



Notice of Privacy Practices

HIPAA Information

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 are dedicated to keeping your health information private, in accordance with federal and state law. As required by the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), we provide you with this notice of our legal duties with respect to health information. We are required to follow the terms of this notice currently or any revision to it that is in effect. We reserve the right to make changes to this notice as allowed by law. Changes to our privacy practices will apply to all health information we maintain. If we change this notice, you can access the revised notice at any of the registration areas of our clinics.

How We May Use and Disclose Your Health Information: We may use your health information and disclose it to appropriate persons, authorities and agencies, as allowed by federal and state law. We may do this without your written permission for the following purposes:

Treatment: As we treat you, we may need to use and disclose your health information to other health care providers within or outside of SSCHC. For example, a doctor may use the information in your medical record to find the best treatment option for you or a pharmacist may call your doctor to ask questions about a prescription. In some cases, our staff may use or disclose your health information to help your doctor and our health care staff manages your disease.

Payment: We may use your health information and disclose it to insurance companies or employer health plans, and to others in order to receive payment for your bill. For example, we must submit a bill to your insurance company that states your name, what is wrong with you, how we are treating you, and other information in order for us to receive payment. In certain situations, we may disclose your health information to a collection agency if a bill is not paid.

Health Care Operations: We may use the information in your medical record to help us improve the quality or cost of the care we give or to respond to appropriate questions about the care provided. For example, we may study how doctors and nurses manage patient treatment to learn the best way to help patients. We may use your health information to look at the care you received from doctors and nurses or other health care professionals. We may disclose your health information to another health care professional that you have seen so they may improve their quality or cost.

Reminders and Information Sharing: We may use your health information to remind you of an appointment or to tell you about treatment options or health services that may be of interest to you.

Fundraising: In Support of our charitable mission, we may use your health information (for example, your name, phone number and treatment dates) to contact you about supporting our fundraising efforts. Through philanthropy, we seek to advance our patient care programs and services.

Other Ways We May Disclose Your Health Information: We may also disclose your health information without our written permission for the following purposes:

Required by Law: We may disclose health information when required by law to do so.

Public Health: We may disclose health information to authorities to help prevent or control disease, injury or disability. For example, we are required to report certain diseases, injuries, birth or death information to the state of Wisconsin. We may also report work-related illnesses and injuries to your employer for workplace safety purposes.

Reporting Victims of Abuse or Neglect: We may disclose your health information, if we believe you have been a victim of abuse or neglect, to a government authority if required or allowed by law, or if you agree to the disclosure.

Health Care Oversight: We may disclose health information to authorities and agencies for oversight activities allowed by law, including audits, investigations, inspections, licensing, disciplinary actions or legal proceedings. These activities are necessary for oversight of the health care system, government programs and civil rights laws.

Legal Proceeding: We may disclose health information in the course of certain legal proceedings. For example, we may disclose your information in response to a court order.

Law Enforcement: We may disclose health information to law enforcement officials for specific purposes. For example, we may disclose your health information when required by law to report certain injuries.

Research: We may disclose your health information to researchers who have received approval from the SSCHC. These researchers agree not to disclose information that would allow you to be identified, except as allowed by law. For example, a research study may measure the success in treating or curing a targeted illness or condition.

Serious Threats to Health or Safety: We may disclose your health information to the proper authorities if we believe in good faith that this will help prevent or lessen a serious threat to your or the public's health or safety. We do so as allowed by law and standards of ethical conduct.

Military, National Security, Law Enforcement Custody: We may disclose your health information to the proper authorities so they may carry out their duties under the law. This applies if you are or were involved with the military, national security or intelligence activities. It also applies if you are in the custody of law enforcement officials or an inmate in a correctional institution.

Worker's Compensation: We may disclose your information in order to comply with the laws related to workers' compensation or similar programs. These programs may provide benefits for work-related injuries or illness.

We may use or disclose your information only with your written permission, except as described in the previous sections. If you give us your permission, you may withdraw such permission at any time by notifying us in writing, except if we have already taken action based upon your permission

Other Restrictions: Please be aware that state and federal law may have more requirements than HIPAA on how we use and disclose your health information. If there are specific more restrictive requirements, even for some of the purposes listed above, we may not disclose your health information without your written permission as required by such laws. For example, we will not disclose your HIV test results without obtaining your written permission, except as permitted by state law. We may also be required by law to obtain your written permission to use and disclose your information related to treatment for a mental illness, developmental disability, or alcohol or drug abuse.

There may be other restrictions on how we use and disclose your health information than those listed above. We believe state and federal laws discussing such restrictions are Wisconsin Statutes Sections 146.82, 51.30, 252.15, 895.50 and 905.04; Wisconsin Administrative Code HFS 92 and 124.14; and 42 C.F.R. Part 2 and 45 C.F.R. Parts 160 and 164.

Your Health Information Rights: As a patient or customer who receives health care services from the SSCHC **you** have the right to:

Read and Copy Your Health Information: With a few exceptions, you have the right to read and obtain a copy of your health information. We may charge you a reasonable fee if you want a copy of your health information. If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision. To obtain your health information, contact the Medical Record Department of the facility where you were treated. To obtain your billing information, contact the SSCHC's Business Office.

Request to Correct Your Health Information: If you believe there is an error in your health information or something has been left out, you may ask us to correct the information, you may ask us to correct the information. You must make the request in writing and give the reason why your health information should be changed. If we did not create the information you believe is incorrect, or if we disagree with you and believe your health information is correct, we will deny your request. You may appeal to us in writing if we deny your request. To request a correction to your health information, contact the Medical Record Department of the facility where you were treated.

Request to Restrict Certain Uses and Disclosures of Your Information: You have the right to ask that we restrict how your health information is used or disclosed. ***Under the law, we are not required to agree to your request.*** In some cases, we may not be able to agree to your request because we do not have a way to tell everyone who would need to know about the restriction. There are other instances in which we are not required to agree with your request. We will inform you when we cannot find a way to carry out your request. You may request a restriction in these ways:

- ✓ Ask during the registration or sign-in process;
- ✓ Ask the person giving you care (e.g., physician, nurse, dentist)
- ✓ Contact the Medical Record Department; or
- ✓ Contact the business office for billing-related requests.

Receive information at a different place or by other different means: You have the right to ask that we send information to you in different ways or at different places. For example, you may wish to receive a test result at an address other than your home address. We will grant reasonable requests.

Receive a Record of How we Disclosed Your Health Information: You have the right to ask us in writing for a list of places or persons to whom your health information was disclosed during the past six years. The list will contain the date your health information was disclosed to others, who received the information, a brief description of what was disclosed and why. However, the list will not include disclosures for the following purposes: treatment, payment, health care operations, hospital/nursing home patient directories, family and friends for care and payment, national security or intelligence, and law enforcement/corrections. In addition, the list will not include information that was disclosed to you and to others with your permission, incidental disclosures and disclosures of limited or de-identified health information. We must provide you the list within 60 days of your request. The request must be for health information disclosed on or after April 14, 2003. To request this list, contact the Medical Record Department at the facility where you were treated.

Obtain a Paper Copy of This Notice: Upon your request, you may at any time receive a paper copy of this notice. This notice is available at the registration desks at all of our facilities.

File Complaint: You have the right to file a complaint with us if you believe your privacy rights have been violated. To file a complaint, call the Chief Privacy Officer at 414-672-1315 ext. 357. You also have the right to complain to the United States Secretary of the Department of Health and Human Services. We will not take any action against you for filing a complaint.

Contact for Information, Questions, or Concerns: If you have questions or concerns about your privacy rights, SSCHC's privacy-related policies or the information contained in this notice, please contact our Chief Privacy Officer at 414-672-1315 ext. 357. This notice is effective on and after April 14, 2003, unless and until it is revised by SSCHC. If you have questions or concerns about your privacy rights, SSCHC's privacy-related policies or the information contained in this notice, please contact our Chief Privacy Officer at 414-672-1315 ext. 357

This notice is effective on and after April 14, 2003, unless and until it is revised by SSCHC.