

# Mile Bluff Medical Center

## 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.**

Mile Bluff Medical Center is required by law to maintain the privacy of your health information. Mile Bluff Medical Center is also required to provide you with a notice that describes Mile Bluff Medical Center's legal duties and privacy practices and your privacy rights with respect to your health information. 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 Mile Bluff Medical Center, please contact our Corporate Compliance Officer by calling 608-847-6161 or by mail at **Mile Bluff Medical Center, 1050 Division Street, Mauston, WI 53948.**

We reserve the right to change the privacy practices described in this notice in the event that the practices need to be compliant with changes to health information laws. We will make the new notice provisions effective for all the protected health information that we maintain. If we change our privacy practices, we will have them available upon request. It will also be posted at Mile Bluff's service locations.

### **Who will follow our privacy practices**

At Mile Bluff Medical Center, we provide care to our patients and residents, in partnership with physicians and other professionals and organizations. Our privacy practices will be followed by:

- Any of our health care professionals who care for you at any one of our locations or sites
- All locations, departments and units that are a part of our organization, and staffed by our workforce, regardless of geographical location
- All Members of our workforce, including employees, medical staff members, students and volunteers

### **Mile Bluff Medical Center's Responsibilities**

It is your right as a patient to be informed of Mile Bluff's legal duties with respect to protection of privacy of your personal health information. Mile Bluff is required to:

- Maintain the privacy of your health information
- Provide you with a notice of legal duties and privacy practices regarding protected health information collected and maintained about you
- Follow the terms of our notice that is currently in effect

### **How Mile Bluff Medical Center may use or disclose your health information for treatment, payment of health care operations**

The following categories describe the ways that Mile Bluff Medical Center may use and/or disclose your health information. For each type of use and disclosure, there will be an explanation and examples will be provided.

**Treatment:** We may use or disclose your healthcare information in the provision, coordination or management of your healthcare. Our communications to you may be by telephone, cell phone, the patient portals, or by mail. For example, we may use your information to call and remind you of an appointment or to refer you care to another healthcare provider. If another provider requests your health information and they are not providing care and treatment to you, we will request authorization from you before providing the healthcare provider with your information.

**Payment:** We may use or disclose your healthcare information to obtain payment for your healthcare services. For example, we may use your information to send a bill for your healthcare services to your insurer.

**Healthcare operations:** We may use or disclose your healthcare information for activities relating to the evaluation of patient care, evaluating the performance of healthcare providers, business planning and/or compliance with the law. For example, we may use your information to assess the quality of care you received when you had a surgical procedure. If the activities require disclosure of information not maintained by our healthcare organization, we will request your authorization prior to disclosure.

### **How Mile Bluff Medical Center may use or disclose your health information without your written authorization**

The following categories describe the ways that Mile Bluff Medical Center 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.

**Required by law:** When required by law, we may use and disclose your health information without your authorization. For example, we may disclose medical information to report child abuse or to respond to a court order.

**Public health:** 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 disease
- aiding in the prevention or control of certain disease(s)
- reporting problems with products and reactions to medication to the Food and Drug Administration

**Victims of abuse, neglect or violence:** We may disclose your information to a government authority authorized by law to conduct audits, investigations, inspections, licensure and/or other proceedings related to oversight of the healthcare system.

**Health oversight activities:** We may disclose your health information to health agencies by law to conduct audits, investigations, inspections, licensure and other proceedings related to oversight of the healthcare system.

**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, your authorization will be obtained before disclosure is permitted.

**Cadaveric, organ, eye or tissue donation:** As a medical facility, we may disclose your health information to organizations involved in procuring organs and tissues for transplantation.

**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. Under some limited circumstances, we will request your authorization prior to permitting disclosure.

**Coroner, Medical Examiner or Funeral Director:** We may disclose your health information to coroners and medical examiners. In certain situations, this may be necessary to determine the cause of death.

**Research:** Under certain circumstances, and only after a special approval process, we may use and disclose your health information to help conduct medical research. For example, this may involve an assessment of how well a drug is working to cure a heart disease or whether a certain treatment is working better than another.

**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. Disclosure is usually limited to law enforcement personnel who are involved in protecting the public safety.

**Specialized government functions:** Under certain and very limited circumstances, we may disclose your healthcare information for military, national security, or law enforcement custodial situations.

**Workers' Compensation:** Both state and federal laws allow the disclosure of your healthcare information, which is reasonably related to a worker's compensation injury, to be disclosed without your authorization. These programs may provide benefits for work related injuries or illness.

**Health information:** We may use or disclose your health information to provide information to you about treatment alternatives or other health related benefits and services that may be of interest to you.

**Mile Bluff Medical Center patient directory:** Unless you object, we may use your health information, such as your name, location in our facility, your general health condition (i.e. “stable,” or “unstable”), and your religious affiliation for our patient 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 patient directory. The information about you that is contained in our patient directory will not be disclosed to individuals not associated with our healthcare environment without your authorization.

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:

- **To individuals involved in your care** – We may release your health information to a family member, friend, or other person who have identified to be involved in your healthcare decisions or in the payment of your healthcare costs.
- **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, your general condition, or death.
- **To disaster relief agencies** – We may release your health information to an agency authorized by law to assist in disaster relief activities.

#### **When Mile Bluff Medical Center is required to obtain an authorization to use or disclose your health information**

Except as described in this Notice of Privacy Practices, we will not use or disclose your health information without written authorization from you. For example, uses and disclosures made for the purpose of psychotherapy, marketing and the sale of protected health information require your authorization.

If Mile Bluff Medical Center intends to engage in fundraising, you have the right to opt-out of receiving such communications. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization, though we will be unable to take back any previous disclosures we have made with your permission.

#### **Your Health Information Rights**

**Inspect and copy your health information:** You have the right to inspect and obtain a copy of your healthcare information. You have the right to request that the copy be provided in an electronic form or format (i.e., a .pdf file saved onto CD). If the form and format are not readily producible, then the organization will work with you to provide it in a reasonable electronic form or format. For example, you may request a copy of your immunization record from your healthcare provider. This right of access does not apply to psychotherapy notes, which are maintained for the personal use of a mental health professional. Your request for inspection or access must be submitted in writing to the Health Information Department. In addition, we may charge you a reasonable fee to cover our expenses for copying your health information.

Please send written requests to, **Mile Bluff Medical Center, Attn: Health Information, 1050 Division Street, Mauston, WI 53948.**

**Request to correct your health information:** You have a right to request that Mile Bluff Medical Center correct or make changes to your health information that you believe to be incorrect or incomplete. For example, if you believe the date of your knee surgery is incorrect; you may request that the information be corrected. We are not required to change your health information and if your request is denied, we will provide you with information about our denial and how you can disagree with the denial. If you do have a change, you must also provide a reason for your request.

Please send written requests for changes to your health information to, **Mile Bluff Medical Center, Attn: Health Information, 1050 Division Street, Mauston, WI 53948.**

**Right to request restrictions:** You have the right to request restrictions on how your health information is used or to whom your information is disclosed, even if the restriction affects your treatment or our payment or healthcare operation activities. For example, you could ask that we not use or disclose information about a surgery you had. We are not required to agree in all circumstances to your requested restrictions, except in the

case of a disclosure restricted to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law. The protected health information pertains solely to a healthcare item or service in which you, or the person other than the health plan on your behalf, has paid the covered entity in full.

Please send all written restriction requests to **Mile Bluff Medical Center, Attn: Health Information, 1050 Division Street, Mauston, WI 53948.**

**Receive confidential communications of health information:** You have the right to request that we communicate your health information to you in different ways or places. For example, you may wish to receive information about your health status in a special, private room or through a written letter sent to a private address. Mile Bluff Medical Center shall accommodate reasonable requests.

To request confidential communications, you must submit your requests in writing to, **Mile Bluff Medical Center, Attn: Health Information, 1050 Division Street, Mauston, WI 53948.**

**Receive a record of disclosures of your health information:** You have the right to request a list of the disclosures of your health information that we have made in compliance with federal and state law. This list will include the date of each disclosure, who received the disclosed health information, a brief description of the health information disclosed, and why the disclosure was made. For some types of disclosures, the list will also include the date and time the request for disclosure was received and the date and time the disclosure was made. For example, you may request a list that indicates all the disclosures your healthcare provider has made from your healthcare record in the past six months. We must comply with your request for a list within 60 days, unless you agree to a 30-day extension, and we may not charge you for the list, unless you request such lists more than once per year.

To request an account of disclosures, submit your written request to, **Mile Bluff Medical Center, Attn: Health Information, 1050 Division Street, Mauston, WI 53948.**

**Obtain a paper copy of this notice:** Upon your request, you may at any time receive a paper copy of this notice, even if you earlier agreed to receive this notice electronically. The privacy notice is also available on the Mile Bluff Medical Center website ([www.milebluff.com](http://www.milebluff.com)). To receive a paper copy of this notice, send your written request to, **Mile Bluff Medical Center, Attn: Health Information, 1050 Division Street, Mauston, WI 53948.**

**Notification of a breach:** Mile Bluff Medical Center is required by law to maintain the privacy of protected health information and provide you with notice of its legal duties and privacy practices with respect to protected health information and to notify you following a breach of unsecured protected health information.

**Complaint:** If you believe your privacy rights have been violated, you may file a complaint with Mile Bluff Medical Center's Corporate Compliance Officer who will provide you with any needed assistance. We request that you file your complaint in writing so that we may better assist in the investigation of your complaint. You may also file a complaint with the Secretary of the Department of Health and Human Services. There will be no retaliation against you in any way for filing a complaint. Please send any written complaints to, **Mile Bluff Medical Center, Attn: Corporate Compliance Officer, 1050 Division Street, Mauston, WI 53948.**

### **Health information exchange**

**Wisconsin Statewide Health Information Network (WISHIN):** Wisconsin offers a state-wide, internet-based, electronic health information exchange where participating healthcare organizations can review your health information as healthcare is provided to you. Your participation is voluntary; however, your health information will be included in this exchange unless you "opt-out" as explained below. This electronic health information exchange could include national information exchange when resources are available.

***How is my privacy protected in this electronic health exchange?*** Participating organizations use a combination of safeguards to protect your health information. Technical safeguards include encryption, password protection, and the ability to track every viewer's usage of the system. Administrative safeguards include written policies and agreements controlling access to information through a state and/or national health information exchange. All participating organizations are also regulated by federal and state privacy laws.

***Are there privacy risks in this electronic health exchange?*** Yes. Doctors, hospitals and anyone else who is treating you are already responsible for keeping your health records private. The only added risk is that your health record will now be seen through the computer rather than by mail or fax. There is always a slight risk that the safeguards in place will not work and that someone will obtain, view or use your health information for impermissible purposes. The participating organizations believe the potential benefits outweigh the risk, but your participation is a personal decision you must make for yourself.

***Can I choose not to participate in this electronic health exchange?*** Yes. We call this a decision to “opt-out”. Your health information will not be available for sharing through this electronic health information exchange except in cases of an emergency and for public health reporting as permitted by law. Your decision to opt-out applies only to electronic sharing your information through the exchange and does not affect other sharing such as secure email, faxing, mail, records maintained by your healthcare provider, etc.

***How do I opt-out?*** Upon registering, someone will ask if you want to participate in a Health Information exchange. If you indicate “no”, your information will not be available. Complete and return the Opt-Out/Revoke Opt-Out Form which is available at this organization or online at

<http://wishin.org/ForPatients/PatientChoice.aspx>

***Can I hold back certain records I don't want organizations to see?*** Not at this time. All or none of your health information is made available through the health information exchange.

***If I opt-out, can I later change my mind?*** Yes. If you opt-out, you may change your mind and revoke that choice by submitting the Opt-Out/Revoke Opt-Out Form available at Mile Bluff or at

<http://wishin.org/ForPatients/PatientChoice.aspx>. If you revoke your earlier decision to opt-out, all of the information that has been submitted by organizations will be available for sharing through the health information data exchange.

If you have any questions regarding Mile Bluff Medical Center's Privacy Policy, contact the Health Information Department at 608-847-6161.

**Effective date of this notice:** September 23, 2013