Your Rights Regarding Your Protected Health Information

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

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

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. If you have a privacy complaint or 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 Amend: If you feel that protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. We will review your request and the denial. The person conducting the review will send you a written notice of the outcome of your request. We will make the amendment for as long as the information is kept by or for FCP HWC.

Right to Request Restrictions: You have the right to restrict; (2) whether you want to limit its use, disclosure or both; and (3) to whom you want the limits to apply. 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 & Wellness Center Attention: Health Administration - HIPAA

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 Restriction Disclosures of Protected Health Information to a Health Plan: You have the right to request a restriction of protected health information to a health plan for those services in which you have paid out-of-pocket and in full.

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.

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 copying, mailing or other supplies associated with your request.

Right to Receive an Electronic Copy of Your Protected Health Information: You have a right to receive a copy of your protected health information in electronic format. 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.

We will review your request and the denial. The person conducting the review will send you a written notice of the outcome of your request.

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

Forest County Potawatomi Health & Wellness Center Attention: Health Administration - HIPAA

In addition, you must provide a reason that supports 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 FCP HWC
• 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 & Wellness Center Attention: Health Administration - HIPAA

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.

COMPLAINTS OR OTHER QUESTIONS OR CONCERNS

If you believe your privacy rights have been violated, you may file a written complaint with FCP HWC or with the Secretary of the Department of Health and Human Services. FCP HWC will not intimidate, threaten, coerce, discriminate against or take any other retaliatory action against you for filing a complaint.

To file a complaint with FCP HWC, please contact FCP HWC Administration. They will provide you with the necessary assistance and complaint form.

You may also contact FCP HWC Administration with any other questions or concerns you may have.

You can reach FCP HWC Administration at:

Forest County Potawatomi Health & Wellness Center Attention: Health Administration - HIPAA PO. Box 396 • Crandon, WI 54520 Telephone: (715) 478-4300 • Facsimile: (715) 478-4499

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 5, 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 (800) 368-1019; facsimile at (312) 866-1807; or TDD at (800) 537-7697.

Complaints must be in writing. More information on how to file a complaint with the OCR can be found at: www.hhs.gov/ocr/privacy/hipaa/complaints

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 FCP HWC 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.
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 FCP HWC may use and disclose protected health information about you. We also describe your rights with respect to your protected health information.

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, or other FCP HWC personnel who are involved in your care through FCP HWC. 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 FCP HWC 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 FCP HWC’s health care operations. These uses and disclosures are necessary to run FCP HWC 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
- To combine protected health information about many FCP HWC patients to decide what additional services FCP HWC will offer and when.
- To disclose information to doctors, nurses, technicians, students, and other FCP HWC personnel for review, improvement. Any changes that are made will be consistent with the Notice that is currently in effect
- To combine the protected health information we have with protected health information from other health care providers to compare how we are doing and 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 your other patients
- To individuals or other entities we have or may contract with (our business associates) to conduct or arrange for or on our behalf, for example, the performance of certain laboratory tests. We may disclose your medical information to such business associates to perform their duties and bill you or your third party payer for the services rendered. We require all business associates to appropriately safeguard your health information.
- To business associates who may contact you by phone in an effort to seek patient satisfaction survey data for the purpose of quality improvement

Law requires FCP HWC to:

- Maintain the privacy of your protected health information
- Provide you with a Notice of FCP HWC’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

FCP HWC reserves the right to change the terms of this Notice and our practices relating to use and disclosure of your protected health information. We will provide notice of any changes in the Notice by posting the revised Notice in your medical record and mailing a copy of the revised Notice to each of our patients. In any event, the Notice that is currently in effect will be the one that will be effective for all protected health information, which FCP HWC has already collected, as well as for any new information, which we may create or obtain. We will revise this 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.

FCP HWC will not use or disclose your protected health information without your authorization, except as required by applicable law or regulation. If you do not want FCP HWC to disclose 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 our 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 FCP HWC to disclose your protected health information to such individuals, you must provide written notice to FCP HWC.

Forest County Potawatomi Health & Wellness Center Attention Administration Department WHO WILL FOLLOW THIS NOTICE

This Notice describes FCP HWC’s privacy practices and that of:

• Any health care provider to whom you are referred who may become involved in your care through FCP HWC
• Your employer who may be covered under the Health Maintenance Organization (HMO) which provides you with health care benefits

FCP HWC’S RESPONSIBILITIES

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

Law:

- It is your right as a patient to be informed of FCP HWC’s legal duties with respect to maintaining the privacy of your protected health information.
- It is your right as a patient to be informed of FCP HWC’s legal duties with respect to maintaining the privacy of your protected health information.

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.

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 in its use of medical information, trying to balance the research needs with patients’ need for privacy of their medical information. Before we use or disclose 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 identify patients with specific medical needs. We may also give out protected health information about you to one person to help prevent the threat.

Specialized Government Functions:

• Military and Veterans: If you are a member of the armed forces, we may give out your protected health information in order 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 provide you with medical treatment or services. We may use protected health information:

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 our 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.

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Forest County Potawatomi Health & Wellness Center Attention Health Administration - HIPAA

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 to public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability
- To report births and deaths
- To report certain communicable diseases
- To report reactions to medications or problems with products
- To notify people of recalls of products they may be using
- To report abuse, neglect, or exploitation
- To report certain communicable diseases
- To ensure your safety or the safety of others
- To protect the environment
- To review our treatment and services and to evaluate our staff

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 when required by law. These oversight activities include, for example, audits, investigations, inspections, and licenser. These activities are necessary for the proper management of FCP HWC, to achieve compliance with licensure standards, and to review our treatment and services and to evaluate our staff.

Public Health Activities:

We may disclose protected health information to a health oversight agency for activities authorized by law.

Health Administration - HIPAA

We will disclose protected health information to the Department of Health and Human Services if we believe a child or elder has been the victim of abuse, neglect or domestic violence.

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

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
- We may use and disclose protected health information, or use or disclose PHI for marketing purposes, or use or disclose your psychotherapy notes except as permitted by law, unless we have received your written authorization.

Cornerstones and Medical Examiners: We may disclose protected health information about you if required to do so by law. We may use or disclose your psychotherapy notes except as permitted by law, unless we have received your written authorization.

Coroners and Medical Examiners: We may disclose protected health information to an examination of your body after your death for determining the cause of death.

Others: We may disclose protected health information about you to a person for whom you have given written authorization.

International Travelers: We may disclose protected health information about you to public or other persons.

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 use protected health information about you for treatments, payment, and health care operations purposes described in this Notice.

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