



LAKE SUPERIOR
COMMUNITY HEALTH CENTER

Notice of Privacy Practices

Effective date: May 2016

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.

What is this notice for?

The Notice of Privacy Practices tells you about your rights under a federal law called the Health Insurance Portability and Accountability Act—or HIPAA for short. This law protects your health information and sets rules about who can see and get your health information. (“Health information” includes any information about your mental or physical health, your health care, payment for your health care and any demographic information.) The notice also tells you about LSCHC’s policies for protecting, using and sharing your health information.

Why am I getting this notice?

Your privacy is important to us. The law requires that you be given a copy of this notice so that you can:

- Know your rights.
- Use your rights.
- Ask questions about your rights.
- File a complaint if you think your rights may have been violated.

What are my rights over my health information?

You have the right to:

- **See and get a copy of your health information.** To see or get a copy of your health information in paper or an electronic format, contact health information services via the contact information at the end of this notice. You may have to pay for the cost of copying and mailing your records.
- **Ask for changes to your health information.** If you feel that the health information, we have about you is incorrect or incomplete, you can ask us to change it. To ask for a change, contact health information services via the contact information at the end of this notice. You must tell us why you want to change your records. Because we have the ability to deny your request, we will tell you in writing if we are not going to make the change. If we deny your request, your proposed amendment will be kept in your medical record.
- **Know how your health information is used or shared with others.** You have the right to make a written request for a list of disclosures we have made of your health information except for uses and disclosures for treatment, payment, and health care operations. Your request must state a time period, which may not be longer than six years. We may charge you for these reports. To make a request, contact health information services via the contact information at the end of this notice.
- **Ask us to restrict how your health information is used or shared with others.** To do this, contact health information services via the contact information at the end of this notice. Tell us what you don’t want us to do with your health information. For example, perhaps you don’t want us to give information to your spouse. Note that the law says we do not always have to agree to your request, as we may not be able to accommodate it. For example, if you wish to prevent a particular provider from viewing your records, we would be unable to meet this request due to the nature of electronic health records. If we agree to your request, we will not restrict your health information if it is needed to provide you with emergency care.

- **Ask us to reach you in a certain way or place.** For example, you can ask that we contact you at work rather than at home or by mail rather than by phone. To make a request, contact health information services via the contact information at the end of this notice. Tell us exactly how and where you wish to be reached. We will allow all reasonable requests, and we will not ask you why you are making the request.
- **Have a copy of this notice.** You may ask for a copy of this notice at any time. You can also download a copy from our website (www.lschc.org) or have a paper copy mailed to you.
- **Restrict disclosure of health information to your health plan.** If you paid out-of-pocket in full for a specific item or service, you have the right to request 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. We will honor your request. If follow up care is required and is not paid for in full out-of-pocket, we may release the information from the restricted service to your health plan if they need it to determine medical necessity for the follow up care.
- **Be notified of a breach involving your health information.** We are required to notify you if your health information is involved in a breach of unsecured protected health information.

How will LSCHC protect my health information?

LSCHC works hard to protect your health information. We will alert you promptly if a breach occurs that may have compromised the privacy or security of your protected health information. We use computer systems to store your health information. We have protections in place to keep your information from being seen by anyone that should not see it. While our computer systems are protected from access by unauthorized people, e-mails are not. We will not communicate with you using e-mail unless you want us to.

How will LSCHC use and share my health information?

- **Treatment.** We use your health information to give you medical treatment and coordinate your care. To treat you properly, we may share your health information with doctors, nurses, and other staff even if they are not within LSCHC if they are involved in your care. For example, we may refer to specialty care at a health system in your area. To ensure your specialist has the information he/she needs to properly diagnose and treat you, we will share your information with them.
- **Appointment reminders.** We may use and share your health information to remind you of an appointment. We may call you by name in the waiting room when the provider is ready to see you.
- **Treatment alternatives and health-related services.** We may use and share your health information to tell you about treatment options and health-related benefits or services that you may be interested in.
- **Payment.** We use and share your health information so that we can bill you or whoever is responsible for paying for your care.
- **Health care operations.** We may use and share your health information to help run our facility and make sure that all of our patients are getting quality care. For example, we may use health information to review our services and the staff caring for you. We may also combine health information about many patients to see if new treatments are effective.
- **Fundraising.** We may contact you to raise money for LSCHC. If you do not wish to be contacted, you may opt out by letting us know in writing at the address at the end of this notice.
- **People involved in your care or payment for your care.** We may share your health information with family members or friends involved in your health care or with those helping to pay for your care. If you do not want us to share information with family members or friends involved in your care, please tell us when you register at the clinic. In the event of a disaster, we may share your health information with those helping with disaster relief so that your family can know what has happened to you and where you are.

- **Research.** Federal regulations permit use of health information in medical research, either with your authorization or when the research study is reviewed and approved by an Institutional Review Board. In some situations, limited information may be used before approval of the research study to allow a researcher to determine whether enough patients exist to make the study scientifically valid. Minnesota law generally requires patient consent for disclosure of protected health information to outside researchers for medical research purposes. LSCHC will make a good faith effort to obtain consent or refusal before disclosing any identifiable information to an outside researcher for research purposes. If you disagree with the use of your health information for research purposes, write to us at the address at the end of this notice.
- **Marketing.** We will not disclose your health information for marketing purposes without your consent. We also will not sell your health information without obtaining your permission first.
- **As required by law.** We will share your health information when required to do so by federal, state or local law. For example, we are required to report child abuse or neglect.
- **Special situations.**

A serious threat to health or safety

We may use or share your health information to prevent a serious threat to your health and safety or the health and safety of the public or another person. We would only give this information to someone who can prevent the threat.

Organ and tissue donation

If you are an organ donor, we may share your health information with organizations that handle organ or tissue donation and transplantation.

Military and veterans

If you are a member of the armed forces, we may share health information as required by military authorities. (Minnesota law generally requires patient consent for disclosure of health information for military and national security purposes unless the disclosure is specifically required by law.)

Workers' compensation

If you are being treated for a work-related injury or condition, we may share your health information with workers' compensation or similar programs.

Public health risks

We may share your health information with public health or authorized government authorities:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report problems with medicines and other products;
- to tell people about recalls of products they may be using;
- to let a person know if he or she may have been exposed to a disease or may be at risk for getting or spreading a disease or condition; or
- if we believe you have been the victim of abuse, neglect or domestic violence. We will only share this information if you say we can or when required or authorized by law.

(Wisconsin law allows physicians or optometrists to report a patient's name and other information relevant to a patient's condition to the Wisconsin Department of Transportation without the patient's permission, if he/she deems that the patient's condition affects the patient's ability to operate a motor vehicle.)

Health oversight activities

We may share health information for health oversight activities as authorized by law. Examples of oversight activities include audits, investigations, inspections and licensing. These activities are needed for the government to oversee the health care system.

Lawsuits and disputes

If you are involved in a dispute or lawsuit, we may share your health information if required by court order. We may also share your health information in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but usually only if you give us permission.

Law enforcement

We may share health information with law enforcement agencies:

- in response to a court order, grand jury subpoena, warrant, summons or similar process.
- to identify someone who has died.
- to locate a missing person.
- about a death we believe may be the result of criminal conduct;
- about criminal conduct at the health care facility;
- in emergency situations to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime; and
- in other situations, as required by law.

(Minnesota law generally requires patient consent for disclosure of health information for law enforcement purposes unless the disclosure is in response to a valid court order or warrant.)

We may give health information to a coroner or medical examiner

We may need to do this, for example, to identify someone who has died or to determine the cause of death. We may also give health information to funeral directors as needed to carry out their duties.

(Minnesota law generally requires the consent of the patient's authorized family or legal representative for disclosures of health information to funeral directors.)

National security and intelligence activities

We may give health information to authorized federal officials for activities authorized by law. We may share health information with authorized federal officials so they can protect the President and other authorized persons or foreign heads of state or conduct special investigations.

Inmates

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your health information:

- so that the correctional institution can provide you with health care;
- to protect your health and safety or the health and safety of others; or
- for the safety and security of the correctional institution.

OCHIN

LSCHC is part of an organized health care arrangement including participants in OCHIN. A current list of OCHIN participants is available at www.ochin.org. As a business associate of LSCHC, OCHIN supplies information technology and related services to LSCHC and other OCHIN participants. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and assess clinical benefits that may be derived from the use of electronic health record systems. OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your personal health information may be shared by LSCHC with other OCHIN participants or a health information exchange only when necessary for medical treatment or for the health care operations purposes of the organized health care arrangement. Health care operation can include, among other things, geocoding your residence location to improve the clinical benefits you receive.

The personal health information may include past, present, and future medical information as well as information outlined in the Privacy Rules. The information, to the extent disclosed, will be disclosed consistent with the Privacy Rules or any other applicable law as amended from time to time. You have the right to change your mind and withdraw this consent, however, the information may have already been provided as allowed by you. This consent will remain in effect until revoked by you in writing. If requested, you will be provided a list of entities to which your information has been disclosed.

- **Information with additional protections.** Certain types of health information may have additional protection under federal or state law. For example, we cannot share genetic information with a health plan for underwriting purposes. Psychotherapy and HIV/AIDS information holds special protections as well. Unless otherwise required, LSCHC must obtain your authorization before releasing the aforementioned information.
- **Other uses of health information.** Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you have given us written permission to use or share your health information, you may take back that permission, in writing, at any time. If you take back your permission, we will no longer use or share your health information for the reasons listed on your written permission. Of course, we cannot take back any information we have already shared with your permission.

Who at LSCHC must follow this notice?

This notice applies to all of the records of your care that LSCHC maintains. Those who must follow this notice are all:

- Clinic locations
- Employees, staff, students, contractors, and business associates
- Volunteers

What do I do if I think my privacy rights may have been violated?

If you think your privacy rights may have been violated, you may file a complaint with us. You may call the LSCHC Privacy Officer at (218) 336-3501 to talk about your complaint. Or you may write to the LSCHC Privacy Office at 2222 E. 5th Street Superior, WI 54880. You may also send a complaint to the United States Department of Health and Human Services: Office of Civil Rights. We will not penalize you or act against you in any way for filing a complaint.

Changes to this Notice

This notice takes effect May 31, 2016. It will remain in effect until we replace it. We may change this notice and make the new changes applicable for all health information we created or received before we made changes to our notice. We will make any revised notice available in hard copy in all locations and on our website.

Requests

For requests for patient information, accounting of disclosures, restrictions, copy of this notice, etc. please contact health information services at:

Duluth

Phone: (218) 722-1497
Fax: (218) 727-8346
4325 Grand Ave.
Duluth, MN 55807

Superior

Phone: (715) 395-5394
Fax: (715) 394-2682
2222 E. 5th Street
Superior, WI 54880

Patient/Parent/Legal Guardian Signature

Date

Patient/Parent/Legal Guardian Printed Name