OTHER POTENTIAL USES AND DISCLOSURES:
This section describes the less common circumstances we may use or disclose your personal health information.

- ***Workers Compensation***
- ***Health Oversight Activities***
  We may disclose protected health information to agencies that oversee our operations or personnel. These agencies may include: The Accreditation Association for Ambulatory Health Care, Medical Board or Nursing Board. These agencies need such information to monitor our compliance with state and federal laws.
- ***Law Enforcement***
  We may release protected health information in response to a valid court order, subpoena or search warrant.
- ***Food and Drug Administration***
- ***Medical Examiners and Funeral Directors***
- ***Organ and Tissue Donation***
- ***Nationally Security and Intelligence Agencies***
- ***Public Health or Legal Authorities:***
  To prevent or control disease, injury or disability.
- ***Notification:***
  We 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. If family members or friends are present while care is being provided we will assume your companions may hear the discussion, unless you state otherwise. If you do not want to disclose your protected health information to your family members or others who are involved with your care or handling your bills, please inform the person assisting you during registration and/or admission.
- ***Disaster Relief:***
  Medical information with a public or private organization or person who can legally assist in disaster relief efforts.

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- ***Research in Limited Circumstances:***
  Medical information for research purposes in limited circumstances where the research has been approved by a review board that has reviewed the research proposal and established protocols to ensure the privacy of medical information.

3. YOUR INDIVIDUAL RIGHTS

You Have a Right to:

1. Inspect and request a copy of your information maintained in Fond du Lac's medical record about you. This includes both medical and billing records maintained and used to make decisions about your care.

   To obtain or inspect a copy of your medical information please submit a written request to the medical records department. We may charge a reasonable cost-based fee to cover the cost of providing the copies. We may also deny your request if your physician believes it would be likely to endanger you or another person's life or physical safety.

2. Receive a list of all the times we or our business associates shared your medical information for purposes other than treatment, payment and health care operations and other specified exceptions.

3. Request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency).

4. Request that we communicate with you about your medical information by different means or to different locations. Your request that we communicate your medical information to you by different means or at different locations must be made in writing to the contact person listed at the end of this notice.

5. Request that we change your medical information. We may deny your request if we did not create the information you want changed or for certain other reasons. If we deny your request, we will provide you a

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written explanation. You may respond with a statement of disagreement that will be added to the information you wanted changed. If we accept your request to change the information, we will make reasonable efforts to tell others,including people you name, of the change and to include the changes in any future sharing of that information.

6. If you receive this notice electronically, and wish to receive a paper copy, you have the right to obtain a paper copy by making a request in writing to the Privacy Officer at your office.

Notification of Breach

We will keep your medical information private and secure as required by law. If any of your medical information which is acquired, accessed, used or disclosed in a manner that is not permitted by law we will notify you within 60 days following the discovery of a breach.

Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this Notice or by other laws that apply to us will be made only with your written permission. The following is a description of some situations, but not all, where our use and disclosure of your medical information will require your written permission:

- **Psychotherapy Notes.** Most uses and disclosures of your psychotherapy notes will require your written permission. Generally speaking, psychotherapy notes are notes that are made by a mental health professional documenting or analyzing the contents of his or her conversations with you during a counseling session and that are kept separate from the rest of your medical record.
- **Marketing Purposes.** Subject to limited exceptions, uses and disclosures of your medical information for marketing purposes will require your written permission.
- **Sale of Medical Information.** Disclosures that would constitute as the sale of your medical information will require your written permission.

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1. OUR RESPONSIBILITIES

By law, FDLHSD must keep protected health information private. Protected health information is any information, whether oral, electronic or paper, which is created or received by FDLHSD and relates to patient health care or payment of services. This includes test results, notes from providers and support staff, and certain demographic information (such as your name, address and telephone number) that is related to your health records.

2. MOST COMMON USES AND DISCLOSURES

The following section describes ways that we use and disclose medical information.

FOR TREATMENT:

We may use and disclose protected health information to provide, coordinate, and manage your care. This includes communication and consultation between health care providers - doctors, dentists, medical students, nurses, technicians and other members of your medical team that may include non Fond du Lac providers.

FOR PAYMENT:

We may use and disclose protected health information about your services and treatment to bill and collect payment from your insurance company, Medicare and other payers. This may include providing information such as dates of service, symptoms and diagnosis.

FOR HEALTH CARE OPERATIONS:

We may use and disclose your medical information for our health care operations. This may include measuring and improving quality, evaluating the performance of employees, conducting training programs, and getting accreditation, certificates, licenses and credentials we need to best serve you.

PATIENT CONTACTS:

To remind you of future appointments or disclose health-related benefits or services that may be of interest to you.

Questions & Complaints

If you have questions or believe your privacy rights have have been violated, the privacy official for Fond du Lac Human Service Division can be reached at the following address or phone number:

Holly Karjala
Accreditation & Credentialing Specialist
Fond du Lac Human Services Division
927 Trettel Lane
Cloquet, MN 55720
Tel: (218) 878-2107 | Fax: (218) 878-3800

You may also file a written complaint with the United States Department of Human Services- Office of Civil Rights. All complaints must be submitted in writing.

Fond du Lac Human Services Division will not take action against you for filing a compliant.

Effective Date: July 1, 2013

Fond du Lac Human Services Division

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This notice describes how medical information about you may used, disclosed and how you can get access to this information. Please review it carefully.

Min No Aya Win
Human Services Center
927 Trettel Lane
Cloquet, MN 55720
P: (218) 879-1227 | F: (218) 878-2179