



800 Compassion Way, Dodgeville, WI 53533, 608/930-8000

NOTICE OF PRIVACY PRACTICES

PURPOSE

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. After your review, you will be asked to consent to the use and disclosure of protected health information. This notice is effective April 14, 2003.

This Notice of Privacy Practices is required by regulations (the Privacy Rule) established under federal law (the Health Insurance Portability and Accountability Act). This notice is intended to inform you about the ways in which Upland Hills Health may use and disclose your medical records, and to describe your rights and other obligations that Upland Hills Health has regarding the use and disclosure of your medical information.

The Privacy Rules require Upland Hills Health to give you this notice and to follow the terms of the notice that is currently in effect.

Upland Hills Health is committed to providing privacy of patient information as required by State of Wisconsin Administrative Codes and the Health Insurance Portability and Accountability Act (HIPAA).

For purposes of this notice, Upland Hills Health includes as components the hospital/acute care services, outpatient services/clinics, Upland Hills Nursing and Rehab Center, Upland Hills Home Care, Upland Hills Hospice and Upland Hills Medical Equipment. It includes all departments and units, and health care professionals authorized to enter information in medical records, members of volunteer groups who are allowed to help you while you are receiving patient services, and other organizational personnel. For convenience, the following health care providers are referred to as the "Organization" in this notice:

- The medical staff of this Organization and any health care professional authorized to enter information into your medical record, their offices and agencies;
- All departments and units of the Organization, including their medical directors;
- Any member of a volunteer group we allow to help you while you are receiving services from this Organization;
- All employees, staff, trainees, students, contracted personnel and other approved personnel of the Organization.

These 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 operations purposes as described in this Notice.

USES AND DISCLOSURES OF YOUR MEDICAL INFORMATION

For Treatment: The Organization may use medical information about you to provide you with medical treatment or services, to coordinate or manage your health care services, or to facilitate consultations or referrals as part of your treatment.

Various departments of the Organization may also share your medical records in order to coordinate the various things you need, such as medications, laboratory tests, x-rays, and other diagnostic tests. The

Organization may also disclose your medical records to persons outside the Organization who may be involved in your medical care after you leave the Organization, such as family members, clergy, pharmacists, suppliers of medical equipment or others the Organization uses to provide services that are a component of your care.

For Payment: The Organization may use and disclose your medical records to send bills and collect payment from you, your insurance company or other third parties, for the treatment and other services you may receive during the course of patient care.

For example, Upland Hills Health may need to give your health insurer or HMO information about your treatment so they can pay Upland Hills Health or reimburse you. The Organization may also tell your health insurer or HMO about a treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations: Upland Hills Health may use and disclose medical information about you for organizational operations. These uses and disclosures are necessary to provide quality care to all Upland Hills patients and to facilitate the functioning of the Organization, including among other things:

- For example - training, including supervised students, business planning and development, and
- Fundraising/ marketing activities.

Appointment Reminders: Use and disclose medical records to contact you as a reminder that you have an appointment, for example, mammogram reminders.

Treatment Alternatives: Use and disclose medical records to tell you about or recommend potential treatment options or alternatives that may be of interest to you.

Health-related Benefits and Devices: Use and disclose medical records to tell you about health-related benefits or services that may be of interest to you.

Organizational Directory: The Organization may list certain information about you (your name, where you are in the hospital, a general description of your condition, e.g., fair, stable, etc., and your religious affiliation) in a census directory while you are a patient.

Individuals Involved in Your Care or Payment for Your Care: Upland Hills Health may release only your condition to a family member, friend or someone you designate who is involved in your medical care. Medical information about you may be released to persons involved in payment for your care. We may also tell your family or friends your condition and that you are in the hospital. In addition, 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: The Organization will disclose medical information about you when required to do so by federal, state or local law. To avert a serious threat to health or safety, if there is a serious threat to your health and safety or the health and safety of the public or another person, the Organization may use and disclose your medical records to someone able to help prevent the threat.

Organ and Tissue Donation: If you are an organ donor, the Organization may release medical information to organizations that handle organ procedure or organ, eye or tissue transplantation or to an organ donation bank, as necessary, to facilitate organ or tissue donation and transplantation.

Research: Under certain circumstances, the Organization may use and disclose your medical records for research purposes.

For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. All research projects,

however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical records, trying to balance the research needs with patients' need for privacy of their medical records. Before the Organization uses or discloses medical records for research, the project will have been approved through the research approval process.

Military and Veterans: If you are a member of the armed forces, the Organization may release information to military command authorities. We may also release information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation: The Organization 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: The Organization may disclose medical information about you for public health activities, including to:

Special Situations:

- Prevent or control disease, injury or disability;
- Report births and deaths;
- Report child abuse or neglect;
- Report adverse events or product defects, to track products, to enable product recalls, or to conduct post-market surveillance as required by the FDA, or
- Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- Notify the appropriate government authority if the Organization believes a patient has been the victim of abuse, neglect or domestic violence.

Health Oversight Activities: The Organization may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, licensure or disciplinary activities, and other similar proceedings. Those activities are necessary for the government to monitor the health care system, government program, and compliance with civil rights laws.

Judicial and Administrative Proceedings: The Organization may disclose confidential medical information in response to a court or administrative order. The Organization 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: The Organization may release medical information, if asked to do so by a law enforcement official.

- In response to a court order, subpoena, warrant, summons or process;
- To identify or locate a suspect, fugitive, material witness or missing person;
- About the victim of a crime if, under certain limited circumstances, the Organization is unable to obtain the person's agreement;
- About a death the Organization believes may be the result of criminal conduct,
- About criminal conduct at the Organization, 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 and Medical Examiners: The Organization may release medical information to a coroner or medical examiner to identify a deceased person or determine the cause of death.

Funeral Directors: The Organization may release medical information to funeral directors, as necessary, to carry out their duties.

National Security and Intelligence Activities: The Organization may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others: The Organization may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Medical Suitability Determinations: The Organization may disclose medical information about you to the Department of State for use in making medical suitability determinations.

Inmates and Law Enforcement Custody: If you are an inmate of a correctional institution or under the custody of a law enforcement official, the Organization 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.

OTHER USES AND DISCLOSURES

Other uses and disclosures of medical records not covered by this notice or the laws that apply to the Organization will be made only with your authorization. If you authorize the Organization to use or disclose your medical records, you may revoke that authorization, in writing, at any time. If you revoke your authorization, the Organization will no longer use or disclose your medical records as specified by the revoked authorization.

YOUR RIGHTS REGARDING YOUR MEDICAL RECORDS

You have the following rights regarding medical records the Organization maintains about you:

Right to Request Restrictions: You have the right to request restrictions or limitations on the Organization's uses or disclosures of medical information about you for treatment, payment or health care operations. You also have the right to request a limit on the Organization's medical information disclosed 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 about a surgery you had.

The Organization is not required to agree to your request. If the Organization does agree, it will comply with your request unless the information is needed to provide you emergency treatment. A request for restrictions should be made in writing to the Director of Health Information Management. In your request, please tell the Organization: 1) What information you want to limit; 2) Whether you want to limit its use, disclosure or both; and 3) To whom you want the limits to apply. For example, disclosures to your spouse.

Right to Request Confidential Communications: You have the right to request that the Organization communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that the Organization contact you at work, or at home, or by mail.

A request for confidential communications should be made in writing to the Director of Health Information Management. The Organization will not ask you the reason for your request, and will

attempt to accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Inspect and Copy: You have the right to inspect and to receive a copy of your medical records and your billing information. A request to inspect and to receive a copy of these medical records should be made in writing to the Director of Health Information Management. Please note that a request to inspect your medical records means that you may examine them between the hours of 8 a.m. and 4:30 p.m., Monday through Friday, and you will be supervised at all times while you are examining your medical record. If you request a copy of the information, the Organization may charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request. The Organization may not be able to provide copies of your records on the day of the request, and will arrange with you a date on which the records are available.

The Organization 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. Another licensed health care professional chosen by the Organization will review your request and the denial. The person conducting the review will not be the person who denied your request. The Organization will comply with the outcome of your review.

Right to Amend: If, you feel that medical information about you is incorrect or incomplete, you may request that the Organization amend information. You have the right to request an amendment for as long as the information is kept by or for the Organization.

A request for amendment of your medical records must be made in writing to the Director of Health Information Management. A request to amend your medical records must give the reasons for the amendment. The Organization may deny your request for an amendment, if it is not in writing or does not include a reason. The Organization may also deny your request for amendment if it is medical information that:

- Was not created by the Organization,
- Is not part of the medical records kept by or for the Organization,
- Is not part of the information you would be permitted to inspect and copy or
- Is accurate and complete.

Right to an Accounting of Disclosures: You have the right to request an accounting of certain disclosures of medical information about you.

A request for this accounting of disclosures should be made in writing to the Director of Health Information Management. Your request must specify a time period, which may not be longer than six years, and which may not include dates before April 14, 2003. A request for accounting of disclosures should indicate in what form you want the disclosure (for example, on paper) or electronically. The first accounting with a 12 month period will be free; for additional accounting, the Organization may charge for its costs after notifying you of the cost involved and giving you the opportunity to withdraw or modify your request before any costs are incurred.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this Notice at any time, even if you previously agreed to receive this Notice electronically or have previously received this notice. To obtain a paper copy of this Notice, pick one up at our main entrance reception desk or contact the Director of Health Information Management.

A copy of the current version of the Upland Hills Health Notice of Privacy Practices is available online at www.uplandhillshealth.org.

AMENDMENTS TO THIS NOTICE

Upland Hills Health reserves the right to amend this Notice at any time. Each version of the Notice will have an effective date on the first page. The Organization reserves the right to make the amended notice effective for medical records the Organization has at the time the amendment is made, as well as any medical records the Organization may receive or create in the future.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Organization or with the Secretary of the Department of Health and Human Services, Office of Civil Rights, Phone #: 1-866-627-7748, TTY #: 1-866-788-4989.

Complaints should be made in writing to the Director of Quality/Risk Management, Upland Hills Health, 800 Compassion Way, Dodgeville, WI 53533. You will not be intimidated, threatened, coerced, discriminated against or otherwise retaliated against for filing a complaint.

CONTACT PERSON

The Organization's contact person for issues/questions related to patient privacy and the Privacy Rules is the Director of Quality/Risk Management, 1-608-930-7200, ext. 4060, Upland Hills Health, 800 Compassion Way, Dodgeville, WI 53533.