



Notice of Privacy Practices

Prairie Clinic, SC 112 Helen St Sauk City, WI 53583 (608)643-3351
Effective April 2003, Last Revised August 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.

If you have questions regarding the information in this notice, please contact our privacy officer at Prairie Clinic SC, 112 Helen St, Sauk City, WI 53583 (608)643-3351.

A. We Must Protect Health Information About You. Each time you visit Prairie Clinic for health care a record of your visit is made. This record usually contains identification and financial information as well as symptoms, diagnoses, test results, a description of a physical examination, and a treatment plan. This record is often referred to as your "medical record," or "health information," and includes information contained in paper as well as electronic records. By law, Prairie Clinic must protect the privacy of your health information. We are required to give you this notice that explains how we can use and disclose your health information, describes your privacy rights, and tells you how you can file a complaint if you believe those rights have been violated. We are required to follow the terms of the notice that is currently in effect, and in the event we discover a breach of any unsecured health information about you we will provide notice as required by law.

We may change this notice and make the changes apply to health information we already have if we:

- Post the new notice in our office and on our website: www.prairieclinic.com; and
- Make copies of the new notice available if someone asks for it at our office

B. How We Can Use And Disclose Health Information About You.

- **When We Can Use and Disclose Health Information About You Without An Authorization.** We may use and disclose health information about you without your authorization to provide you with treatment, collect payment and conduct other routine healthcare operations. The following descriptions are provided as examples, but do not include each and every way your health information can be used or disclosed.
 - **Treatment examples:** We use and share health information with others to provide and coordinate your healthcare treatment. This is done using phone, fax, regular mail or through a secure health information exchange (HIE) site such as WISHIN. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. Different departments may also need your health information so you can get your lab work and X-rays. We may also share health information about you with people like home health providers, other clinics where you are treated or others who may be involved in your medical care.
 - **Payment examples:** We use and share health information with others (such as insurance companies and health plans) to bill and collect payment for services we provided to you. Before we schedule services for you, we may share information with your health plan to ask whether it will pay for the services or with government agencies to see if you qualify for benefits. For example, if you have a broken leg, we may need to give our billing department and your health plan information about your condition, the supplies used (such as crutches), and the services you received (such as X-rays) so we can be paid or you can be reimbursed.
 - **Healthcare operations examples:** We may use and share health information to perform business activities that we call "healthcare operations" to help us improve the quality of care we provide and reduce healthcare costs. For example, we may use health information to review our services or evaluate the performance of our staff. We also may share health information with medical students and other personnel (like billing clerks or assistants) for training purposes. Your health information may also be shared with other businesses we call "business associates so they can do the job we asked them to do. For example, we might use a copy service to make copies of requested medical records. When we do this, we require the business associate to safeguard health information about you.

- **When We May Use And Disclose Health Information About You Without An Authorization Or An Opportunity To Object.** In some situations, we may use and/or disclose health information about you without your authorization or an opportunity to object. These situations include:
 - **When it is required by federal, state or local law.**
 - **For public health activities.** We may disclose health information about you for public health activities. For example:
 - Reporting certain conditions such as cancer or communicable disease in order to prevent or control disease, injury or disability
 - Report immunizations
 - Report births and deaths
 - Report child and disabled adult abuse or neglect
 - Report reactions to medicine or problems with medical products
 - Tell people that a medical product they are using has been recalled
 - Support public health surveillance and combat bioterrorism.
 - **For health oversight activities.** We may disclose health information about you to agencies that monitor our compliance with state and federal laws.
 - **For a legal proceeding.** We may disclose health information about you if a judge orders us to.
 - **For law enforcement purposes.** We may disclose health information when requested by enforcement officials in response to a court order or to identify or locate a suspect, fugitive, material witness, or missing person; or to report or respond to a crime.
 - **After your death.** We may disclose health information about you:
 - To a coroner or medical examiner to identify you or determine cause of death.
 - To funeral directors so they can carry out their duties.
 - For organ, eye or tissue donation purposes.
 - To a family member, friend or representative if that person had been involved in your care prior to your death, unless you had expressly prohibited such disclosure.
 - **To avoid a serious threat to health or safety.** We may disclose health information if it is necessary to protect the health and safety of you, the public or someone else.
 - **For workers' compensation.** We may disclose your health information to workers' compensation or similar programs that provide benefits for work-related injuries or illness.
 - **For specific government functions.** We may disclose health information about you for military and veterans' activities, national security and intelligence activities, protective services for the President, or medical suitability/ determinations of the Department of State.
 - **For law enforcement custodial situations.** We may disclose health information about you to a correctional institution that has custody of you.
- **When You Can Object To A Use Or Disclosure.** Unless you tell us not to, we may use or share your health information:
 - **In an emergency situation.** In an emergency situation, our providers will exercise their professional judgment to determine if family or friends should receive information about you.
 - **To agencies for disaster relief efforts.** We may share health information with agencies like the American Red Cross for disaster relief efforts so your loved ones can receive information about your health status and location. Even if you ask us not to, we may share your health information if we need to for this type of emergency.

C. Other Uses And Disclosures. In any situation other than those listed above, we will ask for your written permission before we use or disclose your health information. We will not share health information with your family members without your permission. We will not disclose health information for medical research purposes without your permission. If you sign a written authorization allowing us to disclose health information, you can cancel it later. Your cancellation must be in writing and delivered to the privacy officer at the address on page one. We will not disclose health information about you after we receive your cancellation and had a reasonable time to implement the cancellation.

D. Your Privacy Rights. You have the following rights about the health information we maintain about you. If you want to exercise your rights, you must fill out a special form. Please contact the privacy officer at the address on page one for the form or more information.

- **Right to Ask for Restrictions.** You have the right to ask us to limit the ways we use and disclose your health information for treatment, payment or healthcare operations. You also have the right to ask us to limit the health information we share about you to someone involved in your care or the payment for your care. Your request must be in writing. We do not have to agree to your request in most cases. But,

we do have to agree if you ask us not to disclose health information to your health plan or for our healthcare operations if the health information is about an item or service you paid for, in full, out-of-pocket. Even if we agree, your restrictions may not be followed in some situations such as emergencies or when disclosure is required by law.

- **Right to Ask for Different Ways to Communicate with You.** Unless you request otherwise, we will contact you at your home address or on your home phone. You have the right to ask us to contact you in a different way or at a different location. For example, you can ask us to only contact you at your work phone number. If your request is reasonable, we will do what you ask. In some situations, we may require you to explain how you will handle payment and give us another way to reach you.
- **Right to See and Copy Health Information.** You have the right to see and get a copy (either paper or electronic) of the health information about you. You may see your record via the internet using our patient portal. Anyone with a current email address may request set up information by asking any staff member. You may see your record at the clinic by setting up an appointment to do so with the medical records staff. If you would like a copy of your record, you must sign a special form called an authorization. We may charge you a fee if you have asked for a copy of records. We can deny your request in some situations. If we deny your request, we will notify you in writing and explain how you can ask for a review of the denial.
- **Right to Ask for Changes.** You have the right to ask us to change health information about you if you do not believe it is correct or complete. You must ask us in writing and specify why you want the change. If we accept your request, your record will be amended. If we deny your request, we will explain why in writing and tell you how to give us a written statement disagreeing with our decision.
- **Right to Ask for an Accounting of Disclosures.** If you ask in writing, you can get a list of some, but not all, the disclosures we made of your health information. For example, the list will not include disclosures made for treatment, payment, healthcare operations or disclosures you specifically authorized. You may ask for disclosures made in the last six (6) years. We cannot give you a list of any disclosures made before April 14, 2003. If you ask for a list of disclosures more than once in 12 months, we can charge you a reasonable fee.
- **Right to a Paper Copy of this Notice.** We will give you a paper copy of this notice on the first day we treat you at our clinic (in an emergency, we will give this notice to you as soon as possible). You can also request a copy from any staff member at any time.

E. You May File A Complaint About Our Privacy Practices. If you think we have violated your privacy rights, or you want to complain to us about our privacy practices, you can contact the privacy officer at the address on page one. You also may write to the United States Secretary of the Department of Health and Human Services. If you file a complaint, we will not take any action against you or change our treatment of you in any way.

Prairie Clinic SC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Prairie Clinic SC does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-608-643-3351.

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-608-643-3351.