

North Central Health Care

NOTICE OF PRIVACY PRACTICES

EFFECTIVE SEPTEMBER 23, 2013

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

ABOUT PROTECTED HEALTH INFORMATION:

Your health information is contained in a medical record that is the physical property of North Central Health Care (NCHC.) We must keep private your personal health information. We are required by law to give you this notice explaining how we may and may not use and disclose your health information. NCHC reserves the right to change its information practices and to make the new provisions effective for all protected health information it maintains. Revised notices will be made available to you upon request. NCHC is required to abide by the terms of the notice currently in effect.

How North Central Health Care May Use or Disclose Your Health Information Without your Written Authorization

FOR TREATMENT: We may use and disclose your health information to provide you with medical treatment or other services. For example, your physician, nurse, or other persons providing health services to you, will record information in your record that is related to your treatment. This information is used by health care providers to decide what treatment is best for you. This information may be disclosed to other health care providers involved in your care.

FOR PAYMENT: We may use and disclose your health information to others for purposes of receiving payment for treatment and services that you receive. For example, a bill may be sent to you or a third party payer, such as an insurance company or health plan. We agree to restrict disclosures of health information to a health plan when you have paid for the item/service in full and out of pocket. The bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment. We may also disclose your health information to another health care provider or health plan for its payment activities.

FOR HEALTH CARE OPERATIONS: We may use and disclose health information about you in order to improve the quality or cost of care we provide. For example, your health information may be disclosed to members of the Medical Staff, risk or quality improvement personnel, and others in order to evaluate the quality of your care and the effectiveness of the results of treatment provided to you.

AS REQUIRED BY LAW: We may use and disclose your health information when that use or disclosure is required by law. For example, we may disclose information for the following purposes: For judicial and administrative proceedings in response to a legal order or other lawful process; to report information related to victims of abuse, neglect or domestic violence; to assist law enforcement officials

in their law enforcement duties; for required reporting of data and statistics; to your employer as required by workers' compensation and workplace safety law; and to health oversight agencies to ensure compliance with government health programs such as Medicare and Medicaid.

FOR PUBLIC HEALTH ACTIVITIES: We may release your health information to local, state, or federal public health agencies subject to the provisions of applicable state and federal law 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.

TO CORONERS, MEDICAL EXAMINERS, AND FUNERAL DIRECTORS: We may disclose your health information to a coroner, medical examiner, or funeral director, as necessary to carry out their duties as authorized by law. For example, this may be necessary to identify a deceased person or determine the cause of death.

FOR ORGAN/TISSUE DONATION: We may disclose your health information to organizations involved in procuring organs and tissues for transplantation if you are an organ donor.

FOR RESEARCH PURPOSES: Under certain circumstances, and only after a special approval process, we may use or disclose your health information to help conduct medical research which may involve an assessment of how well a drug is working to cure a condition or whether a certain treatment is working better than another. Information is limited to that which does not identify the individual.

TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY: We may disclose your health information in a very limited manner to appropriate persons of authority to prevent a serious threat to your health and safety, the health and safety of another person, or to the general public.

FOR SPECIALIZED GOVERNMENT FUNCTIONS: Under certain and very limited circumstances, we may disclose your health information for military, national security, or for law enforcement to conduct special investigations as authorized by law.

FOR DIRECTORY: Unless you object, we may share that you are present in our facility. 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.

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. Disclosure under this section is limited by law.

TO DISASTER RELIEF AGENCIES: We may disclose your health information to assist in disaster relief efforts.

FOR PROBATION/PAROLE: Your health information may be disclosed to the authority involved when treatment is part of the supervision plan.

USES AND DISCLOSURES REQUIRING AN AUTHORIZATION: NCHC will not release any protected health information that are psychotherapy notes, for marketing, or sale of protected health information purposes without your authorization.

All other uses and disclosures will be made only with your written permission. You may cancel your permission at any time except to the extent NCHC has already taken action and for those signed for probation/parole supervision plans.

YOUR HEALTH INFORMATION RIGHTS:

ACCESS: You have the right to review and receive copies of your medical records. We may deny this request in certain situations, such as psychotherapy notes. You may request copies in writing to North Central Health Care – Health Information Department. **

BREACH NOTIFICATION: You have the right to be notified if a breach of unsecured health information has occurred and you are affected.

DISCLOSURES: North Central Health Care must keep a record identifying to whom your information is disclosed, and you have a right to see the disclosure record. You may request this information from the Health Information Department. **

RESTRICTION: You have the right to request additional restrictions. NCHC does not have to agree to the request. However, if it does, the agreement must be in writing. You may request information on this from the Health Information Department. Refer to section on payment for certain restriction information.

CONFIDENTIAL COMMUNICATIONS: You have the right to request that we make arrangements with you to communicate with you in a different manner than usual. This request must be in writing. If your request is reasonable and specifies an alternate manner, it must be accommodated in accordance with the law.

AMENDMENT: If, in your opinion, your medical records are incorrect or incomplete, you may request that NCHC amend your records. Your request must be in writing, and it must explain why the information should be amended. NCHC has the right to deny your request. The denial will be in writing. You may respond with a statement in writing as to why you would disagree with the decision, which will be added to the records. If we agree to amend the records as requested, then we may also make reasonable efforts to inform others, including specific parties named by the consumer of the changes.

FUNDRAISING: NCHC may raise funds and you have the right to “opt out” of receiving such communications.

REQUEST A PAPER COPY OF THIS NOTICE: You may request a paper copy of this notice at any time. You may also review this notice on NCHC’s web site.

**Timeframes and fees apply.

Health Information: is defined as any information, whether oral or recorded in any form or medium, that – (1) Is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and (2) Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.

Statutory References: Wisconsin Statutes 51.30, 146.81 and 252 and Federal Statutes 42 CFR Part 2 and 45 CFR Part 160 & 164.

COMPLAINT PROCESS:

North Central Health Care (NCHC) has a documented complaint process regarding the use and or disclosure of protected health information. If you wish to file a complaint, you may call, write, or present in person.

The Privacy Hotline number : 715-848-4510. This telephone will connect to the Privacy Officer. Instructions will be given if there is not a direct connection made.

You also have the right to file a complaint with the Secretary of the Department of Health and Human Services. The Privacy Officer can provide you with contact information.

NCHC has established lockbox sites for written complaints related to privacy. These are located in the main lobby, Mount View Care Center lobby, and in the cafeteria. Otherwise, complaints can be sent to the Privacy Officer at the address below.

Complaints can be made in person to the Clients Rights Specialist or to the Privacy Officer at the address below.

No NCHC employee is permitted to retaliate or harass an individual who reports a concern. Anyone who engages in such retaliation or harassment may be subject to corrective action up to and including termination.

North Central Health Care
1100 Lake View Drive
Wausau WI 54403