

Ho-Chunk Health Facilities

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.



Please review carefully.

The Ho-Chunk Health facilities must maintain the privacy of your personal health information (PHI) and give you this notice that describes our legal duties and privacy practices concerning your PHI. In general, when releasing your PHI, we must release only the information we need to achieve the purpose of the use or disclosure. However, all of your PHI will be available for release to you, to a provider regarding your treatment, or due to a legal requirement. We must follow the privacy practices described in this notice.

We reserve the right to change the privacy practices described in this notice, in accordance with the law. Changes to our privacy practices would apply to all health information we maintain. If we change our privacy practices, we will make available a copy of the revised privacy notice upon your next visit.

Once you have signed our "Consent" form, we can use your health information for the following purposes:

1. Treatment. A provider may use the information in your medical record to determine which treatment option, such as drug or surgery, best addresses your health needs. The treatment selected will be documented in your medical record, so that other health care professionals can make informed decisions about your care.

2. Payment. In order for an insurance company to pay for your treatment, we must submit a bill that identifies you, your diagnosis, and the treatment given to you. As a result, we pass health information onto an insurer in order to help receive payment for your medical bills.

3. Health Care Operations. We may need your diagnosis, treatment, and outcome information in order to improve the quality of cost of care we deliver. These quality and cost improvement activities may include evaluating the performance of your physicians, nurse practitioners and other health care professionals we call providers, or examining the effectiveness of the treatment provided to you when compared to patients in similar situations.

Also, we may want to use your health information for appointment reminders. In such instance, we look at the date and time of your next appointment with us, and then send you a reminder letter to help you remember the appointment. Or, we may look at your medical information and decide that another treatment or a new service we offer may interest you.

Further, we may want to use information found in your medical record, such as your name, address, phone number and treatment dates, to contact you for health care events, such as our health and wellness fairs.

Please note that if you refuse to provide your consent to us, we may refuse to treat you.

Without your written consent or authorization, we can use your health information for the following purposes:

1. As required or permitted by law. Sometimes we must report some of your health information to legal authorities, such as law enforcement, court officials, or government agencies. For example, we may have to report abuse, neglect, domestic violence or certain physical injuries, or to respond to a court order.

2. For public health activities. We have to report your health information to authorities to help prevent or control disease, injury or disability. This may include using your medical record to report certain diseases, injuries, birth or death information of concern to the Food and Drug Administration. We may also have to report to your employer certain work-related illnesses and injuries so that your

workplace can be monitored for safety.

3. For health oversight activities. We may disclose your health information to authorities so they can monitor, investigate, inspect, discipline or license those who work in the health care system or for government benefit programs.

4. For activities related to death. We may disclose your health information to coroners, medical examiners and funeral directors so they can carry out their duties related to your death, such as identifying the body, determining cause of death, or in the case of funeral directors, to carry out funeral preparation activities.

5. For organ, eye or tissue donation. For self-declared organ donors, we may disclose your health information to people involved with obtaining, storing or transplanting organs, eyes or tissue of cadavers for donation purposes.

6. For research. Under certain circumstances, and only after a special approval process, we may use and disclose your health information to help conduct research. Such research might try to find out whether a certain treatment is effective in curing an illness.

7. To avoid a serious threat to health or safety. As required by law and standards of ethical conduct, we may release your health information to the proper authorities if we believe, in good faith, that such release is necessary to prevent or minimize a serious and approaching threat to you or the public's health or safety.

8. For military, national security, or incarceration/law enforcement custody. If you are involved with the military, national security or intelligence activities, or you are in the custody of law enforcement officials or an inmate in a correctional institution, we may release your health information to the proper authorities so they may carry out their duties under the law.

9. For workers' compensation. We may disclose your health information to the appropriate persons in order to comply with the laws related to workers' compensation or other similar programs. These programs may provide benefits for work-related injuries or illness.

Note: Except for the situations listed above, we must obtain your specific written authorization for any other release of your health information. An authorization is different than consent. One primary difference is that unlike consents, a provider must treat you even if you do not wish to sign an authorization form. If you sign an authorization form, you may withdraw it, in writing, at any time. Your written withdrawal shall be submitted to the Medical Records Supervisor of the clinic you are attending.

Your Health Information Rights: You have several rights with regard to your health information. If you wish to exercise any of the following rights, please contact the Medical Records Supervisor. Specifically, you have the right to:

1. Inspect and copy your information. With a few exceptions, you have the right to inspect and obtain a copy of your health information. However, this right does not apply to psychotherapy notes or information gathered for judicial proceedings, for example. Please note, we will charge you a reasonable fee if you want a copy of your health information.

2. Request an electronic copy. You have a right to request an electronic copy of your health information, if readily producible. If you cannot agree to a format, we must provide it on paper. We will charge a reasonable fee, including cost of media. We must comply with your request by 30 days (and, possibly, with one 30 day extension).

3. Request to correct your health information. If you believe your health information is incorrect,

you may ask us to correct this information. You may be asked to make such requests in writing and to give a reason as to why your health information should be changed. However, if we did not create the health information that you believe is incorrect, or if we disagree with you and believe your health information is correct, we may deny your request.

4. Request restrictions on certain uses and disclosures. You have the right to ask for restrictions on how your health information is used or to whom your information is disclosed even if the restriction affects your treatment or our payment or health care operation activities. Or, you may want to limit the health information provided to family or friends involved in your care or payment of medical bills. You may also want to limit the health information provided to authorities involved with disaster relief efforts. However, we are not required to agree in all circumstances to your requested restriction. If you receive certain medical devices (for example, life supporting devices used outside our facility), you may refuse to release your name, address, telephone number, social security number or other identifying information for purposes of tracking the medical device.

New: You may request a restriction on disclosure of privately paid services. You have the right to tell us not to disclose services you elected to pay for out-of-pocket in full.

5. As applicable, receive confidential communication of health information. You have the right to ask that we communicate your health information to you in different ways or places, as in a special, private room or through a written letter sent to a private address. We must accommodate reasonable requests.

6. Receive a record of disclosures of your health information. In some limited instances, you have the right to ask for a list of the disclosures of your health information we have made during the previous six years but the request cannot include dates before April 14, 2003. This list must include the date of each disclosure, who received the disclosed health information, a brief description of the health information disclosed, and why the disclosure was made. We must comply with your request within 60 days, unless you agree to a 30-day extension, and we may not charge for the list, unless you request such list more than once per year.

7. Receive a notice of breach of PHI. Should your PHI accidentally become public, we are responsible for notifying you about this breach of your PHI and measures to secure your information, except in those instances where the providers demonstrate that there is a low probability that the PHI has been compromised.

8. Grant authorization of your information. Authorization is required for communication about health-related products or services to individuals, like yourself, for which Ho-Chunk Health receives financial remuneration by a third party.

9. Obtain a paper copy of this notice. You may at any time receive a paper copy of this notice. The Privacy Notice is always available on our web site www.ho-chunk.com

10. Complain. If you believe your privacy rights have been violated, you may file a complaint with us and with the U.S. Department of Health and Human Services. To file a complaint with either entity, please contact the Medical Records Supervisor, who will provide you with the necessary assistance and paperwork.

If you have any questions or concerns about your privacy rights or the information in this notice, please contact one of our Privacy Officers at (715) 284-9851 for any of our Ho-Chunk Health facilities.

This Health Information Privacy Policy is effective September 23, 2013.