

**LAKE REGIONAL MEDICAL MANAGEMENT
54 HOSPITAL DRIVE
OSAGE BEACH, MO 65065**

SUMMARY OF 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.

We have summarized the attached Notice of Privacy Practices on this first page. For a complete description of your rights and our responsibilities, please review this entire notice.

Your Rights

Your rights related to your medical information are as follows:

- The right to request restrictions on the way we use your medical information;
- The right to request and receive information from us in a different way or manner;
- The right to review your medical information;
- The right to request that we amend your medical information; and
- The right to know how we have used or disclosed your medical information.

We will not use or disclose your health information without your authorization, except as otherwise described in this Notice of Privacy Practices.

What We Are Required to Do

It is our responsibility to:

- Protect your medical information;
- Provide you with our Notice of Privacy Practices; and
- Abide by the terms of this Notice.

We can change our privacy practices. If we decide to change them, we will change this notice and post the changes in our clinics and on our Web site at www.lakeregional.com.

If you have any questions and/or would like additional information, please contact the Privacy Officer at the address listed above, or contact your Lake Regional Medical Management clinic.

LAKE REGIONAL MEDICAL MANAGEMENT

NOTICE OF PRIVACY PRACTICES

Effective Date: 11/15/05

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 Privacy Officer at Lake Regional Medical Management, 54 Hospital Drive, Osage Beach, MO 65065, or (573) 348-8084 Monday through Friday from 8:00 a.m. - 3:00 p.m.

WHO WILL FOLLOW THIS NOTICE.

This notice describes our clinic's practices and that of

- Any health care professional authorized to enter information into your clinic chart who is a member of the Lake Regional Medical Management workforce.
- All departments and units of Lake Regional Medical Management.
- All affiliated entities within Lake Regional Medical Management with whom we share information. The affiliated entities include, but are not limited to, the clinics, billing office and pharmacies.

All Lake Regional Medical Management 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 clinic operations purposes described in this notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the clinic. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical information about you;
- and
- follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For 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 clinic personnel who are involved in taking care of you at the clinic. 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 clinic also may share medical information about you in order to coordinate such things as prescriptions, lab work and x-rays.

- **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at the clinic 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.
- **For Health Care Operations.** We may use and disclose medical information about you for clinic operations. These uses and disclosures are necessary to run the clinic 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 clinic patients to decide what additional services the clinics 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 clinic personnel for review and learning purposes. We may also combine the medical information we have with medical information from other clinics 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 the identity of specific patients.
- **Treatment, Payment and Health Care Operations of Third Parties:** We may share your PHI with other health care providers and health plans for their treatment, payment and certain health care operations purposes. For example, we may share PHI with other health care providers that have a relationship with you for the purposes of their accreditation surveys or training.
- **You or Your Personal Representative.** We may disclose your PHI to you. We may also disclose the PHI of a minor (or other individual who is legally represented by another person) to the individual's personal representative if the PHI relates to the scope of the representation.
- **Appointment Reminders.** We may use and disclose medical information to contact you or a family member to remind you that you have an appointment for treatment or medical care at the clinic.
- **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.
- **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- **Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. In addition, in certain emergency situations 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.
- **As Required By Law.** We will disclose medical information about you under certain circumstances when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any such disclosure, however, would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS

- **Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as properly required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose medical information about you for public health activities under certain limited circumstances. These activities generally include the following:

- to prevent or control disease, injury or disability;
 - to report births and deaths;
 - to report child abuse or neglect;
 - to report reactions to medications or problems with products;
 - to notify people of recalls of products they may be using;
 - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 - to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **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.
- **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:
- In response to a court order, subpoena, warrant, summons or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime under certain limited circumstances;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at the clinic; and
 - In emergency circumstances, to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the clinic to funeral directors as necessary for them to carry out their duties.
- **Specialized Government Functions.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We may disclose medical information about you to authorized federal officials so they may provide protection to the President or 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 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.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy certain medical information that may be used to make decisions about you. Usually, this includes medical and billing records, but does not include psychotherapy notes or information that we have compiled for use in a lawsuit or administrative proceeding.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer at the address listed above. 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.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Except under certain limited circumstances, another licensed health care professional chosen by the clinic 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.

- **Right to Amend.** If you feel that certain 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 the clinic.

To request an amendment, your request must be made in writing and submitted to the Privacy Officer at the address listed above. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the clinic;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Any denial that we issue of any request to amend information shall be in writing. If we deny your request to amend information, you may submit a written statement of disagreement that may be appended to that portion of your medical information that is the subject of the amendment. We retain the right to submit a written rebuttal statement to your written statement of disagreement that may also be appended to your medical information.

- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of certain disclosures we have made of medical information about you.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer at the address set forth above. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to 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. For example, you could ask that we not use or disclose information to a family member about a surgery that you had.

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.

To request restrictions, you must make your request in writing to the Privacy Officer at the address listed above. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse. If we agree to your request, our agreement will be communicated to you in writing.

- **Right to 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. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Privacy Officer at the address listed above. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website, www.lakeregional.com.

To obtain a paper copy of this notice, please contact your physician's office Monday through Friday from 8:00 a.m. - 3:00 p.m.

CHANGES TO THIS NOTICE

- We reserve the right to change this notice. 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. We will post a copy of the current notice in the clinic. The notice will contain on the first page, in the top left-hand corner,

the effective date. In addition, each time you visit the clinic for treatment or health care services, we will make available to you upon request a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the clinic or with the Secretary of the Department of Health and Human Services. To file a complaint with Lake Regional Medical Management, contact the Privacy Officer at the address listed above. 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. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Lake Regional Medical Management

ACKNOWLEDGMENT OF RECEIPT OF LAKE REGIONAL MEDICAL MANAGEMENT NOTICE OF PRIVACY PRACTICES

THE PURPOSE OF THIS FORM IS ONLY TO ACKNOWLEDGE THAT YOU HAVE RECEIVED LAKE REGIONAL MEDICAL MANAGEMENT'S NOTICE OF PRIVACY PRACTICES.

I acknowledge that I have been provided with Lake Regional Medical Management's Notice of Privacy Practices.

Patient Signature: _____

Legal Representative Signature: _____

Relationship to Patient: _____

Date: _____

I hereby authorize the below listed individual's access to my health information:

(If this section is not completed, we will only use your medical records for treatment, payment, and Healthcare Operations. We will not be able to release your medical information to family members, friends, etc. unless they are listed by name below.)

Individual/Relationship

Patient or legal representative was unwilling/unable to sign acknowledgment.

Reason: _____

Staff Signature: _____ Date: _____

If you would like to request further restrictions on your medical record, please ask the receptionist for a "Request for Restrictions" form.