Your Rights Regarding Your Protected Health Information

You have the following rights regarding protected health information we maintain about you:

Right to Request Restrictions: You have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the protected health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we do not use or disclose information about a procedure you had.

We are not required to agree to your request: If we do agree, we will comply with your request unless the information is needed to provide emergency treatment to you.

To request restrictions, you must make your request in writing to:

Forest County Potawatomi Health and Wellness Center
Attention: Linda Sturnot, HIPAA Privacy Officer

In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit its use, disclosure or both; and (3) to whom you want the limits to apply, for example, you may want to limit the information to be given to your spouse.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail or you may ask to be contacted at an alternate telephone number.

To request confidential communications, you must make your request in writing to:

Forest County Potawatomi Health and Wellness Center
Attention: Linda Sturnot, HIPAA Privacy Officer

We will not ask the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Inspect and Copy: You have the right to inspect and receive a copy of protected health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and obtain a copy of this medical information, you must submit your request in writing to:

Forest County Potawatomi Health and Wellness Center
Attention: Linda Sturnot, HIPAA Privacy Officer

Please note that a request to inspect your medical records means that you may examine them at a convenient time and place. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care Professional chosen by FCPHWC will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend: If you feel that protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for FCPHWC.

To request an amendment, your request must be made in writing and submitted to:

Forest County Potawatomi Health and Wellness Center
Attention: Linda Sturnot, HIPAA Privacy Officer

In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support your 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 protected health information kept by or for FCPHWC
- Is not part of the information which you would be permitted to inspect and copy
- Is accurate and complete

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures". This is a list of the disclosures we have made of protected health information about you other than disclosures made for purposes of treatment, payment, or health care operations, pursuant to your authorization and other disclosures that are not required to be included in this accounting.

To request this list or accounting of disclosures, you must submit your request in writing to:

Forest County Potawatomi Health and Wellness Center
Attention: Linda Sturnot, HIPAA Privacy Officer

Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. If you request additional lists within a 12-month period, we may charge you for the cost of providing the list. We will notify you in advance of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

You may obtain a copy of this Notice on any web site maintained by us. You may obtain a paper copy of this Notice at the registration desk.

Right to be Notified: You have a right to be notified of a breach that involved your personal protected health information.

COMPLAINTS OR OTHER QUESTIONS OR CONCERNS

If you believe your privacy rights have been violated, you may file a written complaint with FCPHWC or with the Secretary of the Department of Health and Human Services.

FCPHWC will not intimidate, threaten, coerce, discriminate against or take any other retaliatory action against you for filing a complaint.

To file a complaint with FCPHWC please contact the FCPHWC's HIPAA Privacy Officer who will provide you with the necessary assistance and complaint form.

You may also contact our HIPAA Privacy Officer with any other questions or concerns you may have.

You can reach our HIPAA Privacy Officer at:

Forest County Potawatomi Health and Wellness Center
Attention: Linda Sturnot, HIPAA Privacy Officer
P.O. Box 396 • Crandon, WI 54520
Telephone: 715-478-4300 • Facsimile: (715) 478-4499
lindast@fcpotawatomi-nsn.gov

If you choose to file a complaint with the Secretary of the U.S. Department of Health and Human Services, it should be sent to: Region V, Office for Civil Rights, U.S. Department of Health and Human Services, 233 N. Michigan Avenue, Suite 240, Chicago, IL 60601. You may also contact them via telephone at (312) 886-2359; facsimile at (312) 886-1807; or TDD at (312) 353-5693.

OTHER USES OF PROTECTED HEALTH INFORMATION

Other uses and disclosures of protected health information not covered by this Notice or the laws that apply to FCPHWC will be made only with your written permission. If you provide us permission to use or disclose protected health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose protected health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we already have made with your permission, and that we are required to retain our records of the care that we provided to you.

FOREST COUNTY POTAWATOMI
HEALTH & WELLNESS CENTER

Notice of Privacy Practices

2011

HIPAA 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.

FOREST COUNTY POTAWATOMI
HEALTH & WELLNESS CENTER

Your Health Care Information - Protecting Your Privacy

It is your right as a patient to be informed of the privacy practices of your health care provider as well as to be informed of your privacy rights with respect to your protected health information. This Notice of Privacy Practices ("Notice") is intended to provide you with this information. This Notice describes the ways in which FCPHWC may use and disclose protected health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of protected health information.

If you have any questions regarding this Notice or would like further information, please contact:

Forest County Potawatomi Health and Wellness Center
Attention: Linda Sturnot, HIPAA Privacy Officer

WHO WILL FOLLOW THIS NOTICE

This Notice describes FCPHWC's privacy practices and that of:

- Any health care professional authorized to enter information into your FCPHWC health care record
- All departments and units of FCPHWC
- All employees, staff, trainees and other members of the FCPHWC workforce

FCPHWC'S RESPONSIBILITIES

It is your right as a patient to be informed of FCPHWC's legal duties with respect to maintaining the privacy of your protected health information.

Law requires FCPHWC to:

- Maintain the privacy of your protected health information.
- Provide you with a Notice of FCPHWC's legal duties and privacy practices regarding protected health information collected and maintained about you; and Abide by the terms of the Notice that is currently in effect.

CHANGES TO THIS NOTICE

FCPHWC reserves the right to change the terms of this Notice and our practices relating to use and disclosure of your protected health information. Any changes will be effective for all protected health information, which FCPHWC has already collected, as well as for any new information, which we may create or obtain. We will revise the Notice to reflect any material changes in our privacy practices and will post any revised Notice at each registration area and on any web site we maintain: www.fcpotawatomi.com. We will provide you with a paper copy of the current Notice at any time upon request. The effective date will be identified in the top right-hand corner of every Notice.

FCPHWC will not use or disclose your protected health information without your authorization, except as required by applicable law or as described in this Notice.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

The following categories describe the different ways that we use and disclose protected health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment: We may use protected health information about you to provide you with medical treatment or services. We may disclose protected health information about you to doctors, nurses, technicians, students, or other personnel who are involved in your care through FCPHWC. For example, a doctor treating you for a broken leg may need to know if you have other conditions, such as diabetes or cancer, which may slow the healing process. In addition, the doctor may need to discuss your condition with another doctor to consult about the best treatment for your particular circumstances. We also may disclose your protected health information to people outside FCPHWC who may be directly involved in the coordination of your care, such as a family member, health care provider or hospital.

For Payment: We may use and disclose protected health information about you to send bills to and collect payment from you, your insurance company, or other third parties, for the treatment and other services you may receive from FCPHWC. For example, we may need to give your health insurer or HMO information about the treatment you receive through FCPHWC so they can pay us or reimburse you. We may also discuss your protected health information with a third party payer to obtain prior approval or to determine whether the costs of your treatment will be covered.

For Health Care Operations: We may use and disclose protected health information about you for FCPHWC's health care operations. These uses and disclosures are necessary to run FCPHWC and make sure that all of our patients receive quality care.
For example, we may use protected health information:

- To review our treatment and services and to evaluate our staff's performance.
- To combine protected health information about many FCPHWC patients to decide what additional services FCPHWC should offer and what services may not be needed.
- To disclose information to doctors, nurses, technicians, students, and other FCPHWC personnel for review, improvement and learning purposes.
- To combine the protected health information we have with protected health information from other health care providers to compare how we are doing and see whether we can make improvements in the care and services we offer.
- To remove information that identifies you from protected health information so others may use it to study health care and health care delivery without being able to identify you or our other patients.
- To individuals or other entities we have or may contract with (our business associates) to perform services for or on our behalf, for example, the performance of certain laboratory tests. We may disclose your medical information to our business associates so they can perform their duties and bill you or your third party payer for the services rendered. We require all business associates to appropriately safeguard your information.

Appointment Reminders: We may use and disclose protected health information about you to remind you about an appointment for treatment or health care at FCPHWC.

Treatment Alternatives: We may use and disclose protected health information about you to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services: We may use and disclose protected health information to tell you about health-related benefits or services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care: We may release protected health information about you to a friend or a family member who is directly involved in your medical care, as well as to persons involved in payment for your care.

We may give out protected health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

If you do not want FCPHWC to disclose your protected health information to such individuals, you must provide written notification to:

Forest County Potawatomi Health and Wellness Center
Attention: Linda Sturnot, HIPAA Privacy Officer

As Required By Law: We will disclose protected health information about you when required to do so by applicable law.

Public Health Activities: We may disclose protected health information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability
- To report births and deaths
- To report child abuse or neglect
- To report reactions to medications or problems with products
- To notify people of recalls of products they may be using
- To notify a person who may have been exposed to a communicable disease or may be at risk for contracting or spreading a disease or condition
- To an employer to facilitate workplace medical surveillance as required by law
- To the Office of Health Care Information to report specified health care data

Victims of Abuse, Neglect or Domestic Violence: We may disclose protected health information to notify the appropriate government authority if we believe a child or elder has been the victim of abuse, neglect, or domestic violence.

Health Oversight Activities: We may disclose protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose protected health information about you in response to a court order.

Law Enforcement: We may release protected health information if asked to do so by a law enforcement official:

- In response to a court order
- About certain deaths as required by law

Coroners and Medical Examiners: We may disclose protected health information to a coroner or medical examiner. This may be necessary, for example, to identify the deceased person or to determine the cause of death.

Organ and Tissue Donation: If you are an organ donor, we may release protected health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Research: Under certain circumstances, we may use and disclose protected health information about you for 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. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or give out protected health information for research, the project will be approved through this research approval process. However, we may give out protected health information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the protected health information they review does not leave our premises.

To Avert a Serious Threat to Health or Safety: If there is a serious threat to your health and safety or the health and safety of the public or another person, we may use or disclose protected health information about you to someone able to help prevent the threat.

Specialized Government Functions:

- **Military and Veterans:** If you are a member of the armed forces, we may give out protected health information about you as required by military command authorities when authorized by law.
- **National Security and Intelligence Activities:** We may release protected health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others:** We may disclose protected health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **Medical Suitability Determinations:** We may give out your medical records to the Department of the State for use in determining medical fitness.
- **Inmates:** If you are an inmate of a correctional institution, we may release protected health information about you to the medical staff or intake staff of the correctional institution or the Department of Corrections when authorized by law.

Workers' Compensation: We may release protected health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.