

## NOTICE OF PRIVACY PRACTICES

This is the Notice of Privacy Practices for Lake Region Hospital, Lake Region Bridgeway Care, Lake Region Skilled Nursing Facility, Lake Region RehabCare, Lake Region Home Health Care Services and Lake Region Healthcare Corporation members of the Medical Staff and Medical Staff Affiliates.

*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.*

### OUR DUTIES

We are required by law to:

- maintain the privacy of your medical information,
- give you this Notice describing our legal duties and privacy practices, and
- follow the terms of the Notice currently in effect.

### HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

In accordance with Federal law, we will not use or disclose your medical information without your authorization, except as described in this Notice. Federal law permits our use of your protected health information for the following purposes:

**Treatment.** We may use medical information about you to provide you with medical treatment or services. For example: Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will put in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

We will also provide your subsequent healthcare provider with copies of reports to assist him or her in treating you.

**Payment.** We may use and disclose medical information about you so that the treatment and services you receive at the hospital may be billed to and payment may be collected from you, an insurance company or a third party. For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

**Health Care Operations.** We may use and disclose medical information about you for

hospital operations. These uses and disclosures are necessary to run the hospital and make sure that all of our patients receive quality care. For example: Members of the medical staff, the quality improvement director, or members of the quality improvement committee may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and services we provide.

**Business Associates.** There are some services provided in our organization through contracts with business associates. [An example is a copy service we may use when making copies of your health record.] We may disclose your health information to our business associate so they can perform the job we've asked them to do. To protect your health information, however, we require the business associate to protect your medical information.

**Facility Directory.** Unless you notify us that you object, we will use your name, location in the facility, general condition, [and religious affiliation] for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name.

**Notification of Family.** Unless you notify us that you object, we may use or disclose information to notify or assist in notifying a family member, personal representative, or other person responsible for your care, of your location and general condition.

**Communication With Family.** Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care.

**Research.** We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your medical information.

**Funeral Director, Coroner, and Medical Examiner.** Consistent with applicable law we may disclose health information to funeral directors, coroners, and medical examiners to help them carry out their duties.

**Organ Procurement Organizations.** Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

**Fundraising.** We may use certain demographic information for purposes of raising funds for the facility and its operations.

**Food and Drug Administration (FDA).** We may disclose health information to the FDA relative to adverse events, product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

**Public Health.** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability, including child abuse and neglect.

**Victims of Abuse, Neglect or Domestic Violence.** We may disclose to appropriate governmental agencies, such as adult protective or social services agencies, your health information, if we reasonably believe you are a victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree to the disclosure or we are required by law to make the disclosure.

**Health Oversight.** In order to oversee the health care system, government benefits programs, entities subject to governmental regulation and civil rights laws for which health information is necessary to determine compliance, we may disclose health information for oversight activities authorized by law, such as audits and civil, administrative, or criminal investigations.

**Court Proceeding.** We may disclose health information in response to requests made during judicial and administrative proceedings, such as court orders or subpoenas.

**Law Enforcement.** Under certain circumstances, we may disclose health information to law enforcement officials. These circumstances include reporting required by certain laws (such as the reporting of certain types of wounds), pursuant to certain subpoenas or court orders, reporting limited information concerning identification and location at the request of a law enforcement official, reports regarding suspected victims of crimes at the request of a law enforcement official, reporting death, crimes on our premises, and crimes in emergencies.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

**Threats to Public Health or Safety.** We may disclose or use health information when it is our good faith belief, consistent with ethical and legal standards, that it is necessary to prevent or lessen a serious and imminent threat or is necessary to identify or apprehend an individual.

**Specialized Government Functions.** Subject to certain requirements, we may disclose or use health information for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of State, for correctional institutions and other law enforcement custodial situations, and for government programs providing public benefits.

**Workers Compensation.** We may disclose health information when authorized and necessary to comply with laws relating to workers compensation or other similar programs.

**Other Uses.** We may also use and disclose your personal health information for the following purposes:

- to contact you to remind you of an appointment for treatment,
- to describe or recommend treatment alternatives to you,
- to furnish information about health-related benefits and services that may be of interest to you, or
- for certain of our charitable fundraising purposes.

All other uses and disclosures of your medical information will be made only with your

written authorization. Once given, you may revoke the authorization by writing to us at:

Attn: Privacy Manager  
Lake Region Healthcare Corporation  
PO Box 728  
Fergus Falls, MN 56538-0728

We are unable to take back any disclosure we have already made with your authorization.

#### **INDIVIDUAL RIGHTS**

You have many rights concerning the confidentiality of your medical information. You have the right to:

**Request restrictions** on the medical information we may use and disclose for treatment, payment, and health care operations. We are not required to agree to these requests. To request restrictions, please send a written request to the address listed for the privacy manager.

**Receive confidential communications** of medical information about you in a certain manner or at a certain location. For instance, you may request that we only contact you at work or by mail. To make such a request, you must write to us at the address listed for the privacy manager, and tell us how or where you wish to be contacted.

**Inspect or copy** your medical information. You must submit your request in writing to the address listed for the privacy manager. If you request a copy of your medical information we may charge you a fee for the cost of copying, mailing or other supplies. In certain circumstances we may deny your request to inspect or copy your medical information. If you are denied access to your medical information, you may request that the denial be reviewed. Another licensed health care professional will then review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Amend** medical information. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, you must write to us at the address listed for the privacy manager. You must also give us a reason to support your request. We may deny your request to amend your medical information if it is not in writing or does not provide a reason to support your request. We may also deny your request if the information:

- was not created by us, unless the person that created the information is no longer available to make the amendment,
- is not part of the medical information kept by or for us,

- is not part of the information you would be permitted to inspect or copy, or
- is accurate and complete

**Receive an accounting of disclosures** of your medical information. You must submit such a request in writing to the address listed for the privacy manager. Not all medical information is subject to this request. Your request must state a time period, no longer than 6 years and may not include dates before April 14, 2003. Your request must state in what form you would like the list (paper, electronically). The first list you request within a 12 month period is free. For additional lists, we may charge you the costs of providing the list. We will notify you of this cost and you may choose to withdraw or modify your request before charges are incurred.

**Receive a paper copy of this Notice** upon request, even if you have agreed to receive the Notice electronically. You may obtain a copy of this notice at our website, [www.lrhc.org](http://www.lrhc.org). You must submit a request for a paper notice in writing to the address listed for the privacy manager.

**All** requests to restrict use of your medical information for treatment, payment, and health care operations, to receive confidential communication, to inspect and copy medical information, to amend your medical information, to receive an accounting of disclosures of medical information, must be made in writing to the following address:

Attn: Privacy Manager  
Lake Region Healthcare Corporation  
PO Box 728  
Fergus Falls, MN 56538-0728

#### **COMPLAINTS**

If you believe that your privacy rights have been violated, a complaint may be made to our Privacy Manager. You will not be penalized in any way for filing a complaint. All complaints should be sent in writing to the following address:

Attn: Privacy Manager  
Lake Region Healthcare Corporation  
PO Box 728  
Fergus Falls, MN 56538-0728

You may also submit a complaint to the Secretary of the Department of Health and Human Services.

**Changes to This Notice.** We reserve the right to change our privacy practices and to apply the revised practices to medical information about you that we already have. Any revision to our privacy practices will be described in a revised Notice that will be posted prominently in our facility, and posted on our website at [www.lrhc.org](http://www.lrhc.org).