

Effective Date of This Notice: September 20, 2006

Lakeview Memorial Hospital Association, Inc. 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.

Lakeview Hospital is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information.

WHO WILL FOLLOW THIS NOTICE:

This notice describes our hospital's practices and that of:

- Any health care professional authorized to enter information into your hospital chart.
- All departments and units of the hospital.
- Any member of a volunteer group we allow to help you while you are in the hospital.
- All employees, staff and other hospital personnel.
- Lakeview Homecare & Hospice

All these entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or hospital operations purposes described in this notice.

I. How Lakeview Hospital may Use or Disclose Your Health Information

Lakeview Hospital collects health information from you and stores it in a chart and on a computer. This is your medical record. The medical record is the property of Lakeview Hospital, but the information in the medical record belongs to you. Lakeview Hospital protects the privacy of your health information. The law permits Lakeview Hospital to use or disclose your health information for the following purposes:

1. **Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you at the hospital. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the hospital also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and xrays. We also may disclose medical information about you to people outside the hospital who may be involved in your medical care after you leave the hospital, such as family members, clergy or others we use to provide services that are part of your care.

2. **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, 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.

3. **Regular 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, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many hospital patients to decide what additional services the hospital should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other hospital personnel for review and learning purposes. We may also combine the medical information we have with medical information from other hospitals to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

4. **Information Provided to You.**

5. **Directory.** We may list your name, where you are located in our facilities, your general medical condition and your religious affiliation in our directory. This information may be provided to members of the clergy. This information, except your religious affiliation, may be provided to other people who ask for you by name. If you do not want us to list this information in our directory and provide it to clergy and others, you must tell us that you object.

6. **Notification and Communication with Family.** We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

7. **Required by Law.** As required by law, we may use and disclose your health information.

8. **Public Health.** As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or

disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.

9. **Health Oversight Activities**. We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.

10. **Lawsuits and Disputes**. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

11. **Law Enforcement**. We may disclose your health information to a law enforcement official for purposes of identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.

12. **Deceased Person Information**. We may disclose your health information to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized by law. We may also disclose your health information to funeral directors consistent with applicable law and if necessary to carry out our duties. We may disclose your health information prior to and in reasonable anticipation of your death. We may also disclose limited information for hospital sponsored memorial services, such as including your name in our Tree of Remembrance Memorial Service for deceased hospice patients.

13. **Organ Donation**. We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.

14. **Research**. Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the hospital. We will almost always ask for your specific permission if the

researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the hospital.

15. **Public Safety**. We may disclose your health information to appropriate persons in order to prevent or lessen a serious and/or imminent threat to the health or safety of a particular person or the general public.

16. **Specialized Government Functions**. We may disclose your health information for military, national security and government benefits purposes.

17. **Worker's Compensation**. We may disclose your health information as necessary to comply with worker's compensation laws.

18. **Appointment Reminders**. We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the hospital.

19. **Treatment Alternatives**. We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

20. **Fundraising**. We may use some of your information to contact you in an effort to raise money for Lakeview and its operations. We may disclose demographic information to the Lakeview Foundation so that the Lakeview Foundation may contact you in raising money for the hospital. If you do not want to be contacted, send your request to the Lakeview Foundation, 927 W. Churchill, Stillwater, MN 55082

21. **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.

22. **Change of Ownership**. In the event that Lakeview Hospital is sold or merged with another organization, your health information/record will become the property of the new owner.

II. When Lakeview Hospital May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, Lakeview Hospital will not use or disclose your health information without your written authorization. If you do authorize Lakeview Hospital to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

III. Your Health Information Rights

1. You have the right to request restrictions on certain uses and disclosures of your health information. Lakeview Hospital is not required to agree to the restriction that you requested.
2. You have the right to receive your health information through a reasonable alternative means or at an alternative location.
3. You have the right to inspect and copy your health information. You must submit your request in writing to Lakeview's Hospital Health Information Systems Department. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.
4. You have a right to request that Lakeview Hospital amend your health information that is incorrect or incomplete. Lakeview Hospital is not required to change your health information and will provide you with information about Lakeview Hospital's denial and how you can disagree with the denial.
5. You have a right to receive an accounting of disclosures of your health information made by Lakeview Hospital, except that Lakeview Hospital does not have to account for the disclosures described in parts 1 (treatment), 2 (payment), 3 (healthcare operations), 4 (information provided to you), 5 (directory listings) and 16 (certain government functions) of section I of this Notice of Privacy Practices.
6. You have a right to a paper copy of this Notice of Privacy Practices.

IV. Changes to this Notice of Privacy Practices

Lakeview Hospital reserves the right to amend this Notice of Privacy Practices at any time in the future. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. Until such amendment is made, Lakeview Hospital is required by law to comply with this Notice. We will post a copy of the current notice in the hospital. The notice will contain on the first page, the effective date.

V. Complaints

Complaints about this Notice of Privacy Practices or how Lakeview Hospital handles your health information should be directed to:

Patient Representative
Lakeview Hospital
927 Churchill St W
Stillwater, MN 55082
651-430-8535

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Department of Health and Human Services
Office of Civil Rights
Hubert H. Humphrey Bldg.
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

You may also address your complaint to one of the regional Offices for Civil Rights. A list of these offices can be found online at <http://www.hhs.gov/ocr/regmail.html>.

VI. Organized Health Care Arrangement

Lakeview Hospital participates in an Organized Health Care Arrangement (OHCA) with other health care providers who provide clinically-integrated services at Lakeview Hospital, limited to services provided at the Hospital located at 927 Churchill St W, Stillwater, MN 55082. This arrangement allows us to share health information not only for treatment purposes, but also to allow OHCA members to bill separately for their services and to improve our joint operations. Members of this organized health care arrangement are:

Lakeview Hospital Medical Staff members; HealthPartners; Nurse Anesthesia Services PA; Midwest Spine Institute PA; St. Croix Orthopedics PA; St. Croix Radiology; St. Paul Heart Clinic; Pain Clinic of Northwestern Wisconsin; Pulmonary & Critical Care Associates, PA; Three Rivers Pathology; Valley Anesthesiology Consultants PA; Associated Eye Care.

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