

## NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**Effective Date: September 23, 2013**

The Stockbridge-Munsee Health and Wellness Center (“SMHWC”) is required by law to maintain the privacy of your health information. SMHWC is also required to provide you with a notice that describes its legal duties and privacy practices and your privacy rights with respect to your health information, which is the Notice of Privacy Practices (also referred to as “Notice”). This Notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. We will follow the privacy practices described in this Notice. If you have any questions about any part of this Notice or if you want more information about the privacy practices of SMHWC, please contact the Health Records Manager at 715-793-4144.

We reserve the right to change the privacy practices described in this Notice at any time. The new notice will be effective for all protected health information that we maintain at that time. If we change our privacy practices, it will be available to you at your next appointment and upon request. The new notice will also be posted at the facility and on our website.

### **Understanding Your Health Record/Information**

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This personal health information, often referred to as your health record, serves as a:

- ✦ basis for planning your care and treatment;
- ✦ means of communication among the health professionals who contribute to your care;
- ✦ legal document describing the care you received;
- ✦ means by which you or a third-party payer can verify that services billed were actually provided;
- ✦ a tool in educating health professionals;
- ✦ a source of data for medical research;
- ✦ a source of information for public health officials;
- ✦ a source of data for facility planning and marketing; and
- ✦ a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to:

- ✦ ensure its accuracy;
- ✦ better understand who, what, when, where, and why others may access your health information; and
- ✦ make more informed decisions when authorizing disclosure to others.

### **Your Health Information Rights**

Although your health record is the physical property of the Stockbridge-Munsee Health and Wellness Center, the personal health information belongs to you. You have the right to:

- ✦ submit a written request for a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522, although we are not required to agree in all circumstances to your requested restrictions;
- ✦ obtain a paper copy of the notice of privacy practices, upon request;

- ✦ inspect and obtain a copy of your health record as provided for in 45 CFR 164.524, which further provides that such information be requested in an electronic form or format, for a reasonable copy fee and unless such access is otherwise restricted under law;
- ✦ amend your health record as provided in 45 CFR 164.528 when you believe it is incorrect or incomplete;
- ✦ obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528;
- ✦ request communications of your health information by alternative means or at alternative locations;
- ✦ be notified of a breach of unsecured protected health information as provided by 45 CFR 164.400 *et seq.*;
- ✦ file a complaint if you believe your privacy rights have been violated; and
- ✦ revoke your authorization to use or disclose health information, except to the extent that action has already been taken.

## **Our Responsibilities**

The Stockbridge-Munsee Health and Wellness Center is required to:

- ✦ maintain the privacy of your health information;
- ✦ provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you;
- ✦ abide by the terms of this notice;
- ✦ notify you if we are unable to agree to a requested restriction;
- ✦ accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations; and
- ✦ notify you if there has been a breach of your health information.

We will not use or disclose your health information without your authorization, except as described in this notice.

## **For More Information or to Report a Problem**

If you have questions and would like additional information, you may contact the Health Records Manager at [\(715\) 793-4144](tel:7157934144).

If you believe your privacy rights have been violated, you can file a complaint with the Health Records Manager or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Health Records Manager or the Office for Civil Rights. The address for the OCR is listed below:

*Office for Civil Rights*  
 U.S. Department of Health and Human Services  
 200 Independence Avenue, S.W.  
 Room 509F, HHH Building  
 Washington, D.C. 20201

## **Examples of Disclosures for Treatment, Payment and Health Operations**

The following are ways that the SMHWC may use and disclose your health information. For each type of use and disclosure, we will explain what we mean and present some examples.

We will use your health information for treatment.

**For example:** Information obtained by a physician, nurse, dentist or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your Healthcare Provider will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the Healthcare Provider will know how you are responding to treatment.

We will also provide your subsequent healthcare providers with copies of various reports that should assist him or her in treating you.

We will use your health information for payment.

**For example:** A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. We will also use this type of billing information as part of any collection action needed to obtain payment on a bill.

**Out-of-Pocket-Payments.** If you paid out-of-pocket (or in other words, you have requested in writing that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

We will use your health information for regular health operations.

**For example:** Members of the Healthcare team, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your care and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide. In addition, your information will be used as necessary to comply with the law.

## **Other Permitted or Required Uses and Disclosures**

The following categories describe other ways that the SMHWC may use and disclose your health information without your authorization. For each type of use and disclosure, we will explain what we mean and present some examples.

**Business Associates:** There are some services provided in our organization through contacts with business associates via phone, fax, mail or e-mail. Examples include: Transcription services, Radiology and certain Laboratory tests. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

**Notification:** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

**Communication with family:** Health professionals, using their best judgement, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

**Appointment Confirmations:** We may contact you by telephone or mail to confirm an appointment. If no one answers the telephone when we call, we will leave a message on the answering machine or voice mail stating that the SMHWC called and that you have an appointment on a certain day.

**Research:** We may disclose information to researchers when their research has been approved by an institutional review board that reviewed the research proposal and established protocols to ensure the privacy of information.

**Coroners, medical examiners and funeral directors:** Consistent with applicable law, we may disclose health information to coroners, medical examiners and funeral directors so that they can carry out their duties.

**Organ procurement organizations:** Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

**Marketing and Fundraising:** We may contact you to provide Health check reminders, Health Educational Information, or other health-related benefits and services that may be of interest to you. We may also contact you as part of a fundraising effort. You may at any time, in writing, opt out of fundraising communications.

**Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

**Worker compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to worker compensation. This includes coordinating with a worker's employer to facilitate the treatment of work-related injuries and the return-to-work process.

**Public health:** As required by law, we may disclose your health information to public health or other authorities when preventing or controlling disease, injury or disability.

**Public safety:** We may disclose your health information to prevent or lessen a serious and imminent threat to the health or safety of another person or the general public, as well as to assist with disaster response and relief.

**Correctional institution:** Should you be an inmate of a correctional institution or in other custodial law enforcement situations, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

**Law enforcement:** We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, or missing person, complying with a court order or in response to an investigative demand or other written request from a law enforcement official. If an investigative demand is made without judicial involvement, it must be requested by a written statement that the information requested is relevant and material, specific and limited in scope and that de-identified information cannot be used.

**Victims of Abuse, Neglect or Violence.** We may disclose your information to a government authority authorized by law to receive reports of abuse, neglect or violence relating to children or the elderly.

**Specialized Government Functions.** Under certain and very limited circumstances, we may disclose your health information for military, national security or law enforcement custodial situations.

**Judicial and Administrative Proceedings.** We may disclose your health information in the course of an administrative or judicial proceeding in response to a court order. Under most circumstances when the request is made through a subpoena, a discovery request or involves another type of administrative order, it must be accompanied by certain satisfactory assurances from the party requesting the information, including that they have made a good faith attempt to provide written notice to you of the request.

**As required by tribal, federal or state law:** We may disclose your health information subject to tribal, federal or state law. This includes disclosures such as those as a part of health oversight activities, such as to the Department of Health and Human Services; or for military, national security, and government benefits purposes.