

# 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 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 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 protocols 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 how you may opt 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 include 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 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.

**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. We will make efforts to tell you about the request or 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 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.



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**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 "marketing" 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 health information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your protected health information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out of pocket" in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

To request restrictions, please send a written request to the address listed for the Privacy Manager. The request to restrict must be made in writing, and the request must identify: (1) the information to be restricted (2) the type of restriction being requested (i.e. on the use of information, the disclosure of information, or both), and (3) to whom the limits should apply.

**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 access to your designated record you may contact the Health Information Management Department at 218.736.8479 (hospital) or 218.739.6813 (clinic). We have up to 30 days after your request to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need information for a claim for benefits under the Social Security Act or any other state or federal needs-based program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with outcome of the review.

**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 record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your protected health information in the form or format you request, if it is readily producible in such form or format. If the protected health information is not readily producible in the form or format you request, your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form 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 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 or 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.

**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 protected health information which has not been made usable, unreadable, and undecipherable to unauthorized users.) This notice will: (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 can 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](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  
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. All complaints 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**  
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# NOTICE

## Statement of Non-Discrimination



Lake Region  
HEALTHCARE

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](mailto: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)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**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.

**Hmoob (Hmong):** LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.218.736.8000.

**Cushite/Oroomiffa (Oromo):** XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.218.736.8000.

**Tiếng Việt (Vietnamese):** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.218.736.8000.

**繁體中文 (Chinese):** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.218.736.8000.

**Русский (Russian):** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.218.736.8000.

**ພາສາລາວ (Lao):** ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1.218.736.8000.

**አማርኛ (Amharic):** ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አገልግሎት ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚክተለው ቁጥር ይደውሉ 1.218.736.8000.

**unD (Karen):**

ဟ်သုဉ်ဟ်သး- နမ့ၢ်ကတိၤ ကညီ ကျိၣ်အသိၣ်, နမၤန့ၢ် ကျိၣ်အတၢ်မၤစၢၤလၢ တလၢဘၣ်သ့ၣ်လၢဘၣ်စ့ၤ နိတမံၤဘၣ်သ့ၣ်န့ၣ်လီၤ. ကိး 1.218.736.8000.

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

**ខ្មែរ (Cambodian):** ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អៗ គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1.218.736.8000.

**عربي (Arabic):**

ملحوظة: إذا تذكمتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل بـ 1-800-736-218 (رقم هاتف الصم والبكم: 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.

**한국어 (Korean):** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.218.736.8000 번으로 전화해 주십시오.

**Tagalog (Tagalog – Filipino):** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.218.736.8000.