

# NOTICE OF PRIVACY PRACTICES



*This notice tells how medical information about you may be used and disclosed and how you get access to this information. **Please review it carefully.***

## **The Way You Should Be Treated**

ProHealth Care is committed to treating our patients the way they should be treated. We are committed to safeguarding your private health information and to following state and federal privacy laws. The federal law and regulations commonly known as “HIPAA” (the Health Insurance Portability and Accountability Act of 1996) require that we provide you this notice of our obligations concerning health information.

## **Who Uses This Notice to Meet HIPAA Requirements**

This notice applies to ProHealth Care’s affiliated entities, including ProHealth Waukesha Memorial Hospital, ProHealth Oconomowoc Memorial Hospital, ProHealth Care Home Care (including hospice services), ProHealth Medical Group and Waukesha Health System. The following persons and entities have also agreed to use this notice: all employees, staff, of and volunteers of ProHealth Care affiliated entities; and providers affiliated with ProHealth Solutions, ProHealth Care’s accountable care organization.

## **Your Rights**

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

### **Get an electronic or paper copy of your medical record**

- You may ask to see or get an electronic or 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 may 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’ll tell you why in writing within 60 days.

## **Request confidential communications**

- You may 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 say “yes” to all reasonable requests.

## **Ask us to limit what we use or share**

- You may 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.
- If you pay for a service or health care item out-of-pocket in full, you may ask us not to 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.

## **Get a list of those with whom we’ve shared information**

- You may ask for a list (accounting) of the times we’ve shared your health information for six years before the date you ask, with whom we shared it, 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 notice**

You may ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

## **Choose someone to act for you**

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

## **File a complaint if you believe your rights are violated**

- You may complain if you believe we have violated your rights by contacting us using the information at the end of this notice.
- You may 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 **[hhs.gov/ocr/privacy/hipaa/complaints/](https://hhs.gov/ocr/privacy/hipaa/complaints/)**.
- We will not retaliate against you for filing a complaint.

## **Your Choices**

**For certain health information, you may 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
- Not to include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may 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 the following situations we will not share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising, we may contact you for fundraising efforts, but you may 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 may 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 may 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 may 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 may 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 certain conditions in the law before we may share your information for these purposes. For more information see: [hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](https://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

## **Help with public health and safety issues**

We may share health information about you in 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

## **Conduct research**

In limited circumstances we may use or share your information for health research. 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.

## **Comply with the law**

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

## **Respond to organ and tissue donation requests**

We may share health information about you with organ procurement organizations.

## **Work with a medical examiner or funeral director**

We may 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 may use or share health information about you:

- For workers' compensation claims
- In some situations, 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 may share health information about you in response to a court or administrative order, or in response to a subpoena.

## **Communications with you**

We may use and disclose your health information to communicate with you. We may contact you at the phone numbers and addresses you give us. For example, we may contact you concerning appointments, insurance, billing and payment, treatment, care instructions, and other benefits and services. We may leave messages at your home or voicemail. We may send you text and email messages at numbers and addresses you give to us.

## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- 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 may in writing. If you tell us we may, you may change your mind at any time. Let us know in writing if you change your mind.

## **Joint Electronic Medical Record**

We participate in an arrangement of health care organizations who have agreed to work with each other to facilitate access to health information that may be relevant to your care. For example, if you are admitted to a hospital on an emergency basis and cannot provide important information about your health condition, this arrangement will allow us to make your health information from other participants available to those who need it to treat you at the hospital. When it is needed, ready access to your health information means better care for you. We store health information about our patients in a joint electronic medical record with



other health care providers and their employees who participate in this arrangement. Providers who participate in the joint electronic medical record include practicing medical staff at ProHealth Care facilities, members of ProHealth Solutions, and certain other providers with which we share electronic medical record capabilities. The privacy obligations and health information rights set forth in this notice also apply to information stored in the joint electronic medical record.

## **Organized Health Care Arrangement**

We participate in one or more organized health care arrangements (OHCA). An OHCA is an organized system of health care in which more than one covered entity participates in the joint arrangement. The purpose of the participation includes conducting quality assessment and improvement activities and utilization review, and performing other clinically integrated network activities. One OHCA in which we participate is known as About Health. Your health information may be shared with other About Health and other OHCA participants for these purposes.

## **Note on Other Restrictions**

Please be aware that state and federal law may have more requirements than HIPAA on how we use and disclose your health information. If there are specific, more restrictive requirements, even for some of the purposes listed above, we may not disclose your health information without your written permission as required by such laws. For example, we will not disclose your HIV test results without obtaining your written permission, except as permitted by state law. We may also be required by law in some circumstances to obtain your written permission to use and disclose your information related to treatment for a mental illness, developmental disability, or alcohol or drug abuse.

## **Changes to this Notice**

We reserve the right to change the privacy practices described in this notice in the event that the practices need to be changed to reflect changes in our practices and to be in compliance with the law. We will make the new notice provisions effective for all the protected health information that we maintain. If we change our privacy practices, we will have the new notice available upon request. The notice will also be posted at the location of service and on our website, [prohealthcare.org](http://prohealthcare.org).

## **Effective Date and Contact Information**

This revised notice was effective October 31, 2018. If you have questions about this notice, you may contact our Privacy Officer at [Privacy@phci.org](mailto:Privacy@phci.org) or call 262-928-2415.

## **AVAILABLE LANGUAGE ASSISTANCE SERVICES**

**ATTENTION:** If you do not speak English, language assistance services, free of charge, are available to you. Call 1-262-928-4465 (VRS: 1-866-327-8877).

**ATENCIÓN:** Si habla español, tenemos a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-262-928-4465 (VRS: 1-866-327-8877).

**LUS CEEV:** Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-262-928-4465 (VRS: 1-866-327-8877).

**注意：**如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-262-928-4465（VRS：1-866-327-8877）。

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.  
Rufnummer: 1-262-928-4465  
(VRS: 1-866-327-8877).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-262-928-4465-1.  
(VRS: 866-327-8877-1)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-262-928-4465  
(VRS: 1-866-327-8877).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.  
1-262-928-4465 (VRS: 1-866-327-8877)번으로 전화해 주십시오.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-262-928-4465 (VRS: 1-866-327-8877).

Wann du schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff:  
Call 1-262-928-4465 (VRS: 1-866-327-8877).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການ ຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີ ພ້ອມໃຫ້ທ່ານ. ໂທ 1-262-928-4465  
(VRS: 1-866-327-8877).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-262-928-4465 (VRS: 1-866-327-8877).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-262-928-4465 (VRS: 1-866-327-8877).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-262-928-4465 (VRS: 1-866-327-8877) पर कॉल करें।

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-262-928-4465 (VRS: 1-866-327-8877).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-262-928-4465 (VRS: 1-866-327-8877).