



Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Life Link III is required by law to maintain the privacy of certain confidential health care information, known as Protected Health Information or PHI, and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. Life Link III is also required to abide by the terms of the Notice currently in effect and notify you, as required by law, if there is a breach of unsecured PHI.

Uses and Disclosures of PHI: Life Link III may use and disclose PHI for the purposes of treatment, payment, and health care operations, in most cases without your permission. Examples of use of PHI:

- For treatment. This includes such things as obtaining verbal and written information about your medical condition and treatment from you as well as from others, such as doctors and nurses who give orders to allow us to provide treatment to you. We may give your PHI to other health care providers involved in your treatment, and may transfer your PHI via radio, telephone or electronically to the hospital or dispatch center.
- For Payment. This includes any activities we must undertake in order to get reimbursed for the services we provide to you, including such things as submitting bills to insurance companies, making medical necessity determinations and collecting outstanding accounts.
- For health care operations. This includes quality assurance activities, licensing, and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures, as well as certain other management functions.
- Reminders of Scheduled Transports and Information on Other Services. We may also contact you to provide you with a reminder of any scheduled appointments for non-emergency ambulance and medical transportation, or to provide information about other services we provide.

Use and Disclosure of PHI Without Your Authorization. Life Link III is permitted to use and disclose PHI *without* your written authorization, or opportunity to object, in certain situations, and unless prohibited by a more stringent state law, including:

- For the treatment, payment or health care operations activities of another health care provider who treats you;
- For health care and legal compliance activities;
- To a public health authority in certain situations as required by law (such as to report abuse, neglect or domestic violence);
- For health oversight activities including audits or government investigations, investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the health care system;
- For judicial and administrative proceedings as required by a court or administrative order, or in some cases in response to a subpoena or other legal process;
- For law enforcement activities in limited situations, such as when responding to a warrant;
- For military, national defense and security other special government functions;
- To avert a serious threat to the health and safety of a person or the public at large;
- For workers' compensation purposes, and in compliance with workers' compensation laws;
- To coroners, medical examiners, and funeral directors for identifying deceased person, determining cause of death, or carrying on their duties as authorized by law;
- If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye, or tissue transplantation, or to an organ donation bank, as necessary to facilitate organ donation and transplantation;
- For research projects, but this will be subject to strict oversight and approvals;
- As required by law. For example, if state or federal law requires that we disclose your PHI, including to the Department of Health and Human Services if it wants to confirm compliance with federal privacy law.
- We may also use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Disclosures of PHI That Involve Your Choice. With certain exceptions, you can tell us your choice when we disclose your PHI for the following purposes:

- To a family member, other relative, or close personal friend or other individual involved in your care if we obtain your verbal agreement to do so or if we give you an opportunity to object to such disclosure and you do not raise an objection, and in certain other circumstances where we are unable to obtain your agreement and believe the disclosure is in your best interests; and
- For disaster relief purposes if we obtain your agreement to do so. If we believe obtaining your agreement would interfere with our ability to respond to the emergency circumstances, we can disclose your PHI without your agreement.

Any other use or disclosure of PHI, other than those listed above will only be made with your written authorization. For example, authorization would be required to disclose PHI for marketing purposes, to sell your PHI, or for any other purpose not described in this Notice. You may revoke your authorization at any time, in writing, except to the extent that we have already used or disclosed medical information in reliance on that authorization.

Fundraising. If we use your PHI to send you information for fundraising purposes, any such communication will provide you with the opportunity to opt out of any such future communications.

Patient Rights: As a patient, you have a number of rights with respect to your PHI, including:

- The right to access, copy or inspect your PHI. This means you may inspect and copy most of the information about you that we maintain. We will normally provide you with access to this information within 30 days of your request, electronically or hard copy. We may also charge you 15 cents per page to copy any medical information that you have the right to access. In limited circumstances, we may deny you access to your PHI and we will provide a written response if we deny you access and let you know your appeal rights. You also have the right to receive confidential communications of your PHI, such as asking us to contact you in a specific way. We will say “yes” to all reasonable requests. If you wish to inspect and copy your medical information, you should contact our privacy officer.
- The right to amend your PHI. You have the right to ask to amend written medical information that we may have about you. We will generally amend your information within 60 days of you request and will notify you when we have amended the information. We are permitted by law to deny your request to amend you medical information only in certain circumstances, such as when we believe the information you have asked to be amend is presently correct. If you wish to request that we amend the medical information we have about you, you should contact our privacy officer.
- The right to request an accounting. You may request an accounting from us of certain disclosures of your medical information that we have made in the six year prior to the date of your request. We are not required to give you an accounting of information we have used or disclosed for purposes of treatment, payment or health care operations, or when we share your health care information with our business associates, such as our billing company or a medical facility from/to which we have transported you. We are also not required to give you an accounting of our uses of protected health information for which you have already given us written authorization. If you wish to request an accounting, contact our privacy officer.
- The right to request that we restrict the uses and disclosures of your PHI. You have the right to request that we restrict how we use and disclose your medical information that we have about you. Life Link III is not required to agree to any restrictions you request, but any restrictions agreed to by Life Link III in writing are binding on Life Link III. You may request that we restrict certain disclosures to your health plan for payment purposes if you agree to make payment in the full for the services.
- Internet, Electronic Mail, and the Right to Obtain Copy of Paper Notice on Request. If we maintain a web site, we will prominently post a copy of this Notice on our web site. If you allow us, we will forward you this Notice by electronic mail instead of paper and you may always request a paper copy of the Notice.

Revisions to the Notice: Life Link III reserves the right to change the terms of this Notice at any time, and the changes will be effective immediately and will apply to all protected health information that we maintain. Any material changes to the Notice will be promptly posted in our facilities and posted to our web site, if we maintain one that contains service information. You can get a copy of the latest version of this Notice by contacting our privacy officer.

Your Legal Rights and Complaints: You also have the right to complain to us, or to the Secretary of the United States Department of Health and Human Services if you believe you privacy rights have been violated. You will not be retaliated against in any way for filling a complaint with us or to the government. Should you have any questions, comments, or complaints, you may direct all inquiries to our privacy officer.

Privacy Officer Contact Information:

Life Link III, Attn: Privacy Officer
8009 34th Ave South, Suite 1300
Bloomington, MN 55425

Phone: 612.638.4900
Fax: 612.638.4906
Effective Date of the Notice: 4/14/2003

Effective Date of the Notice: 4/16/2015
Effective Date of the Notice: 7/12/2017
Effective Date of the Notice: 5/28/2021