

Notice of Privacy Practices

This notice tells how medical information about you may be used and disclosed and how you get access to this information. Please review it carefully.

This Notice of Privacy Practices (Notice) applies to the organizations listed below at all sites they maintain for delivery of healthcare products and services. Each of these organizations is a participant in a Single Affiliated Covered Entity and/or a Hybrid Covered Entity Arrangement. This means we may share your health information with each other as needed for treatment, payment or healthcare operations.

(3/09)



ProHealth Care

Oconomowoc Memorial Hospital
Adult Day Services
Community Nursing Services
Parish Nursing of Oconomowoc Memorial

ProHealth Home Care

AngelsGrace Hospice
ProHealth Home Care
Rolland Nelson Crossroads Hospice

ProHealth Care Medical Associates

ProHealth Care Medical Associates
WCTC Community Nursing Clinic
ProHealth Works

Waukesha Health System

Behavioral Medicine Center
Lawrence Center
Professional Receivables Management
Retail Pharmacy

Waukesha Memorial Hospital

Parish Nursing of Waukesha Memorial
Waukesha Family Practice
Waukesha Memorial Hospital Foundation

This Notice includes practicing physicians and other credentialed individuals who are part of ProHealth Care's Organized Health Care Arrangement who participate in providing care or assist in entity operations. The care providers in our Organized Health Care Arrangement will share your health information with each other as necessary for treatment, payment and operations.

ProHealth Care is dedicated to keeping your health information private. When we release your health information, we must release only the information needed for the specific purpose.

We will follow the privacy practices in this Notice.

We have the legal right to change our privacy practices and the terms of this Notice at any time. We reserve the right to have changes to our privacy practices and this Notice apply to all the health information we keep, including health information we created or received before we made the changes. When changes are made, we will place the revised Notice of Privacy Practices on our web site at www.prohealthcare.org and make copies of the revised Notice available on request. In addition, when significant changes are made, we will provide the updated Notice of Privacy Practices to you as soon as we can. Printed copies, large print copies and audiotapes of the Notice of Privacy Practices are available in English and Spanish.

To summarize, we are required to maintain the privacy of your health information and provide you with this Notice which provides you with the following important information:

- How we may use and disclose your health information
- Your privacy rights, and
- Our requirements regarding the use and disclosure of your health information

In the next section, we give some examples of the ways and reasons your health information may be used or released unless the law does not permit it. We may not disclose HIV test results or mental health treatment records without your written permission.

Without your written permission, we can use and release your health information for:

1. Treatment. We may use or release your health information to a physician or other healthcare provider in order to provide treatment to you.

- For example, a physician may use the information in your medical record to decide what treatment, such as a drug or surgery, best meets your health needs. The treatment chosen will be written in your medical record so that other healthcare professionals can make the best decisions for your care.

- We may also use your health information to:
 - schedule a test, such as a blood test or X-ray
 - call a prescription to your pharmacy
 - continue your care

2. Payment. We may use and disclose your health information to obtain payment for services we provide to you.

- For example, we may send a bill and/or medical documentation that gives your name, your diagnosis, and the care you received to your insurance company. We will give this health information to help get payment for your medical bills.
- We may disclose your health information to another healthcare provider or entity subject to the federal Privacy Rules so they can obtain payment.

- We may need your written permission to disclose information taken from your mental health, drug or alcohol abuse, or developmental disabilities treatment records or HIV test results for payment purposes.

- For payment purposes, we may disclose your health information to you and/or a family member who is responsible for payment of your medical bills.

3. Healthcare Operations. We may use and disclose your health information to operate our business.

- For example, your diagnosis, treatment and results may help improve the quality or cost of care we give our patients. These quality and cost improvement activities could include, for example:

- *Reviewing the performance of your physicians, nurses and other healthcare professionals*
- *Looking at the success of your treatment and comparing the success to other patients*
- *Calling and leaving a message for you for a new, reminder, or rescheduled appointment*

- We may look at your health information and decide that another treatment or a new service we offer may interest you. For example, we may contact a cancer patient to notify him or her that we have a new cancer research facility that offers new treatments.

Other healthcare operations for which we can use or disclose your health information include:

- Conducting training programs, accreditation, certification, licensing or credentialing activities
- Medical review, legal services and auditing, including fraud and abuse detection and compliance
- Business planning and development
- Business management and general administrative activities, including management activities relating to privacy, customer service, resolution of internal grievances, and creating de-identified health information.

We may use information found in your medical record, such as your name, address and phone number, to contact you for our fundraising purposes. For example, we may want to raise money to provide more charity care or otherwise improve the health of our community. We may contact you for a donation.

We may disclose your health information to another entity which has a relationship with you and is subject to the federal Privacy Rules, for its healthcare operations related to quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, or detecting or preventing healthcare fraud and abuse.

We may need your written permission to disclose health information or information taken from your mental health, alcohol or drug abuse, or developmental disabilities treatment records or HIV test results for healthcare operations.

4. As Required by Law. We may use or disclose your health information as required by law to the police, court officials or government agencies.

- For example, we may report:
 - Abuse
 - Neglect
 - Certain physical injuries

5. For Public Health Activities. We may need to report your health information to help prevent or control disease, injury or disability. This may include information for:

- Disease, injury and vital statistic reporting
- Reactions to drugs or problems with products or devices
- Recall of a product or a device
- Poison control

6. For Health Oversight Activities. We may give your health information to health oversight agencies, including government agencies who monitor or regulate hospitals, clinics, nursing homes or other healthcare providers to be certain you are given the correct and proper care.

7. For Deceased Patients. For health information needs related to deceased patients, we may release certain health information to coroners and medical examiners, such as:

- Identification of body
- Cause of death
- HIV test results to funeral directors to perform their jobs

8. For Organ, Eye or Tissue Donation. We may give your health information to people who obtain, store, or transplant organs, eyes or tissue of people who have died.

9. For Research. We may use your health information for research. Such research might help us to improve care or develop new treatments.

10. To Avoid a Serious Threat to Health or Safety. We may release some of your health information to people in authority if we think that it will prevent or lessen a serious or imminent danger to you or the safety or health of other people.

11. For Military or National Security Purposes.

We may release your health information to military and federal officials as required for lawful national security purposes, investigations, or intelligence activities.

12. For Workers' Compensation. We may share your health information as allowed by workers' compensation laws or other similar programs. These programs may provide benefits for work-related injuries or illness.

13. Law Enforcement and Correctional Facilities. We may disclose your health information to law enforcement officials pursuant to a court order signed by a judge, or other lawful processes, concerning crime victims, suspicious deaths, crimes on our premises, reporting crimes in emergencies, and for purposes of identifying or locating a suspect or other person. We may disclose your health information to correctional institutions or law enforcement personnel for certain purposes if you are an inmate or are in lawful custody.

14. Hospital or Facility Directory. Unless you object, we may use your name, location in our hospital/facility, and your religious affiliation for our directory. It is our duty to give you enough information so you can decide whether or not to object to our giving out your name and letting people know you are in the hospital/facility. The information in our directory will be released to clergy and to people who ask for you by name. The information about your religious affiliation will only be disclosed to clergy. We may allow you to agree or disagree orally regarding the use of your health information for directory purposes. We may not disclose your information taken from mental health, alcohol or drug abuse, or developmental disabilities treatment records or HIV test results in our hospital/facility directories without your written permission.

15. To Those Involved with Your Care.

If family members or close friends are helping care for you, we may give health information about you to those people to the extent necessary for them to help with your care.

16. Disaster Situations. We may release your health information to people who handle disasters so people who care for you can have needed information. We must inform you of these releases and honor any written restrictions you may impose, unless so doing would restrict our ability to respond to an emergency.

17. HIV Test Results. Your HIV test results, if any, may only be disclosed as set forth in Wisconsin Statutes § 252.15(5)(a). A listing of the persons or circumstances set forth in that statute is available if you ask.

18. State Regulatory Bodies. We may disclose to state agencies who require us to submit information, such as births and deaths, or to cardiac and cancer registries.

With your written permission:

We may disclose your health information to anyone for any purpose. If the reason we share health information is not listed above, we must first get your written permission. If you sign a permission form, you may withdraw your permission at any time, as long as you notify us in writing. If you wish to withdraw your permission, please send your written request to the medical records department at the hospital, medical clinic or place where you were treated. Your written notice to withdraw will not affect any uses or disclosures made while your permission was in effect.

Your Health Information Rights:

If you wish to use any of the following rights with respect to your health information, please contact the medical record department at the hospital, medical clinic or place where you were treated. You have the right to:

1. Inspect and Copy Your Health Information. With exceptions, you have the right to look at and receive a copy of your medical and/or billing record. You will probably need to pay a fee if you want a copy of your medical record.

2. Request to Challenge or Correct Your Health Information. If you believe your health information is not correct or is incomplete, you may ask us to change/correct the information. You will be asked to make your request in writing and give a reason as to why your health information should be changed. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment form and include the changes in any future disclosures of that information. We may deny your request if we did not create the information you want changed, the information is already accurate and complete, the originator is no longer practicing at ProHealth Care, 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 which may be added to the information you wanted changed.

3. Request Restrictions on Certain Uses and Disclosures. You may ask that we limit how your health information is used. You may ask us to limit the information given to family and friends or those who help in emergencies. We are not required to agree to your restriction request, but if we do, we will abide by our agreement (except in an emergency or when the information is necessary to treat you). All requests for restrictions must be in writing.

4. As Applicable, Receive Confidential Communication of Health Information.

You have the right to ask that we share your health information with you in different ways or places. For example, you may ask to learn about your health status in a private area or by a letter sent to a private address. We will meet reasonable requests that specify the alternative means or location and provide us with a satisfactory explanation of how payments will be handled under the alternative means or location you request. If requesting confidential communication, you must ask in writing.

5. Receive a Listing of Disclosures. In some cases, you may ask for a list of those who received information from your medical records. This list must include the date your health information was given, to whom it was given, a short description of what was given and why. We must give you this list within 60 days unless we give you notice that we need an extra 30 days. We may not charge you for the first list, but may charge you if you ask for a list more than once a year. The list will not include disclosures before April 14, 2003, or disclosure (a) for treatment, payment, healthcare operations, (b) as authorized by you, and (c) for certain other activities, including disclosures to you.

6. Obtain a Paper Copy of This Notice. A paper copy of this Notice will be provided to you even if you have received this notice on our website or by electronic mail (e-mail). Even if you received a copy of the Notice before, you may still be asked to sign that you have received the Notice. You may ask us to give you a copy of this Notice at any time.

7. Complaint Filing. If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer or with the federal Department of Health and Human Services. We will not retaliate against you for filing such a complaint.

You may submit your request in writing to:

- File a complaint or to comment on our privacy practices
- Amend your health information
- Access your health information
- Restrict certain uses and disclosures
- Receive confidential communications
- Receive a listing of disclosures

All requests in writing should be sent to the medical records department at the hospital, medical clinic or place where you were treated.

You may contact the ProHealth Care Privacy Officer directly, or leave a message on the ProHealth Care Compliance hotline at (262) 928-2415.

This Notice of Privacy Practices is Effective September 2008.



PROHEALTH CARE

www.prohealthcare.org