



Effective as of 04-14-03

WILD ROSE COMMUNITY MEMORIAL HOSPITAL 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.

Wild Rose Community Memorial Hospital (WRCMH) uses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Your health information is contained in a medical record that is the physical property of WRCMH.

How WRCMH May Use or Disclose Your Health Information

For Treatment. WRCMH may use or disclose your health information to provide you with medical treatment or services. For example, information relative to your treatment will be obtained and recorded in your record by a health care provider, such as a physician, nurse, or other person providing health services to you. This information is necessary for health care providers to determine what treatment you should receive. Health care providers will also record actions taken by them in the course of your treatment and note how you respond to the actions. We will provide general information about your condition unless you tell us otherwise. In an emergency situation where you are unable to function, health information may be disclosed to those involved in your care. You have a right to object to further disclosures when you are able to make your wishes known.

For Payment. WRCMH 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 payor, such as an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment.

For Health Care Operations. WRCMH may use and disclose health information about you for operational purposes. For example, your health information may be disclosed to members of the medical staff, risk or quality improvement personnel, and others to:

- Evaluate the performance of our staff;
- Assess the quality of care and outcomes in your cases and similar cases;
- Learn how to improve our facilities and services; and
- Determine how to continually improve the quality and effectiveness of the health care we provide. (Examples include reviews by outside peers, including but limited to MetaStar, NCQA, RWHC, and OHCI, to provide continuing education to staff. Audit trails may not be available).

For Appointments. WRCMH may use your information to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

As Required by Law. WRCMH may use and disclose information about you as required by law. For example, WRCMH may disclose information for the following purposes:

- For judicial and administrative proceedings pursuant to legal authority;
- To report information related to victims of abuse, neglect or domestic violence; and
- To assist law enforcement officials in their law enforcement duties.

For Public Health. Your health information may be used or disclosed for public health activities, such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability, or for other health oversight activities.

For Decedents. Health information may be used or disclosed for cadaveric organ, eye, or tissue donation purposes.

For Research. WRCMH may use your health information for research purposes when an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved the research.

For Health and Safety. Your health information may be disclosed to avert a serious threat to the health or safety of you and any other person pursuant to applicable law.

For Government Functions. Your health information may be disclosed for specialized government functions such as protection of public officials or reporting to various branches of the armed services.

For Workers' Compensation Issues. Your health information may be used and disclosed in order to comply with laws and regulations related to Workers' Compensation.

For Other Uses. Other uses and disclosures will be made only with your written authorization and you may revoke the authorization except to the extent WRCMH has taken action in reliance on such.

Your Health Information Rights

You have the right to:

- Request a restriction on certain uses and disclosures of your protected health information and you have the right to request that we limit our disclosure of your information to individuals involved in your care or the payment for your care; however, WRCMH is not required to agree to a requested restriction;
- Obtain a paper copy of the notice of information practices upon request;
- Inspect and obtain a copy of your health record – our organization may charge a fee for costs of copying, mailing, labor and supplies associated with your request;
- Request that your health record be amended;
- Request confidential communications of your health information by alternative means or at alternative locations; and
- Receive an accounting of disclosures made of your health information other than for payment, treatment, and healthcare operations.

More information may be found in 45 C.F.R. (Code of Federal Register)

Concerns/Complaints

You may file a concern with WRCMH and with the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

Wild Rose Community Memorial Hospital
Attn: Privacy Officer
PO Box 243
Wild Rose, WI 54984
(920) 361-5551

Department of Health and Human Services
200 Independence Ave., S.W.
Washington, DC 20201
(202) 690-7000

Obligations of WRCMH

WRCMH is required by law to:

- Maintain the privacy of protected health information;
- Provide you with this notice of its legal duties and privacy practices with respect to your health information;
- Abide by the terms of this notice;
- Notify you if we are unable to agree to a requested restriction on how your information is used or disclosed;
- Accommodate reasonable requests you may make to communicate health information by alternative means or at alternative locations; and

WRCMH reserves the right to change its information practices and make the new provisions effective for all protected health information it maintains. Revised notices will be made available to you upon request, at your next registration, or at our website.

Contact Information

If you have any questions or concerns, please contact:

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Attn: Privacy Officer
PO Box 243, Wild Rose, WI 54984
(920) 361-5551

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