GUNDERSEN ST. JOSEPH’S HOSPITAL AND CLINICS 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 READ IT CAREFULLY.

Gundersen St. Joseph’s Hospital and Clinics is required by law to maintain the privacy of your health information. Gundersen St. Joseph’s Hospital and Clinics is also required to provide you with a notice that describes Gundersen St. Joseph’s Hospital and Clinics legal duties and privacy practices and your 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 Gundersen St. Joseph’s Hospital and Clinics, please contact HIPAA Privacy Officer at 608-849-8154.

We reserve the right to change the privacy practices described in this notice in the event that the practices need to be changed to be in compliance with the law. We will make the new notice provisions effective for all health information that we maintain. If we change these privacy practices, we will make them available upon request. It will also be posted at the location of service.

How Gundersen St. Joseph’s Hospital and Clinics May Use or Disclose Your Health Information for Treatment, Payment And Health Care Operations

The following categories describe the ways Gundersen St. Joseph’s Hospital and Clinics may use and disclose your health information. For each type of use and disclosure, we will explain what we mean and present some examples.

Treatment. We may use or disclose your health care information in the provision, coordination or management of your health care. Our communications to you may be by telephone, cell phone, patient portal, or by mail. For example, we may use your information to call and remind you of an appointment or to refer your care to another physician.

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

Health Care Operations. We may use or disclose your health care information for activities relating to the evaluation of patient care, evaluating the performance of health care providers, business planning and compliance with the law. For example, we may use your information to determine the quality of care you received when you had your surgery.

How Gundersen St. Joseph’s Hospital and Clinics May Use or Disclose Your Health Information Without Your Authorization

The following categories describe the ways Gundersen St. Joseph’s Hospital and Clinics 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. We may use and disclose your health information when that use or disclosure is required by law. 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 diseases, aiding in the prevention or control of certain diseases and in reporting problems with products and reactions to medications 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 receive reports of abuse, neglect or violence relating to children or the elderly.

Health Oversight Activities. We may disclose your health information to health agencies authorized by law to conduct audits, investigations, inspections, licensure and other proceedings related to oversight of the health care 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.

Law Enforcement. We may use your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, 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.

Coroners and Medical Examiners. We may disclose your health information to coroners and medical examiners. For example, we may disclose your health information to make a determination of death.

Cadastral, Organ, Eye or Tissue Donation. We are a hospital and may disclose your health information to organizations involved in procuring organs and tissues for transplantation.

Research. Under certain circumstances, and only after a special approval process, we may use and disclose your health information to help conduct medical research which may result in an assessment of how well a drug is working to treat a certain disease or whether a certain treatment is working better than another.

To Avert a Serious Threat to Health of 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 only 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 health care information for military, national security, or law enforcement custodial situations.

Workers’ Compensation. Both state and federal law allow the disclosure of your health care information that is associated with workers’ compensation claims 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.

Health Information Exchange. We electronically exchange health information to facilitate access to health information in real-time, and to make your health information more available. For example, 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 and medication history means better treatment for you. You have the right to opt-out of the health information exchange by contacting our Privacy Officer.

Gundersen St. Joseph’s Hospital and Clinics Directory. Unless you object, we may use your health information, such as your name, location in our facility, your general health condition (e.g., “stable,” or “unstable”), and your vital signs, in our directory. However, it is not our duty to notify you through the directory if we can decide whether or not to object to release of this information for our directory. The information about you that we contain in our directory will not be disclosed to individuals not associated with health care 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:

1. To individual(s) or entity(s)—we may release your health information to a family member, other relative, friend or other person whom you have identified to be involved in your health care or the payment of your health care;

2. To family— we may use your health information to notify a family member, a personal representative or a person designated by you in a family emergency.

3. To disaster relief agencies—we may release your health information to an agency authorized by law to assist in disaster relief activities.

When Gundersen St. Joseph’s Hospital and Clinics 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 payment, psychotherapy and marketing require your authorization. If your provider intends to engage in direct or indirect marketing activities, you will be provided with a notice of purpose and form and you will be given the opportunity to opt out of disclosures for these purposes. You can also opt out of uses and disclosures of your psychotherapy notes if you request this in writing.

2. Request To Correct Your Health Information. You have a right to request that Gundersen St. Joseph’s Hospital and Clinics amend your health information that you believe is incorrect or incomplete. To request an amendment, you must write to the Privacy Officer at Gundersen St. Joseph’s Hospital and Clinics Attention: Health Information 400 Water Ave Hillsboro, WI 54634. You must also provide a reason for your request.

3. Request Restrictions on Certain Uses and Disclosures. You have the right to request restrictions on uses and disclosures of your health information to which you have given permission. For example, if you request that we not disclose information to your employer, we will comply with your request unless the disclosure is required by law. To request restrictions, you must submit your request in writing to HIPAA Privacy Officer 400 Water Ave, Hillsboro, WI 54634.

4. Receive Confidential Communications Of Health Information. You have the right to request that we communicate your health information to you in a different way or place. For example, you may request that we use electronic means to communicate to you. If you request confidential communications, you must submit your request in writing to HIPAA Privacy Officer 400 Water Ave, Hillsboro, WI 54634. You must comply with your request for a list within 60 days, unless you agree to a 30-day extension, and we will not charge you for the list, unless you request such list more than once per year.

6. 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. To obtain a paper copy of this notice, send your written request to HIPAA Privacy Officer 400 Water Ave Hillsboro, WI 54634.

7. Notified of a Breach. Your provider 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 Gundersen St. Joseph’s Hospital and Clinics HIPAA Privacy Officer 400 Water Ave, Hillsboro, WI 54634, and they will provide you with any needed assistance. We request that you file any 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. If your complaint relates to your privacy rights while you were receiving treatment for mental illness, alcohol or drug abuse or a developmental disability you may also file a complaint with the staff or administrator of the treatment facility or community mental health program. There will be no retaliation against you in any way for filing a complaint.

If you have any questions or concerns regarding your privacy rights or the information in this notice, please contact Tom Young, HIPAA Privacy Officer, Gundersen St. Joseph’s Hospital and Clinics 400 Water Ave, Waterford, WI 53184. Phone: 608-489-8154.

Effective Date of This Notice: 2-23-15

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