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.

This is the Notice of Privacy Practices for Lake Region Healthcare Corporation and all of its covered healthcare components, including: Lake Region Healthcare Clinic Services (all sites), Lake Region Healthcare Bridgeway Behavioral Health Services, Lake Region Healthcare Acute Rehabilitation Services, Lake Region Healthcare Cancer Care & Research Center, Lake Region Healthcare Walk-In Clinic, and all departments, units, employees, hospital personnel, and all physicians and allied health professionals with whom Lake Region Healthcare Corporation has contractual agreements, along with members of Lake Region Healthcare’s Medical Staff and Medical Staff Affiliates.

OUR DUTIES
We are required by law to: maintain the privacy of your protected health 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
We will not use or disclose your medical information without your authorization, except as permitted by law. This Notice describes the most common circumstances which permit our use of your protected health information for the certain purposes:

Treatment. We may use and disclose health 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 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 copiy 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, we require the business associate to protect your health information, and they are not allowed to use or disclose any information other than as specified in our contract.

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.

Research. Under certain circumstances, we may use and disclose health information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another for the same condition. Before we use or disclose health information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Health Information and have established procedures to ensure the privacy of your health information.

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.

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 or disclose certain demographic information for purposes of fundraising. We may contact you for fundraising purposes, and you will receive in any fundraising materials a description of the information we have received and out of receiving future fundraising communications.

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 for public health activities, which generally involve disclosures to prevent or control disease, injury, or disability; report births and deaths; reported child abuse or neglect; report reactions to medications or problems with product; notify people of recalls of products; and to exposure to disease and risk of contracting or spreading a disease or condition. For example: If you have been exposed to a disease and are at risk of spreading the disease, this may be reportable. We will only make these disclosures if you agree to the disclosure or we are required by law to make the disclosure.

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.

Hears: 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. We will make efforts to limit disclosure, to obtain an order protecting information requested, if required by law.

Law Enforcement. We may release health information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain, very limited circumstances, we are unable to obtain the person’s agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Inmates. If you are an inmate of a correctional institution or under the custody of an institution or a law enforcement official, we may release medication 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, for 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.

Disaster Relief. We may disclose your protected health information to disaster relief organizations that seek your protected health information to coordinate your care, or to notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we can practically do so.

Other Uses. We may also use and disclose your protected 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 our certain charitable fundraising purposes.

Your Written Authorization Is Required for Other Uses and Disclosures. The following uses and disclosures of your protect health information will be made only with your written authorization:(1) Uses and disclosures of protected health information for “treatment” purposes; and (2) disclosures that constitute a sale of your protected health information. Other uses and disclosures of protected health information not covered by this Notice or the laws that apply to us will be made only with your written authorization. Once given, you may revoke the authorization. You may revoke it at any time by submitting a written revocation to our Privacy Manager and we will no longer disclose protected health information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it, will not be affected by the revocation. You may revoke the authorization by writing to us at:

Attn: Privacy Manager
Lake Region Healthcare
712 Cascade St. S.
Fergus Falls, MN 56537

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

Request Restrictions or Limitations on the use or disclosure of your medical information. You have the right to request that your protected health information not be disclosed to disaster relief organizations. We will consider all such requests. We may agree to a requested restriction if it is consistent with the law. If we agree, we will abide by the restriction unless you agree to remove the restriction.

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 and Copy. You have a right to inspect and copy health information in your designated records set including lab work, that may be used to make decisions about your care or payment for your care. To request an amendment, you must make the request in writing to the Health Information Management Department at 218.736.8479 (hospital) or 218.739.6813 (clinic). We may charge you a fee for the costs of copying health information that you request to be copied. We may also deny your request if it would produce information that is not part of the information you would be allowed to inspect and copy under this Notice.

Receive Electronic Copy of Electronic Medical Records. If your protected health information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your protected health information be transmitted to another person or entity. We will provide you with the electronic copy in a usable format.

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 us at the address listed for the Privacy Manager. You may also give us a reason to support your request. We will then review the request and either advise you if we will or will not amend the information. We will provide you with a copy of our response. We will comply with the request as required by law. We are not required to comply with requests that if made, would likely violate the privacy of another person. If we deny your request, we will provide you with a brief description of our denial to you. You may ask us to include a statement in your medical record describing your request and our denial of the request.

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. The first list you request of our current or prior disclosures will be provided. We may charge you a reasonable, cost-based fee for the labor and the cost of supplies for creating electronic media associated with transmitting the electronic medical record.

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 us at the address listed for the Privacy Manager. You may also give us a reason to support your request. We will then review the request and either advise you if we will or will not amend the information. We will provide you with a copy of our response. We will comply with the request as required by law. We are not required to comply with requests that if made, would likely violate the privacy of another person. If we deny your request, we will provide you with a brief description of our denial to you. You may ask us to include a statement in your medical record describing your request and our denial of the request.

Out-of-Pocket Payments. If you pay out-of-pocket in full for a specific item or service, you have the right to ask that your protected health information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations (if you pay us in full and have requested that we not bill your health plan) and we will honor that request.

Breach Notification. You have the right to or will receive a breach notification in appropriate circumstances in the event of a breach of your unsecured protected health information (meaning your protected health information which has not been made usable, unreadable, and undecipherable to unauthorized users.) This notice will contain:(1) Contain a brief description of what happened, including the date of breach and the date of discovery; (2) The steps you should take to protect yourself from potential harm resulting from the breach; (3) A brief description of what we are doing to investigate the breach, mitigate losses, and to protect against further breaches; and (4) Contact information where you may ask questions and get additional information.

Paper Copy of this Notice will be provided to you 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. 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
712 Cascade St. S.
Fergus Falls, MN 56537

Complaints
If you believe that your privacy rights have been violated, a complaint may be made to our Privacy Manager, or with the U.S. Secretary of the Department of Health and Human Services. To file a complaint with us, contact the Privacy Manager in writing. You will not be penalized in any way for filing a complaint. An appeal of the decision should be sent in writing to the following address:

Attn: Privacy Manager
Lake Region Healthcare
712 Cascade St. S.
Fergus Falls, MN 56537

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 to any health information we already have, as well as any information we receive in the future. We will provide individuals with a revised notice in accordance with applicable legal requirements, and we will post a copy of our current notice on our website and make available copies at our care sites. You may contact the following for further information concerning the notice and our privacy practices:

Attn: Privacy Manager
Lake Region Healthcare
712 Cascade St. S.
Fergus Falls, MN 56537
(218) 736-8476
Lake Region Healthcare (LRH) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. LRH does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

LRH:

- Provides free aids and services to people with disabilities to communicate effectively with us, 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, contact us at 218.736.8000.

If you believe that LRH has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Lake Region Healthcare Customer Relations 712 Cascade St. S., Fergus Falls, MN 56537 218.736.8027 or By Email to info@lrhc.org

You can file a grievance in person or by mail, or email. If you need help filing a grievance, our Customer Relations staff 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, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F HHH
Building Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)


LRH-07008
If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-218-736-8000 to request interpreter services.

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.218.736.8000.


Français (French): ATTENTION : Si vous parlez français, des services d’aide linguistique vous sont proposés gratuitement. Appelez le 1.218.736.8000.

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.218.736.8000.