular room.

C.

I am concerned that the court's opinion will have negative consequences for those persons who do *not* wish to keep secret the fact that they are hospitalized and for those persons' family members and friends. It surely is true that, every day, in a hospital somewhere in Minnesota, a family member learns that a loved one is suddenly hospitalized and rushes to the hospital to learn of the loved one's condition, to comfort the person, to consult with physicians, or to supply a health-care directive. Or a clergyperson goes to a hospital to visit a member of the clergyperson's religious community, perhaps in an end-

of-life scenario. Or a law-enforcement officer goes to a hospital to interview the victim of a crime, perhaps to obtain critical evidence before it is too late. The possible scenarios are too numerous to catalog here. The court's opinion likely will prohibit a large number of such beneficial disclosures but only a small number of harmful disclosures.

The court asserts that the disclosure of a person's hospitalization would not be prohibited in a "medical emergency." *See supra* at 19-20 (citing Minn. Stat. § 144.293, subd. 5(a)(1)). I am not so sure. The statutory provision cited by the court is located among other provisions regulating the disclosure of a health record by one provider to another provider. *See id.*, subds. 3, 5(a)(2), 5(a)(3), 5(b), 6, 9(b). It is an open question whether the medical-emergency exception is limited to allowing multiple providers to coordinate treatment during an emergency or whether it also would allow the disclosure of a health record by a provider to a person who is *not* a provider.

But even if the medical-emergency exception would allow the disclosure of a health record to a person who is not a provider, practical obstacles likely would arise. By its terms, the exception applies only if "the provider is unable to obtain the patient's consent due to the patient's condition or the nature of the medical emergency." *Id.*, subd. 5(a)(1). In a true emergency, it may be unclear whether a patient is able to consent to the release of a health record, or the patient's ability to do so may change from moment to moment, or medical professionals may be so preoccupied providing critical care that they are unable to ascertain the patient's ability to consent. Furthermore, the medical professionals who are most likely to know the patient's ability to consent likely will be in an examination or operating room, removed from the provider employees who receive an inquiry. In short,

the medical-emergency exception may have more value in theory than in practice. Moreover, the court's allowance for medical emergencies does not account for situations that are not emergencies. For example, if a young child or an elderly person with dementia is found alone and taken to a provider for non-emergency care, how will the provider connect the patient with a family member or custodian?

The court also asserts that information that a particular person is a patient at a special-purpose medical facility might effectively reveal a health record because of the nature of the facility. As examples, the court refers to persons receiving mental-health care, reproductive-health care, or cardiovascular care. *See supra* at 9, 18. In his principal brief, Holtzbauer makes a similar argument, which also refers to persons receiving chemical-dependency treatment. In its responsive brief, Allina acknowledges the concern that "the disclosure of the name of the medical facility may, in certain circumstances, reveal the patient's condition or the treatment they are receiving." But Allina contends that the hypothetical scenarios mentioned by Holtzbauer are "not this case." Allina reiterated at oral argument that it is not asking this court to establish a "blanket rule" that information concerning a particular person's status as a patient at a particular medical facility never would be a health record. In Allina's view, a court should consider the facts of each case and determine whether a particular disclosure of information conveys information relating to a person's health condition or a provider's provision of health care.

This case is about a patient at a hospital that apparently is a general-purpose hospital that provides care for many types of health conditions. Allina disclosed information that allowed Holtzbauer's former wife to determine that he was a patient in the emergency

department of the hospital, which apparently provides many types of emergency health care to treat many types of emergency health conditions. In such circumstances, the mere fact that a particular person has been admitted to a particular hospital's general-purpose emergency department and is in a particular room does not convey information relating to either that person's "physical or mental health or condition" or to that hospital's "provision of health care to" the person. *See* Minn. Stat. § 144.291, subd. 2(c).

In sum, I would affirm the decision of the district court, which concluded that Holtzbauer cannot prove his claim because Allina did not disclose a "health record" to his former wife. Therefore, I respectfully dissent from the opinion of the court.