

...writing at any time. Written revocation of authorization must be submitted to Lake County Ambulance Service and addressed to the

Additional Protections

Protected health information may have additional protection under state or federal law. For example, protected health information about mental health and genetic testing results is treated differently than other types of health information under certain state laws. Additionally, federally assisted health care programs are subject to certain special restrictions on the use of health information. To the extent applicable, Lake County Ambulance Service would need to get your written permission to disclose health information to others in many circumstances.

Rights with Respect to Protected Health Information

You have the rights of Lake County Ambulance Service patients to privacy and control over your health information.

Right to a Copy

You have the right to inspect and to request a copy of information maintained in Lake County Ambulance Service's designated medical record about you. This includes information about billing records maintained and used by Lake County Ambulance Service.

To obtain a copy of your protected health information, submit a written request to Lake County Ambulance Service and address the request to the Privacy Officer. Lake County Ambulance Service generally may charge a reasonable, cost-based fee to cover the expense of providing copies.

You have the right to full access to inspect and receive a copy of the full medical records maintained in Lake County Ambulance Service. Lake County Ambulance Service may deny a request to inspect or receive a copy of some information in the medical record.

Alternate Methods of Communication

You have the right to request that Lake County Ambulance Service communicate with you in a certain way (such as a letter or by phone) or at a certain location. You may ask that we contact you only at home or only at your place of business. In this situation, you may submit a written request to the Privacy Officer at Lake County Ambulance Service specifying the communication method or location you prefer. The request should be addressed to the Privacy Officer. Lake County Ambulance Service will accommodate your request, unless it is not in the best interests of you or others. However, if the request could result in Lake County Ambulance Service not being able to collect for services or cause significant harm to you or others, Lake County Ambulance Service reserves the right to deny the request. For additional information about how payment for services is handled, see the section on Billing.

Right to Amend

You have the right to request that your protected health information in Lake County Ambulance Service's designated medical record for you be amended. If you wish to request an amendment of the information in your record, submit a written request to the Privacy Officer at Lake County Ambulance Service and address the request to the attention of the Privacy Officer. The request must include a reason to support the amendment. Lake County Ambulance Service may deny a request for amendment based upon any of the following circumstances:

- the information is not in writing or does not include a supporting reason;
- the information you want to change was not created by Lake County Ambulance Service and the originator of the information is available to make the amendment;
- the information is not part of the designated medical record; or
- the information is accurate and complete.

If Lake County Ambulance Service denies your request for an amendment, Lake County Ambulance Service will give you a written explanation of the denial. If you still disagree with the explanation provided, you can submit your written disagreement to the Privacy Officer at Lake County Ambulance Service as referenced above, or you can ask that your written disagreement and explanation of the denial, or an accurate summary of the information included in any future disclosure of the pertinent protected health information. If you submit a statement of disagreement, Lake County Ambulance Service will include a rebuttal statement addressing your statement of disagreement in the designated medical record.

Right to a List of Certain Disclosures

You can ask Lake County Ambulance Service for a list of the persons or organizations to which Lake County Ambulance Service has disclosed your protected health information. This list would provide you with a summary of certain disclosures Lake County Ambulance Service has made that you would not otherwise be in a position to know about. The following are examples of disclosures that would not be included in the list:

- disclosures to carry out treatment, payment and health care operations; disclosures made directly to you (the patient) or disclosures that you have specifically authorized;
- disclosures made from the facility directory/patient census;
- disclosures to persons involved in your care;
- disclosures incident to a use or disclosure that is otherwise permitted or required by law;
- disclosures made for national security or intelligence purposes;
- disclosures made to correctional institutions or law enforcement officials having custody over a patient; or
- disclosures that took place before April 14, 2003.

To obtain a copy of the list, submit a written request to the Lake County Ambulance Service and address the request to the attention of the Privacy Officer. Your request must state a time period (beginning no earlier than April 14, 2003 when the federal privacy rules go into effect and for no longer than six years). The first list requested within a 12-month period shall be provided at no charge. For additional lists requested during the same 12-month period, Lake County Ambulance Service may charge for the costs of providing the list.

Right to Request Restrictions

You can ask Lake County Ambulance Service to restrict the use or disclosure of protected health information about you for treatment, payment, or health care operations. If you or someone on your behalf pays for a health care item or service in full, you can request that Lake County Ambulance Service not disclose information about the item or service to your health plan for payment or health care operations purposes, and Lake County Ambulance Service will agree to your request unless required by law to make the disclosure. Your request must be in writing and submitted to the Lake County Ambulance Service. The request should also be addressed to the attention of the Privacy Officer. Lake County Ambulance Service will carefully consider all requests.

Right to Notice of Privacy Practices

You have the right to obtain a paper copy of this notice upon request, even if you have agreed to receive the notice electronically. To obtain a paper copy of this notice, submit a written request to the Lake County Ambulance Service. The request should be addressed to the attention of the Privacy Officer.

Complaints

If you want to file a complaint of express concerns about Lake County Ambulance Service's use or disclosure of protected health information, please contact the Lake County Ambulance Service.

Lake County Ambulance Service
Alli: Privacy Officer
421 20th Ave
Two Harbors, MN 55616
Telephone: 218-834-7110

You also may file a written complaint with the United States Department of Health and Human Services - Office for Civil Rights. Lake County Ambulance Service honors your right to express concerns regarding your privacy. Lake County Ambulance Service would not - nor could it legally or ethically - take action against you for filing a concern or complaint regarding the use, disclosure, and rights of your protected health information.



Lake County
Ambulance Service

NOTICE OF PRIVACY PRACTICES



Lake County Ambulance Service
421 20th Ave
Two Harbors, MN 55616

218-834-7110

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.

Applicability
This notice applies to the Lake County Ambulance Service.

Ambulance Service duties
Lake County Ambulance Service must keep protected health information private. Minnesota law defines protected health information as any information, whether electronic or paper, which is created or received by Lake County Ambulance Service and relates to a patient's physical or mental health or condition, or payment for the provision of medical services. This includes not only medical records and notes written by doctors, nurses and other clinical personnel, but also demographic information (such as your name, address and telephone number) that is related to your health records.

Lake County Ambulance Service is required by law to give you this notice and explain the terms and conditions of the notice that is currently in effect. Lake County Ambulance Service will report breaches of your unsecured protected health information as required by law.

Lake County Ambulance Service fulfills these duties:

Lake County Ambulance Service considers patient privacy as part of its mission and meets the needs of the patient first.

Lake County Ambulance Service takes necessary precautions against inappropriate use or disclosure of protected health information.

Lake County Ambulance Service employees are expected to access protected health information only as necessary to perform their jobs.

Lake County Ambulance Service employees who violate these rules and policies are subject to sanctions, including discipline and termination.

Providers Covered By This Notice

This notice covers Lake County Ambulance Service, volunteers, students, and trainees. Lake County Ambulance Service may share your protected health information with health care providers for their treatment, payment and health care operations. This arrangement is only for sharing information and not for any other purpose.

Federal and State Law

State laws require Lake County Ambulance Service to protect your health information and federal law requires Lake County Ambulance Service to protect how we handle that information. When federal and state privacy laws conflict, the state law is more protective of your information or provides you more access to your information, then state law will override federal law.

Common Uses and Disclosures

This section describes the most common circumstances in which Lake County Ambulance Service may use or disclose protected health information.

Lake County Ambulance Service will use and disclose protected health information to provide or manage your care. This includes communication and consultation with health care providers - doctors, nurses, technicians and other members of the medical team.

Minnesota State Law Requirements

Minnesota law generally requires patient consent for disclosures of protected health information by Lake County Ambulance Service for treatment purposes, unless the disclosure is necessary due to a medical emergency.

Lake County Ambulance Service will use and disclose protected health information to bill and collect payment from insurance companies, Medicare and other

payors. This may include providing information such as dates of service, symptoms, and diagnosis to your insurance company to show that Lake County Ambulance Service provided medical services to you. Lake County Ambulance Service also may disclose protected health information to another health care provider if such information is needed by the other health care provider to obtain payment for medical services provided to you.

Additional Applicable State Law Requirements

Minnesota law generally requires patient consent for disclosures of protected health information by Lake County Ambulance Service for payment purposes.

Health care operations

Lake County Ambulance Service will use and disclose protected health information if it is necessary to improve the quality of care we provide to patients or to run our operation. These include activities to monitor and improve patient care, license staff to care for patients, prepare for state and federal regulatory reviews, train health care and non-health care professionals, manage health care operations, and improve health care services. Here are some examples:

Family Members and Others Involved In Your Care

Lake County Ambulance Service may disclose relevant protected health information to a family member or friend who is involved with your care. We find that many patients want us to discuss their care with their family members and others to keep them up-to-date on your care, to help you understand your care, to help in handling your bills, or to help in the scheduling of your appointments. In a disaster situation, we also may disclose relevant protected health information to disaster relief organizations to help locate your family members or friends or to inform them of your location, condition or death. If family members or friends are present while care is being provided, Lake County Ambulance Service will assume your companions may hear the discussion, unless you state otherwise. If you do not want Lake County Ambulance Service to disclose your protected health information to your family members or others who are involved with your care or handling your bills, please inform us as early as possible.

Lake County Ambulance Service may also disclose your protected health information to a personal representative who has authority to make health care decisions on your behalf.

Part II Other Potential Uses and Disclosures

This section describes the less common circumstances in which Lake County Ambulance Service may use or disclose protected health information.

To Avert a Serious Threat of Harm

Lake County Ambulance Service may use and disclose protected health information to alert those able to prevent or lessen a serious and immediate threat to the health or safety of a patient, another person or the public.

Military Personnel

If a patient is a member of the United States Armed Forces, Lake County Ambulance Service may release protected health information as required by military authorities.

Additional Applicable State Law Requirements

Minnesota law generally requires patient consent for disclosures of protected health information by Lake County Ambulance Service for the military purposes referenced above, unless the disclosure is specifically required by federal law.

Workers' Compensation

Lake County Ambulance Service may disclose protected health information for workers' compensation or similar programs as authorized or required by law. These programs provide benefits for work-related injuries or illness.

Public Health Purposes

Lake County Ambulance Service may disclose protected health information for public health purposes. The following are some examples of releases that are allowed for public health purposes:

- to report vital statistics (e.g., births, deaths);
- to report to the federal government adverse reactions to medication or safety problems with FDA-regulated products;

- to notify people of product recalls; and to report communicable diseases to state, county, state, and federal health officials.

Health Oversight Activities

Lake County Ambulance Service may disclose protected health information to health oversight agencies that oversee our operations or personnel.

Lawsuits and Other Judicial Proceedings

Lake County Ambulance Service may disclose protected health information in response to a valid court or administrative order. Lake County Ambulance Service also may disclose protected health information in response to subpoenas, discovery requests or other lawful process.

Law Enforcement Activities

Lake County Ambulance Service may disclose protected health information to law enforcement officials. For example, we may release protected health information to law enforcement officials:

- In response to a valid court order, grand jury subpoena, or other legal process;
- to identify a suspect, fugitive or missing person;
- about the victim of a crime under certain limited circumstances;
- about a death believed to be a result of criminal conduct;
- about a crime committed on Lake County city premises.

Additional Applicable State Law Requirements

Minnesota law generally requires patient consent for disclosures of protected health information by Lake County Ambulance Service for purposes, unless the disclosure is in response to a valid court order or other legal process.

Coroners, Medical Examiners and Funeral Directors

Lake County Ambulance Service may release protected health information to a coroner or medical examiner when necessary to identify the cause of death or as otherwise authorized by law. Lake County Ambulance Service also may release protected health information to a funeral home necessary to carry out the funeral director's duties, including preparation for a funeral.

Additional Applicable State Law Requirements

Minnesota law generally requires the consent of a patient's authorized legal representative for disclosures of protected health information by Lake County Ambulance Service to funeral directors.

National Security Activities

Lake County Ambulance Service may release protected health information to authorized federal officials for intelligence, counterintelligence or other activities authorized by law. Lake County Ambulance Service may disclose protected health information to authorized federal officials so that they can protect the President or other authorized individuals.

Additional Applicable State Law Requirements

Minnesota law generally requires patient consent for disclosures of protected health information by Lake County Ambulance Service for national security purposes, unless the disclosure is specifically required by federal law.

Required by Law

Lake County Ambulance Service will use or disclose protected health information when required by federal, state, or local laws. For example, Lake County Ambulance Service is required to report certain gunshot wounds and other injuries that have resulted from an unlawful act, and abuse or neglect of a child.

Permitted by Law

Lake County Ambulance Service may use or disclose protected health information when permitted by federal, state, or local laws.

Uses and Disclosures Pursuant to an Authorization

Except as described in this notice or specifically required or permitted by law, Lake County Ambulance Service will not use or disclose your protected health information without your specific written authorization. A valid authorization must include: