



# North Central Health Care

Person centered. Outcome focused.

## NOTICE OF PRIVACY PRACTICES

*REVISED 8/27/2021*

**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.**

### **Our Pledge Regarding Health Information:**

North Central Health Care (NCHC) is required by law to maintain the privacy of your protected health information and to provide you with notice of its legal duties and privacy practices. NCHC may use or disclose your health information without your permission for treatment, payment and health care operations, and when otherwise required or permitted by law. Except in specified circumstances, we must use or disclose only the minimum necessary PHI to accomplish the intended purpose of the use or disclosure. 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 this notice currently in effect.

### **Who Will Follow This Notice:**

- Any health care professional authorized to enter information into your medical chart.
- All employees, staff and other personnel we employ.
- Any student, volunteer or other person authorized to assist with your care while you are a patient of NCHC.
- North Central Health Care, including its affiliated entities, sites, and locations.

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

We have a limited right to use and/or disclose your PHI for purposes of treatment, payment and our health care operations. For other uses, we must have your written authorization unless the law permits or requires us to make the use or disclosure without your authorization.

**FOR TREATMENT:** We may use and disclose your health information to provide you with medical treatment and/or other services. We may disclose your health information to physicians, psychologists, nurses or other health care personnel who provide you with health care services or who are involved in your care. This information is used by health care providers to decide what treatment is best for you.

**FOR PAYMENT:** We may use and disclose your health information to others about you so that the treatment and services you receive at this health care facility may be billed to and payment may be collected from you, an insurance company, or a third party. For example, a bill may be sent to you or a third-party payer, such as an insurance company or health plan. The bill may contain information that identifies you, your diagnosis, and treatment or supplies used during treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval to determine whether your plan will cover the treatment. 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. In certain situations, we may disclose your health information to a collection agency if a bill is not paid.

**FOR HEALTH CARE OPERATIONS:** We may use your health care information as necessary for our individual and permitted joint health care operations which may include quality assurance and improvement activities, evaluation of the performance of health care providers, legal services, risk management business planning and compliance with law. For example, your health information may be disclosed to members of the Medical Staff, risk or quality improvement personnel, or others in order to evaluate the quality of your care and the effectiveness of the results of treatment provided to you.

**FOR FUNDRAISING:** We may use or disclose limited information from your record (excluding any alcohol and other drug abuse records) for fundraising purposes in accordance with applicable privacy laws, which information shall be limited to the following: limited demographic information, including your name, address, and/or other contact information (or that of your personal representative, as applicable); dates of health care provided to you, and names of your treating physician(s). You have the option to opt out of these communications.

**FAMILY AND CARE GIVERS FOR CARE:** We may disclose limited health information about you to your spouse, domestic partner, parent, adult child or sibling if such individuals are directly involved in your care or monitoring your treatment as verified by your physician, psychologist or by a person other than the individual requesting the information. The health information released would not include alcohol and drug abuse services and would be limited to, a summary of your diagnosis and prognosis, a listing of medications received, or you are receiving, and a description of your treatment plan. If you are able and available to agree or object, we will give you the opportunity to agree or object to such uses and disclosures. If you are not available or in the event of your incapacity or emergency circumstances, we will disclose health information using professional judgment disclosing only information that is directly relevant to person's involvement in your health care.

**AS REQUIRED BY LAW:** We may disclose PHI when a law requires that we report information about suspected abuse or neglect, criminal activity, or in response to a court order. We also must disclose PHI to authorities that monitor compliance with these privacy requirements.

**LAW ENFORCEMENT:** We may disclose PHI to a law enforcement official as required or permitted by law. For example, we may disclose health information to report an apparent crime committed on the premises, assist with identifying and locating a missing patient, or comply with a court order.

**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, a 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 release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**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. Disclosure is usually limited to law enforcement personnel who are involved in protecting the public safety or others in a position to prevent the threat.

**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 to object to release of this information for our directory.

**FOR PROBATION/PAROLE:** If you are an inmate of a correctional facility or under supervision for probation or parole, we may disclose your health information to the correctional facility, the Department of Corrections, probation and parole agents and other authorized authorities for your health and the health and safety of others.

**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 acted 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. \*\*

**OBTAIN A PAPER COPY OF THIS NOTICE:** Upon your request, you may at any time receive a paper copy of this Notice. It is also on our website at [www.norcen.org](http://www.norcen.org).

**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.

**CONFIDENTIAL COMMUNICATIONS:** You have the right to request that we plan 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.

\*\*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: 715-848-4473. This telephone will connect to the Privacy Officer.

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 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 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  
Attn: Privacy Officer  
1100 Lake View Drive  
Wausau WI 54403