
NOTICE OF PRIVACY PRACTICES

YOUR INFORMATION - YOUR RIGHTS - OUR RESPONSIBILITIES

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 say “no” to your request, but we will tell you why 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 can say “yes” to 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 say “no” if it would 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 purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
- You have the right to opt-out of 10DLC messaging services at anytime. To opt-out, you can reply with a specific keyword like “STOP” or contact our office directly.

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 provide you with a paper copy promptly.

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 us using the information on page 1.
- 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
- Share information in a disaster relief situation
- Include your information in a hospital directory (We do not create or manage a hospital directory.)
- Contact you for fundraising efforts (We do not fundraise or create lists 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.

By providing your mobile phone number, you consent to receive text messages from us for appointment reminders, treatment follow-up, and other healthcare-related communications. Standard message and data rates may apply. To opt-out, you can reply with a specific keyword like "STOP" or contact our office directly.

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

- 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 for alcohol and drug dependency; (4) HIV test results; (5) child abuse or neglect.

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.
Example: A doctor treating you for an injury asks another doctor about your overall health condition.
- *Run our organization* – We can use and share your health information to run our practice, improve your care and contact you when necessary.
Example: We use health information about you to manage your treatment and services.
- *Bill for your services* – We can use and share your health information to bill and get payment from health plans or other entities.
Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information? We are allowed or required 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 and/or 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, and 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.
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How we will contact you

- We may use 10DLC compliant messaging services for secure text-based communication.
- We may use your mobile, home, or work contact numbers and your email address.
- Our text messages are intended to provide valuable information related to our services or products. We commit to sending message at a reasonable frequency and ensuring the content is relevant and appropriate.

OUR RESPONSIBILITIES

- No mobile information will be shared with third parties/affiliates for marketing/promotional purposes.
- We implement various security measures to ensure the protection of your personal information against unauthorized access, alteration, disclosure, or destruction.
- We are required by law to maintain the privacy and security of your protected health information. Our systems and processes are designed to protect your data and comply with relevant data protection laws.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- 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 in writing if you change your mind.
- We strictly adhere to regulations prohibiting certain types of content on our website including but not limited to SHAFT as well as any fraudulent, malicious, abusive or illegal content.

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 and will always be available on our website.

Questions

If you have any questions about your privacy rights or the information in this Notice, you may contact our HIPPA Compliance Officer @ (715) 356-2262, 1-800-441-0717 or fax us at 715-356-2257.

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

