

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 notice applies to the Lake City Area Medical Center.

Lake City Area Medical Center duties

By law, the Lake City Area Medical Center must keep protected health information private. The federal government defines protected health information as any information, whether oral, electronic or paper, which is created or received by the Lake City Area Medical Center and relates to a patient's health care or payment for the provision of medical services. This includes not only the results of tests and notes written by doctors, nurses and other clinical personnel, but also certain demographic information (such as you name, address and telephone number) that is related to your health records.

Lake City Area Medical Center is required by law to give you this notice and to follow the terms and conditions of the notice that is currently in effect.

How the Lake City Area Medical Center fulfills these duties

- Lake City Area Medical Center considers patient privacy as part of its mission to serve the needs of the patient first.
- Lake City Area Medical Center takes necessary precautions against inappropriate use or disclosure of medical information.
- Lake City Area Medical Center employees are expected to access medical information only as necessary to perform their jobs.
- Lake City Area Medical Center employees who violate these rules and policies are subject to sanctions, including discipline and termination.

The Health Care Providers Covered By This Notice

This notice covers the Lake City Area Medical Center and Lake City Area Medical Center personnel, volunteers, students, and trainees. The notice also covers other health care providers that come to the Lake City Area Medical Center facility to care for patients (such as physicians, physician assistants, therapists, and other health care providers not employed by the Lake City Area Medical Center), unless these other health care providers give you their own notice of privacy practices that describes how they will protect your medical information. Lake City Area Medical Center may share your medical information with these other health care providers for their treatment, payment and health care operations. This arrangement is only for sharing information and not for any other purpose.

A Word about Federal and State Law

Federal and state laws require the Lake City Area Medical Center to protect your medical information and federal law requires the Lake City Area Medical Center to describe to you how we handle that information. When federal and state privacy laws differ, and state law is more protective of your information or provides you with greater access to your information, then state law will override federal law. For example, where we have specifically identified additional applicable state law requirements in this notice, the Lake City Area Medical Center will follow the more stringent state law requirements.

Part I

This section describes the most common circumstances in which the Lake City Area Medical Center may use or disclose protected health information.

Treatment

The Lake City Area Medical Center will use and disclose protected health information to provide, coordinate or manage your care. This includes communication and consultation between health care providers-doctors, nurses, technicians and other members of your medical team. This applies to disclosures for treatment purposes to health care providers both within and outside the Lake City Area Medical Center. For example, following orthopedic surgery, your doctor may refer you for rehabilitation. Information will be shared between caregivers to ensure continuity of care.

Health-care operations

Lake City Area Medical Center 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 health care facility. 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:

- To reduce the infection rate after a surgery, it would be necessary to look at medical records to determine the rate of infections that occurred.
- To be licensed to do a certain procedure, a doctor may be required to show that he or she has successfully completed a number of procedures under the supervision of another physician.
- A Federal Drug Administration inspector may review patient records in a laboratory to ensure that accurate and complete records are maintained for patient safety.

Lake City Area Medical Center may also disclose protected health information to another health care provider who has treated you, or to your insurance company, if such information is needed for health care operations of the health care provider or insurance company, such as quality improvement activities, evaluations of health care professionals, and state and federal regulatory reviews.

Patient contacts

At times, Lake City Area Medical Center may access information, such as your name, address and general medical condition to contact you:

- set up or remind you about future appointments;
- provide information about future treatment alternatives or other information that may be of interest to you; or
- disclose health-related benefits or services that may be of interest to you.

Philanthropy

Lake City Area Medical Center may contact you to raise funds for the Lake City Area Medical Center mission. For example, you may receive letters or other publications asking you to consider making a tax deductible contribution to the Lake City Area Medical Center. When conducting fundraising activities, Lake City Area Medical Center may access only your basic demographic information (such as name and contact information) and the dates that you were treated at the Lake City Area Medical Center. Lake City Area Medical Center does not sell or rent patients' names or addresses to any organization outside of the Lake City Area Medical Center.

Family Members and Others Involved in Your Care

Lake City Area Medical Center 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 appointments. In a disaster situation, we may also 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 City Area Medical Center will assume your companions may hear the discussion, unless you state otherwise. If you do not want Lake City Area Medical Center to disclose your protected health information to your family members or others who are involved with your care or handling of your bills, please inform the person assisting you during registration and/or admission.

Part II Other potential Uses and Disclosures

This section describes the less common circumstances in which the Lake City Area Medical Center may use or disclose protected health information.

To Avert a Serious Threat of Harm

Lake City Area Medical Center 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 Personal

If a patient is a member of the United States Armed Forces, Lake City Area Medical Center may release protected health information as required by military authorities. Lake City Area Medical Center may also release protected health information about foreign military personnel to the appropriate foreign military authority. When the military organization is sponsoring the medical evaluation, the patient's medical information is shared with both the patient and sponsoring organization. Patients being evaluated on behalf of the military should be aware of these arrangements.

Workers' Compensation

Lake City Area Medical Center 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 City Area Medical Center 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 local, county, state, and federal health officials.

Health Oversight Activities

Lake City Area Medical Center may disclose protected health information to health oversight agencies that oversee our operations or personnel. For example, Lake City Area Medical Center may need to disclose protected health information to state agencies that oversee our health care facility or licensed health care personnel (e.g., Department of Health, Medical Board, Nursing Board), or the federal agencies that oversee Medicare. These agencies need such information to monitor our compliance with the state and federal laws.

Lawsuits and Other Judicial Proceedings

Lake City Area Medical Center may disclose protected health information in response to a valid court or administrative order. Lake City Area Medical Center also may disclose protected health information in response to certain types of subpoenas, discovery requests or other lawful process.

Law Enforcement Activities

Lake City Area Medical Center 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 search warrant;
- 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; or
- about a crime committed on Lake City Area Medical Center premises.

Coroners, Medical Examiners and Funeral Directors

Lake City Area Medical Center may release protected health information to a coroner or medical examiner when necessary to identify the deceased, determine the cause of death or otherwise authorized by law. Lake City Area Medical Center also may release protected health information to a funeral director as necessary to carry out the funeral director's duties, including arrangements after death.

National Securities Activities

Lake City Area Medical Center may release protected health information to authorized federal officials for intelligence, counterintelligence or other national security activities authorized by law. Lake City Area Medical Center also may disclose protected health information to authorized federal officials so they may provide protection to the President or other authorized individuals.

Required by Law

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

Information with Additional Protections

Certain types of protected health information may have additional protection under federal or state law. For example, protected health information about HIV/AIDS and genetic testing results is treated differently than other types of protected health information under certain state laws. Additionally, federally assisted alcohol and drug abuse programs are subject to certain special restrictions on the use and disclosure of alcohol and drug abuse treatment information. To the extent applicable, Mayo Clinic would need to get your written permission before disclosing that information to others in many circumstances.

Uses and Disclosures Pursuant to an Authorization

Except as described in the notice or specifically required or permitted by law, Lake City Area Medical Center will not use or disclose your protected health information without your specific written authorization. At times the Lake City Area Medical Center entity may ask you to provide specific written permission to allow the Lake City Area Medical Center to use or disclose medical information about you. A valid authorization may be revoked in writing at any time. Written revocation of authorization must be submitted to the Lake City Area Medical Center. Once authorization is revoked, the Lake City Area Medical Center will no longer be able to use or disclose protected health information for the purposes

described in the authorization except to the extent the Lake City Area Medical Center has already taken action based upon authorization.

Part III Patients' Rights with Respect to Protected Health Information

This section describes the rights of the Lake City Area Medical Center patients to protected health information.

Right to Inspect and Copy

You have the right to inspect and to request a copy of information maintained in the Lake City Area Medical Centers designated medical record about you. This includes medical and billing records maintained and used by the Lake City Area Medical Center to make decisions about your care.

To obtain or inspect a copy of your medical information, submit a written request to the Lake City Area Medical Center. Lake City Area Medical Center may charge a reasonable, cost-based fee to cover the expense of providing copies.

Most patients have full access to inspect and receive a copy of the full medical record. On rare occasions, the Lake City Area Medical Center may deny a request to inspect and receive a copy of some information in the medical record. For example, this may occur if, in the professional judgment of a patient's physician, the release of the information would be reasonably likely to endanger the life or physical safety of the patient or another person.

Right to Request Alternate Methods of Communication

You may have a right to request that the Lake City Area Medical Center communicate with you in certain ways (such as a letter or by phone) or at a certain location. For example, you may ask that we contact you only at home or only in your place of business. In this situation you may, submit a written request to the Lake City Area Medical Center specifying the communication method or alternative location being requested. Lake City Area Medical Center will accommodate reasonable requests. However, if the request could result in the Lake City Area Medical Center not being able to collect for services, Lake City Area Medical Center reserves the right to require you to provide additional information about how payment services will be handled.

Right to Request Amendment

You have the right to request that your protected health information in the Lake City Area Medical Centers designated medical record for you be amended. If you wish to request amendment of the information in your record, submit a written request to the Lake City Area Medical Center. The request must include a reason to support amendment. Lake City Area Medical Center may deny a request for amendment based upon any of the following circumstances:

- the request is not in writing or does not include a supporting reason;
- the information you want to change was not created by the Lake City Area Medical Center, 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 in the record is accurate and complete.

If the Lake City Area Medical Center denies your request for an amendment, you will be given a written explanation of the denial. If you still disagree with the explanation provided, you can ask that your request for amendment and

explanation of denial be included in any future disclosure of the pertinent protected health information. If you submit a statement of disagreement, Lake City Area Medical Center may include a rebuttal statement addressing your statement of disagreement in the designated medical record.

Right to a List of Certain Disclosures

You may ask the Lake City Area Medical Center for a list of persons and organizations to which Lake City Area Medical Center has disclosed your protected health information. This list would provide you with a summary of certain disclosures that Lake City Area Medical Center 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 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 get a copy of the list, submit a written request to Lake City Area Medical Center. 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)

Right to Request Restrictions

You can ask Lake City Area Medical Center to restrict the use or disclosure of protected health information about you for treatment, payment or healthcare operations. Your request must be in writing and submitted to the Lake City Area Medical Center. Lake City Area Medical Center will carefully consider all requests.

Complaints

If you want to file a complaint or express concerns about Lake City Area Medical Center's use or disclosure of protected health information, please contact us.

You may also file a written complaint with the United States Department of Health and Human Services-Office of Civil Rights.

Key Information about this Notice

- This is a revised notice for the Lake City Area Medical Center. The effective date of this revised notice is March 2013.
- Additional paper copies of this notice will be provided upon request.
- From time to time, Lake City Area Medical Center may change its practices concerning how we use or disclose protected health information, or how we will implement patient rights concerning their information. Lake City Area Medical Center reserves the right to change the terms of this notice and make the new notice provisions effective for all protected health information maintained by Lake City Area Medical Center. Lake City Area Medical Center will follow the terms and conditions of the notice currently in effect.