

Maplewood of Sauk Prairie

NOTICE OF PRIVACY PRACTICES

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. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

OUR DUTIES

Applicable federal and state law require **Maplewood of Sauk Prairie** to maintain the privacy of your medical information. You are entitled to this notice about our privacy practices, our legal duties, and your rights concerning your medical information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect September 23, 2013, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all medical information that we maintain, including medical information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request.

For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

Uses and Disclosures of Medical Information

We may use and disclose medical information about you for treatment, payment, and health care operations. These terms are described below.

Treatment: We may use or disclose your medical information to provide, coordinate or manage your health care and related services by both our practice and other health care providers providing treatment to you. We may consult with other health care providers concerning you and as part of the consultation share your medical information with them. Similarly, we may refer you to another health care provider and as part of the referral, share medical information about you with that provider.

Payment: We may use and disclose your medical information so that we may be paid for the services provided to you. For example, we may need to give your insurance company, or other third-party payor, information about the health care services we provide you so that the insurance company will pay us for those services or reimburse you for amounts you have paid.

Health Care Operations: We may use and disclose your medical information in connection with our health care operations. For example, we may use your information to determine the quality of care you have received, business planning and compliance with the law.

We may also use your information for the following purposes:

How Maplewood of Sauk Prairie May Use or Disclose Your Health Information

The following categories describe the ways that Maplewood of Sauk Prairie may use and disclose your health information without your authorization.

1. **Required by Law.** We may use and disclose your health information when that use or disclosure is required by the law. For example, we may disclose medical information to submit required reports to the state or federal officials.
2. **Public Health.** We may release your health information to local, state or federal public health agencies, for example, for reporting communicable diseases, aiding in the prevention or control of certain diseases and reporting problems with products and reactions to medications to the Food and Drug Administration.
3. **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 other mistreatment.
4. **Health Oversight Activities.** We may disclose your health information to health agencies authorized by law to conduct audits, investigations, inspections, licensure and other proceedings related to oversight and compliance.
5. **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.
6. **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, or complying with a court order or other law enforcement purposes.
7. **Coroners and Medical Examiners.** We may disclose your health information to coroners and medical examiners. For example, this may be necessary to determine the cause of death.
8. **Research.** Under certain circumstances, and only after a special approval process for authorized research, we may use and disclose your health information to help conduct medical research.
9. **To Avert a Serious Threat to Health or Safety.** We may disclose your health information in a very limited manner to appropriate persons to prevent a serious threat to the health or safety of a particular person or the general public. Such disclosure is usually limited to law enforcement personnel who are involved in protecting the public safety.
10. **Specialized Government Functions.** Under certain and very limited circumstances, we may disclose your health care information for military, national security, or law enforcement custodial situations.
11. **Workers' Compensation.** Both state and federal law allow the disclosure of your health information that is reasonably related to worker's compensation injury to be disclosed without your authorization.
12. **Treatment Alternatives or Other Health-Related Benefits and Services.** We may use and disclose medical information about you to contact you about treatment alternatives and, health-related benefits and services, that may be of interest to you. With your written permission, we may disclose your medical information to a business association to assist us in these activities.

We may use or disclose your medical information to encourage you to purchase or use a product or service face-to-face communication or to provide you with promotional gifts.

All other use and disclosure of medical information about you to make a communication about a product or service to encourage the purchase of a product or service will be done only upon your written authorization.

13. **Data Breach Notification Purposes.** We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your unsecured health information.
14. **Maplewood of Sauk Prairie Directory.** Unless you object, we may use your health information, such as your name, location in our facility, your general health condition and your religious affiliation for our facility directory. It is our duty to give you enough information so you can decide whether or not to object to release of this information for our directory.

If you do not object and the situation is not an emergency, and disclosure is not otherwise prohibited by law, we are permitted to release your information under the following circumstances:

- a. To individuals involved in your care – we may release your health information to a family member, other relative, friend or other person whom you have identified to be involved in your health care or the payment of your health care;
- b. To family—we may use your health information to notify a family member, a personal representative or a person responsible for your care, of your location, general condition, or death; and
- c. To disaster relief agencies—we may release your health information to an agency authorized by law to assist in disaster relief activities.

On Your Authorization:

Uses and Disclosures not described in this Notice will be made only with the individual's written authorization. Uses and disclosures of any protected health information for marketing purposes and disclosures that constitute the sale of such information requires an authorization. In the event we intend to use your information for purposes of fundraising, you will have the right to opt out of receiving such communications. You may give us written authorization to use your medical information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your medical information for any reason except those described in this notice.

Your Individual Rights with Respect to Your Medical Information

Access: You have the right to inspect or receive copies of your medical information, with limited exceptions. You have the right to request that the copy be provided in an electronic form or format. If the form and format are not readily producible, we will work with you to provide it in a reasonable electronic form or format. This right of access does not apply to psychotherapy notes, which are maintained for the personal use of a mental health professional. You must make a request in writing to obtain access to your medical information using a form available from the contact person listed at the end of this notice. You may also request access by sending us a letter to the address at the end of this notice. We may charge you a reasonable fee to cover our expenses when copying or transmitting your health information at your request.

Confidential Communication: You have the right to request that we communicate with you about your medical information by certain means or certain locations. For example, you can ask that we only contact you by mail or at work. If you wish to request such alternative communication, please contact the person listed at the end of this notice to obtain the form for such request. We must accommodate your request if it is reasonable, we may, however, require information from you that provides satisfactory explanation how payments will be handled under the alternative means or location you request.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your medical information for purposes, other than treatment, payment, health care operations for which we have written permission, as authorized by you, and for and certain other activities, since April 14, 2003. We will provide you with the date on which we made the disclosure, the name of the person or entity to whom we disclosed your medical information, a description of the medical information we disclosed, the reason for the disclosure, and certain other information.

If you request a disclosure accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your medical information. Such requests must be made in writing, a form for such request is available from the contact person found at the end of this notice. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in emergency). Any agreement we may make to a request for additional

restrictions must be in writing signed by a person authorized to make such an agreement on our behalf. We will not be bound unless our agreement is documented in writing.

You may restrict request restrictions on your personal health information disclosures to your health plan for those health services or items you have paid privately/out-of-pocket in full (Medicare and Medicaid are not “health plans” for purpose of this section). We must comply with such request.

Amendment. You have the right to request that we amend your medical information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information you want amended and the originator remains available or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

Notified of a Breach: We are required by law to maintain the privacy of protected health information, to provide you with this notice of our legal duties and privacy practices with respect to protected health information, and to notify you following a breach of your unsecured protected health information.

Electronic Notice: If you receive this notice on our web site or by electronic mail (e-mail), you are entitled to receive this notice in written form. Please contact us using the information listed at the end of this notice to obtain this notice in written form.

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed below.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your medical information or in response to a request you made to amend or restrict the use or disclosure of your medical information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Office: Maplewood of Sauk Prairie – Social Services

Telephone: 608-643-3383

Fax: 608-370-7079

E-mail: socialservices@maplewoodsaukprairie.com

Address: 245 Sycamore Street Sauk City, WI 53583