Gundersen Palmer Lutheran Hospital and Clinics | 39317_0120

THIS INFORMATION MUST BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY

Effective Date: January 14, 2020

Protected Information

Much of your information is stored electronically, rather than being in paper form. When we use or disclose your protected health information, whether 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”).

Your Rights

Federal law gives 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 directed to the Director of Revenue Cycle and may be denied in certain limited situations.
- Request that your protected information be amended.
- Obtain a copy of any limited data set of protected information of the past six years. To request this list or account of disclosures, you must submit your request in writing to our Privacy Officer. Your request must state a time which may not be longer than six years and may not include dates before April 14, 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 lists. 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. This will not include disclosures made for the purpose of treatment, payment, or health care operations.
- Revise in writing any prior authorizations for use or disclosure of protected information, except to the extent that action has already been taken.
- Request communication of your protected information is done by reasonable alternative means or at alternative locations. This request must be in writing to our Privacy Officer.
- 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 requests are not honored.
- Allow you to inspect and copy your protected information during our regular business hours pursuant to any legal restrictions.
- Allow you to request and amend protected information within 60 days and notify you of any of delay which would require you to extend the deadline by the permitted thirty (30) day extension. Although this does not guarantee that amendment is accomplished, 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 to us 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 or clinic.
  - Is not part of the information which you would be permitted to inspect or copy.
  - Is accurate and complete.
- Accommodate reasonable requests to communicate protected information by alternative means or methods.
- Abide by the terms by which you submit such requests.
- Certain uses and disclosures of PHI that require patient authorization includes psychotherapy notes, marketing and the sale of PHI, and other uses and disclosures 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 care or management. During your care at our facility, it may be necessary for 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 of 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 that you are taking so they can administer the medications and monitor any possible side effects. We may contact you to provide appointment reminders.

Your information is used and disclosed for treatment purposes, including continuing care and care or management. During your care at our facility, it may be necessary for 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 of 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 that you are taking so they can administer the medications and monitor any possible side effects. We may contact you to provide appointment reminders.

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 provider.

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 planning or quality assurance purposes. We may also remove information which could identify you from your record so as to present others from learning who the specific patient is.

Health Information Exchange.

We electronically exchange health care information. To facilitate access to health information that may be relevant to your care.

Emergency Use
When 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
Under certain circumstances, we may use and disclose your health information for clinical or medical research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. If your specific permission is not obtained, a special approval process is followed to protect your privacy.