



Notice of Privacy Practices

Effective Date: April 14, 2003

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.

If you have any questions about this notice, please contact the Facility Privacy Official by dialing 218-249-5555 or 1-800-321-3790.

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information. This notice applies to all of the records of your care generated by St. Luke's, whether made by St. Luke's personnel, or agents of St. Luke's.

Our Responsibilities

We are required by law to maintain the privacy of your health information and provide you a description of our privacy practices. We will abide by the terms of this notice and notify you if we cannot agree to a requested restriction. We will accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

Uses and Disclosures

The following categories describe examples of the way we use and disclose medical information:

For Treatment: We may use medical information about you to provide you treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other St. Luke's personnel who are involved in taking care of you. 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. Different services may share medical information about you in order to coordinate the care you may need, such as prescriptions, lab work, meals, and x-rays. We may also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you.

For Payment: We may use and disclose medical information about your treatment and services to bill and collect payment from you, your insurance company or a third party payer. For example, we may need to give your insurance company information about your surgery so they will pay us or reimburse you for the treatment. We may also tell your health plan about treatment you are going to receive to determine whether your plan will cover it.

For Health Care Operations: St. Luke's staff and physicians may use information in your health record to assess care and outcomes in your case and others like it. The results will then be used to continually improve the quality of care for all patients we serve. For example, we may combine medical information

about many patients to evaluate the need for new services or treatment. We may disclose information to doctors, nurses and students for educational purposes.

We may also use and disclose medical information:

- To business associates we have contracted with to perform the agreed upon service and billing for it;

- To remind you that you have an appointment for medical care;

- To assess your satisfaction with our services;

- To tell you about possible treatment alternatives;

- To tell you about health-related benefits or services;

- For health department or regulatory agency activities relating to improving health;

- For population based monitoring and review.

Business Associates: There are some services provided in our organization through contracts with business associates. Examples include physician services in the Radiology Department, certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Directory: We may include certain limited information about you in the hospital directory while you are a patient at the hospital. The information may include your name, location in the hospital, your general condition (e.g., good, fair, serious, critical) and your religious affiliation. This information may be provided to members of the clergy, volunteers for the delivery of cards or flowers and to other people who ask for you by name. If you would like to opt out of being in the facility directory, please request the Opt Out Form from the admission staff.

Individuals Involved in Your Care or Payment for Your Care: In certain circumstances, we may have to release medical information about you to a family member or friend who is involved in your medical care or who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Research: We may disclose information to researchers when an institutional review board has reviewed the research proposal, protocols and informed consent forms to ensure patients' understanding of the research and privacy protections offered.

Future Communications: We may communicate to you via newsletters, mailings or other means regarding treatment options, health related information, disease-management programs, fundraising, wellness programs, or other community based initiatives or activities our facility is participating in.

Organized Health Care Arrangement: St. Luke's and its medical staff members have organized and are presenting you this document as a joint notice. Information will be shared as necessary to carry out treatment, payment and health care operations. Physicians and caregivers may have access to protected health information in their offices to assist in reviewing past treatment as it may affect treatment at the time.

As required by law, we may also use and disclose health information for the following types of entities, including but not limited to:

Food and Drug Administration

Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability

Correctional Institutions

Workers Compensation Agents

Organ and Tissue Donation Organizations

Health Oversight Agencies, such as Medicare or Medical Assistance

Medical Examiners and Funeral Directors

National Security and Intelligence Agencies

Protective Services for the President and Others

Law Enforcement/Legal Proceedings: We may disclose health information for law enforcement purposes as required by law or in response to a court order or search warrant.

Your Health Information Rights:

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, you have the **Right to:**

Inspect and Copy: You have the right to inspect and copy medical information that may be used to make decisions about your care. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by St. Luke's will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Amend: If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for St. Luke's. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.

An Accounting of Disclosures: You have the right to request an accounting of disclosures that occurred after April 13, 2003. This is a list of the disclosures we make of medical information about you. The list will not include disclosures made for treatment, payment or healthcare operations.

Request Restrictions: You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. All such requests must be in writing. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. We will agree to the request to the extent that it is reasonable for us to do so. For example, you can ask that we use an alternative address for billing purposes.

To exercise any of your rights, please obtain the required forms from the Privacy Official and submit your request in writing.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. The revised or changed notice will be effective for information we already have about you as well as any information we receive in the future. Copies of the current notice will be available for pick up, and will be posted at all registration sites. In addition, each time you register at a St. Luke's facility for treatment or health care services, a copy of the current notice in effect will be made available to you.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the hospital by contacting the Facility Privacy Official at the telephone number or address provided below or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your permission.

THE ST. LUKE'S PRIVACY OFFICIAL MAY BE REACHED AT THE FOLLOWING ADDRESS OR TELEPHONE NUMBER:

St. Luke's Privacy Official
St. Luke's Hospital
915 East First Street
Duluth, MN 55805
Phone: 218-249-5555
or
1-800-321-3790