

## **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.**

Protecting the privacy of information about your medical conditions and health is a responsibility LifeCare Medical Center takes very seriously. We understand that medical information about you and your health is personal and it is important to you that we keep it confidential. We are committed to the practices and procedures we have established to protect the confidential nature of information about your health.

This notice describes LifeCare Medical Center's legal duties and privacy practices, and your privacy rights with respect to your health information. All our employees, medical staff, students, contracted staff, and volunteers will comply with the terms of this Notice.

We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all health information maintained by us. Each version of the Notice will have an effective date listed. If we change this Notice, you can access the revised Notice on our website and care locations.

## **USES AND DISCLOSURES OF YOUR PERSONAL HEALTH INFORMATION**

**Your Authorization:** Except as outlined below, we will not use or disclose your personal health information for any purpose unless you have signed a form authorizing the use or disclosure. You have the right to revoke that authorization in writing unless we have taken any action in reliance on the authorization.

Most uses and disclosures of psychotherapy notes, of health information for marketing purposes, and for the sale of health information require written authorization.

**Uses and Disclosures for Treatment:** We may use and disclose your health information as necessary for your treatment. For example: Doctors, nurses and other professionals involved in your care will use your health information to plan a course of treatment for you which may include procedures, medications, tests, etc. We may also release your health information to another health care facility or professional who is not affiliated with our organization, but who is or will be providing treatment to you.

**Use and Disclosures for Payment:** We may use and disclose your health care information to obtain payment for your health care services. For example, we may need to give your health plan information about surgery you received at the hospital so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

### **Use and Disclosures for Health Care**

**Operations:** We may use and disclose your health care information for activities relating to the evaluation of patient care, business planning and compliance with the law. For example, we may use your health information for purposes of improving the clinical treatment and care of our patients.

We may also disclose information about your health to our business associates to enable them to perform services for us or on our behalf relating to our operations.

**Medical Emergency:** We may use or disclose your health information to help you in a medical emergency.

**Appointments and Services:** We may contact you to provide appointment reminders, test results, or tell you about treatment and health-related benefits or services that you may find helpful.

**Hospital Directory:** We may disclose the following information to people who ask about you by name:

- Location in the facility
- General condition
- Religious affiliation (given only to clergy)

You may choose not to have us disclose some or all of this information. In some cases, such as medical emergencies, we may not get your instructions until you can communicate with us.

**People Involved in Your Care:** We may disclose limited health information to people involved in your care (for example, a family member or emergency contact) or to help plan your care. If you do not want this information given out, it will not be shared.

**Required by Law:** We may use or disclose health information when required to do so by law. For example, we may disclose medical information to report child abuse or to respond to a court order, subpoena or other legal document.

**Public Health:** We may disclose health information to an authorized public health authority for public health purposes, such as reporting and controlling disease, injury or disability. For example, we may disclose your personal health information to the immunization registry.

**Victims of Abuse, Neglect or Violence:** We may disclose health information to the proper authorities about possible abuse or neglect of a child or a vulnerable adult. If there is a serious threat to a person's health or safety, we may disclose information to that person or to law enforcement.

**Health Oversight Activities:** We may disclose health information to government, licensing, auditing and accrediting agencies for actions allowed or required by law.

**Law Enforcement:** We may disclose your health information to law enforcement. This could be about a missing child, when there may have been a crime at our facility, or when there is a serious threat to the health or safety of another person or people.

**Death; Organ Donation:** We may disclose certain health information about a deceased person to the next of kin. We may also disclose health information to a funeral director, coroner, medical examiner, law enforcement official, or organ donation agency.

**Military Authorities & National Security:** We may disclose health information to authorized people from the U.S. military, foreign military and U.S. national security or protective services.

**Correctional Institutions:** If you are an inmate, we may disclose your health information to your correctional facility to help provide you health care or to provide safety to you or others.

**Workers' Compensation:** We may disclose your health information as required by workers' compensation laws.

**Health Information Exchange:** We may make your protected health information available electronically through electronic health information exchange to other health care providers that request your information for their treatment and payment purposes. Participation in an electronic health information exchange also lets us see their information about you for our treatment, payment and healthcare operations purposes. You are permitted to request and review documentation regarding who has accessed your information through the electronic health information exchange. LifeCare Medical Center will have information on how to make this request, or you may find the information at [www.KobleMN.org](http://www.KobleMN.org).

**Electronic Health Record:** LifeCare Medical Center uses a shared electronic health record that allows care providers within LifeCare Medical Center and at some non-LifeCare Medical Center facilities to store, update and use your health information. They may do so as needed at the time you are seeking care, even if they work at different clinics and hospitals. We do this so it is easier for your providers to access your health information when you are seeking care and to better coordinate and improve the quality of your care. For example, if you are brought to the hospital in an emergency and cannot tell us what is wrong, we will be able to see your health records (if your doctor takes part in the shared electronic health record).

This shared electronic health record is a secure system, and users are trained to protect your information. For a list of the health care providers that use this electronic health record, please contact the LifeCare Medical Center Privacy Officer.

## YOUR HEALTH INFORMATION RIGHTS

You have the following rights regarding the health information we maintain about you, which you may exercise by submitting your request(s) in writing to:

Alyssa Eppers, Privacy Officer  
LifeCare Medical Center  
715 Delmore Drive  
Roseau, MN 56751  
[aeppers@lifecaremc.com](mailto:aeppers@lifecaremc.com)

**Patient Access:** You have the right to look at or get copies of your health care information. You need to make your request in writing. If you ask for copies in a format other than paper copies, we will give you that other format if possible. If your request is denied, we will send the denial in writing. This will include the reason and describe any rights you may have to a review of the denial.

**Amendment:** You may ask us to change certain health information. You need to make the request in writing. You must explain why the information should be changed. If we accept your change, we will try to inform prior recipients (including people you list in writing) of the change. We will include the changes in future releases of your health information. If your request is denied, we will send the denial in writing. This denial will include the reason and describe any steps you may take in response.

**Restrictions on Use and Disclosure:** You have the right to request restrictions on how your health information is used or to whom your information is disclosed, even if the restriction affects your treatment, payment or health care operation activities. However, we are not required to agree in all circumstances to your requested restrictions, except in the case of a disclosure restricted to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and the protected health information pertains solely to a health care item or service for which you, or the person other than the health plan on your behalf, has paid the covered entity in full. If you would like to make a request for restrictions, you must submit your request in writing to our Privacy Officer.

**Alternative Communication:** You have the right to request that we communicate your health information to you in different ways or places. For example, you can ask that we only contact you at work or by mail. We will accommodate reasonable requests.

**Disclosure List:** You have the right to request a list of the disclosures of your health information that we have made in compliance with federal and state law. You need to make your request in writing.

Your request must state a time period which may not be longer than six years.

**Breach Notification:** In the unlikely event that there is a breach, or unauthorized release of your health information, you will receive notice and information on steps you may take to protect yourself from harm.

**Paper Copy of Notice:** You have the right to obtain a copy of this notice at any time. You may obtain a copy of this notice at our website, [www.lifecaremedicalcenter.org](http://www.lifecaremedicalcenter.org) or by submitting your request to the LifeCare Privacy Officer.

## QUESTIONS & COMPLAINTS

If you have questions or concerns about our privacy practices or believe your privacy rights have been violated, you may contact:

Alyssa Eppers, Privacy Officer  
LifeCare Medical Center  
(218) 463-2500  
[aeppers@lifecaremc.com](mailto:aeppers@lifecaremc.com)

You also may send a written complaint to the U.S. Department of Health and Human Services – Office for Civil Rights (OCR). We will give you the address to file a complaint upon request. Please know you will not be penalized for filing a complaint.

# Notice of Privacy Practices



715 Delmore Drive  
Roseau, Minnesota  
[www.lifecaremedicalcenter.org](http://www.lifecaremedicalcenter.org)

**Effective date of this Notice: January 19, 2018**