

**WOODRUFF OFFICE:**

P.O. Box 1520
Woodruff, WI 54568
(715) 356-2262

EAGLE RIVER OFFICE:

P.O. Box 2797
Eagle River, WI 54521
(715) 479-9390

PARK FALLS OFFICE:

P.O. Box 68
Park Falls, WI 54552
(715) 762-2300

NOTICE OF PRIVACY PRACTICES

YOUR INFORMATION • YOUR RIGHTS • OUR RESPONSIBILITIES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

PLEASE REVIEW CAREFULLY

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to you.

Get a paper copy of your medical record

- You can ask to see or get a paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may decline your request, but we will notify you of our reasoning for the denial in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will approve and accommodate all reasonable requests.

Ask us to limit what we use or share

- You can ask us NOT to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may decline any requests if it has the potential to affect your care.
- If you pay for a service or health-care item out-of-pocket in full, you can ask us to not share that information for the purposes of payment or our operations with your health insurer. We will approve this, unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we have shared it with, and why.
- We will include all the disclosures except for those about treatment, payment and health-care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy practice

- You can ask for a copy of this notice at any time. We will promptly provide you with a paper copy.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting our compliance officer using the information listed at the top of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775 or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/
- We will NOT retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care and share information in a disaster relief situation. You also have the right and choice to tell us to include your information in a hospital directory, however; this office does not create or manage a hospital directory and/or contact you for fundraising efforts.

If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we may use and disclose your health information with your written authorization

- For marketing purposes
- Sale of your information
- Sharing of information deemed “Highly Confidential Information” by federal and state law such as (1) maintained psychotherapy notes; (2) treatment of mental illness or developmental disability; (3) treatment of alcohol and drug dependency; (4) HIV test results; (5) child abuse or neglect

In case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

OUR USES AND DISCLOSURES

How do we typically use or share your health information? We typically use or share your health information in the following ways:

- **TREAT YOU**— We can use your health information and share it with other professionals who are treating you.
- **RUN OUR ORGANIZATION**—We can use and share your health information to run our practice, improve your care, and contact you when necessary.
- **BILL FOR YOUR SERVICES**—We can use and share your health information to bill and get payment from health plans or other entities

How else can we use or share your health information? We are allowed or require to share your information in other ways—usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Help with public health and safety issues

- We can share health information about you for certain situations such as preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, preventing or reducing a serious threat to anyone's health or safety.

Do research

- We can use or share your information for health research

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you for workers' compensation claims, for law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, for special government functions such as military, national security, and presidential protective services.

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information. In the event of a breach occurs that may have compromised the privacy or security of your information, you will be promptly notified.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office.

QUESTIONS

If you have any questions about your privacy rights or the information in this notice, you may contact our HIPAA compliance officer at (715) 356-226, (800)-441-0717, or via fax at (715) 356-2257.

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