

Notice of Information/Privacy Practices

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

Protected Information

Much of your health information is stored electronically, rather than being in paper form. When we use or disclose your protected health information (PHI) in the ways described in this notice, we may do so by providing printed copies of your health information or by allowing the authorized person or persons to access the electronic record. However, whether your health information is in paper or electronic form, we will handle it in compliance with the provisions of this notice.

While receiving care from our facility, information regarding your medical history, treatment and payment for your health care may be originated and/or received by us. Information which can be used to identify you and which relates to your medical care or your payment for medical care is protected by state and federal law ("Protected Information").

This notice also applies to other health care providers that come to Gundersen Palmer Lutheran Hospital and Clinics to care for patients, such as physicians, physician assistants, allied health professionals, emergency service providers, medical transportation companies, medical equipment suppliers and other health care providers that are not employed by the hospital. These health care providers may follow different practices at their own offices or facilities.

Your Rights

Federal law grants you certain rights with respect to your protected information. Specifically, you have the right to:

- Receive notice of our policies and procedures used to protect your protected information.
- Request that certain uses and disclosures of your protected information be restricted; provided, however, we have the right to refuse your request. You have the right to restrict disclosure of PHI to your health plan/insurance if you pay out-of-pocket in full for health services or items. The request must be in writing.
- Access to your protected information; provided, however, the request must be in writing and may be denied in certain limited situations.
- Request that your protected information be amended.
- Obtain an accounting of certain disclosures by us of your protected information of the past six years. To request this list or accounting of disclosures, you must submit your request in writing. Your request must state a time which may not be longer than six years and may not include dates before February 26, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- Revoke in writing any prior authorizations for use or disclosure of protected information, except to the extent that action has already been taken.
- Request communications of your protected information is done by reasonable alternative means or at alternative locations. This request must be in writing.
- To be notified following a breach of unsecured patient health information.

Our Responsibilities

Federal law also imposes certain obligations and duties upon us with respect to your protected information. Specifically, we are required to:

- Provide you with notice of our legal duties and our facility's policies regarding the use and disclosure of your protected information.
- Maintain the confidentiality of your protected information in accordance with state and federal law.
- Review your requested restrictions regarding the use and disclosure of your protected information and inform you if these restrictions can be accommodated.
- Allow you to inspect and copy your protected information during our regular business hours pursuant to any legal restrictions.
- Act on your request to amend protected information within sixty (60) days and notify you of any delay which would require us to extend the deadline by the permitted thirty (30) day extension. Although this does not guarantee that amendment is appropriate. We may deny your request if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
- Is not part of the medical information kept by or for the hospital.
 - Is not part of the information which you would be permitted to inspect and copy.
 - Is accurate and complete.

- Accommodate reasonable requests to communicate protected information by alternative means or methods.
- Abide by the terms of this notice.
- Certain uses and disclosure of PHI that require patient authorization includes psychotherapy notes, marketing and the sale of PHI, and other uses and disclosure not described in this notice.

How Your Protected Information May Be Used/Disclosed

Generally, your protected information may be used and disclosed for treatment, payment, operations or as required by law. This includes a variety of areas:

Treatment Purposes

We may use or disclose your protected information for treatment purposes, including continuing care and case or care management. During your care at our facility, it may be necessary for various personnel, including, but not limited to, medical staff, professional staff, nurses, lab technicians or medical students involved in your care to have access to your protected information in order to provide you with quality care. For example, your physician may need to know which medications you are currently taking before prescribing additional medications. It may be necessary for the physician to inform the nurses on staff of the medications you are taking so they can administer the medications and monitor any possible side effects. We may contact you to provide appointment reminders.

Situations may also arise when it is necessary to disclose your protected information to individuals outside our facility who may also be involved in your current or future care. For example, if you are a resident in a nursing facility, it may be necessary for your physician to disclose medications prescribed by him/her so that they can be appropriately administered by the nursing facility and side effects may be monitored. The nursing facility may disclose information to the hospital if admission is required, or to a specialist. Your physician may call a pharmacist and order a prescription.

Payment Purposes

Your protected information may also be used or disclosed for payment purposes. It is necessary for us to use or disclose protected information so that treatment and services provided by us may be billed and collected from your insurance company, or other third party payer. Bills requesting payment will usually include information which identifies you, your diagnosis, and any procedures or supplies used. It may also be necessary to release protected information to obtain prior approval for treatment from your health insurance.

Health Care Operations

Your protected information may be used for facility operations, which are necessary to ensure our facility provides the highest quality of care. For example, your protected information may be used for learning or quality assurance purposes. We may also remove information which could identify you from your record so as to prevent others from learning who the specific patients is.

Health Information Exchange. We electronically exchange health care information to facilitate access to health information that may be relevant to your care. For example, if you are admitted to a hospital on an emergency basis and cannot provide important information about your health condition, health information exchange will allow us to make your medical information available to those who need it to treat you at the hospital. When it is needed, ready access to your health information means better care for you. You have the right to opt-out of the health information exchange by contacting our Privacy Officer.

Emergency Use

If an emergency situation exists and providing you with our notice is not practical, we may use or disclose protected information to the extent necessary during the emergency care.

Research

In most cases, we will ask for your written authorization before using your health information or sharing it with others in order to conduct research. However, under some circumstances, we may use and disclose your health information without your written authorization. To do this, we are required to obtain approval through a special process to ensure that research without your written authorization poses minimal risk to your privacy. Under no circumstances, however, would we allow researchers to use your name or identity publicly. We may also release your health information without your written authorization to people who are preparing a future research project, so long as any information identifying you does not leave our facility. In the unfortunate event of your death, we may share your health information with people who are conducting research using the information of deceased persons, as long as they agree not to remove from our facility any information that identifies you.

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Hospital Patient Directory

Our facility may include certain limited information about you in a hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition (e.g. good, fair, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing.

Notification

Unless you have informed us otherwise, your protected information may be used or disclosed by us to notify or assist in notifying you, a family member, or other person responsible for your care. This may include appointment reminders such as postcards. In most cases, protected information disclosed for notification purposes will be limited to your name, location and general condition.

Communication with Family Members and Caregivers

With your permission, we will release protected information to a family member, relative or close personal friend who is involved in your care to the extent necessary for them to participate in your care.

Bereavement/Memorial Services

Gundersen Palmer Hospice, as a part of their bereavement program, may recognize hospice patients in memorial services and practices. For example, a rose is given to family members during visitation at the time of death.

*Marketing and Fundraising Activities*We may contact you regarding health-related benefits and services we feel may be of interest to you. In addition, you may also be contacted as part of a fundraising effort. Demographic information generally includes home address, age, gender and insurance status. If you do not wish to receive hospital information or to be contacted for fundraising efforts, you may call 563-422-3811 and speak with the Foundation Coordinator.

Special Circumstances

The law specifically requires us to use or disclose protected information in the following special circumstances:

Public Health Activities

We are required to use or disclose your protected information for public health activities and purposes. Examples of public health activities which would warrant the use or disclosure of your protected information include:

- Preventing or controlling disease, injury or disability
- Reporting births or deaths
- Reporting the abuse or neglect of a child or dependent adult
- Reporting reactions to medications or problems with products
- Notifying individuals exposed to a disease who may be at risk for contracting or spreading disease.

Health Oversight Activities

Your protected information may be used or disclosed to a health oversight agency for activities authorized by law. Examples of health oversight activities include audits, investigations, inspections or judicial/administrative proceedings which you are not the subject of. In most cases, the oversight activity will be for the purpose of overseeing the care rendered by our facility's compliance with certain laws and regulations.

Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Victims of Abuse or Neglect

Other than child and dependent adult abuse which is covered under public health activities, we may use or disclose your protected information to a protective services or social services agency or other similar government authority, if we reasonably believe you have been the victim of abuse, neglect or domestic violence as long as you agree to such disclosure and we feel it is necessary to prevent serious harm to you or other individuals. If you are incapacitated and unable to agree to such a disclosure, we may release your protected information for this purpose but only if failure to release it would materially and adversely effect a law enforcement activity.

Law Enforcement

We may also release your protected information to a law enforcement official for the following purposes:

- Pursuant to a court order, warrant, subpoena/summons, or administrative request.
- Identifying or locating a suspect, fugitive, material witness or missing person.
- Regarding a crime victim, but only if the victim consents or the victim is unable to consent due to incapacity and the information is needed to determine if a crime has occurred, nondisclosure would significantly hinder the investigation, and disclosure is in the victim's best interest.
- Regarding a decedent, to alert law enforcement that the individual's death was caused by suspected criminal conduct.
- By emergency care personnel if the information is necessary to alert law enforcement of a crime, the location of a crime, or characteristics of the perpetrator.

Coroner, Medical Examiners, Funeral Homes

Protected information regarding a decedent may be released to a coroner or medical examiner for the purpose of identifying a deceased person, determining cause of death or other duties as authorized by law. Protected information regarding a decedent may also be disclosed to funeral directors if necessary to carry out their duties.

Specialized Government Functions

Your protected information may be used or disclosed for a variety of government functions subject to some limitations. These government functions include:

- Military and veterans activities
- National security and intelligence activities
- Protective service of the President and others
- Medical suitability determinations for Department of State officials
- Correctional institutions and law enforcement custodial situations
- Provision of public benefits

Organ Donation

Your protected information may be used or disclosed by us to entities engaged in the procurement, banking or transplantation of organs, eyes or tissues for the purpose of facilitating such donation and transplantation.

Disaster Relief

We may disclose your medical information to a public or private entity, such as the American Red Cross, for the purpose of coordinating with that entity to assist in disaster relief efforts.

Workers' Compensation

We will disclose your protected information to the extent necessary to comply with laws relating to workers' compensation or other programs providing benefits for work-related injuries or illness without regard to fault.

Inmates

If you are an inmate of a State or Federal institution or under the custody of law enforcement, we may release medical information about you to the institution, law enforcement official or court, if this release is necessary 1) for the institution to provide you with health care; 2) to protect your health and safety, and/or the health and safety of others; or 3) for the safety and security of the correctional institution or agency.

Important Contact Information

This notice has been provided to you as a summary of how we will use your protected information and your rights with respect to your protected information. If you have any questions or for more information regarding your protected information, please contact Health Information Management at 563-422-3811, ext. 1493.

If you believe your privacy rights have been violated, you may file a complaint with our office by contacting the President CEO at 563-422-3811, ext. 1718. You may also file a complaint with the Secretary of Health and Human Services. There will be no retaliation for the filing of a complaint.

Effective Date and Revision

This notice becomes effective on April 14, 2003. Please note, we reserve the right to revise this notice at any time. Should we revise this notice, the revised notice will be posted at Gundersen Palmer. In addition, a current copy of our notice of privacy practices may be obtained from Health Information Management at 563-422-3811, ext. 1493.