

## NOTICE OF COLUMBIA HEALTH CARE CENTER'S 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.

### **USE AND DISCLOSURE OF HEALTH INFORMATION**

Columbia Health Care Center ("CHCC") is required by law to maintain the privacy of your health information, to provide to you (or your representative) this Notice of our duties and privacy practices, and to notify you (or your representative) following a breach of your unsecured health information. CHCC is required to abide by the terms of our Notice as may be amended from time to time. CHCC has the right to change the terms of our Notice. Any revisions to this Notice will be effective for all health information that CHCC has created or maintained in the past, and for any records that CHCC creates or maintains in the future. CHCC will post our current Notice in a prominent location in our facility, as well as on our website: <http://www.co.columbia.wi.us/columbiacounty/Portals/8/Notice%20of%20Privacy%20Practices%20-2013.pdf>.

### **THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND THE PURPOSES FOR WHICH CHCC MAY USE OR DISCLOSE YOUR HEALTH INFORMATION:**

**To Provide Treatment.** CHCC may use or disclose your health information to treat you and coordinate your care. For example, your attending physician or other health care professionals involved in your care may use information about your symptoms in order to prescribe appropriate medications. CHCC also may disclose your health care information to individuals outside of CHCC involved in your care including family members, pharmacists, suppliers of medical equipment or other health care professionals.

**To Obtain Payment.** CHCC may use or disclose your health care information to bill or collect payment for services or items you receive from CHCC. For example, CHCC may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or CHCC. CHCC also may need to obtain prior approval from your insurer and may need to explain to the insurer your need for health care and the services that will be provided to you.

**To Conduct Health Care Operations.** CHCC may use or disclose your health information for our own operations in order to facilitate the functioning of CHCC and as necessary to provide quality care to all of CHCC's residents.

For example, CHCC may use your health information to evaluate our staff performance, combine your health information with that of other CHCC residents to evaluate how we may more effectively serve all CHCC residents, disclose your health information to CHCC staff and contracted personnel for training purposes, or use your

health information to contact you or your family as part of general community information mailings. CHCC may also disclose your health information to a health oversight agency performing activities authorized by law, such as investigations or audits. These agencies include governmental agencies that oversee the health care system, government benefit programs, and organizations subject to government regulation and civil rights laws. In addition, CHCC may disclose your health information to another health care provider subject to Federal privacy protection laws, as long as the provider has or has had a relationship with you and the information is for that provider's health care operations..

**For the Facility Directory.** If you are receiving care at CHCC, unless you request otherwise, CHCC may disclose certain information about you (*e.g.*, name, general health status and room number) that is contained in the CHCC directory to anyone who asks for you by name. In addition, if you provide your religious affiliation, it may be disclosed, but only to members of the clergy. CHCC may also list your name outside your room. If you do not want CHCC to include any or some of your information in the CHCC directory or outside your room, you must notify the Administrator at (608) 429-2181 ext. 220.

**For Fundraising Activities.** In support of our charitable mission, CHCC may use certain information about you (*e.g.*, demographic information, dates of health care provided, department of service information, treating physician, outcome information and health insurance status) to contact you or your family to raise money for CHCC. CHCC may also disclose this information to an organizationally-related foundation for the same purpose. You may choose to "opt-out" of receiving these fundraising communications by notifying the Administrator at (608) 429-2181 ext. 220 that you do not wish to be contacted.

**To Inform You About Health Information That May Be of Interest to You.** CHCC may use or disclose your health information to tell you about possible options or alternatives for your care, or to inform you of other information that may be of interest to you.

**Release of Information to Family/Friends.** Unless you specifically request in writing that CHCC not communicate with such person(s), CHCC may release your health information to a family member or friend who is involved in your treatment or who is helping pay for your care.

**Business Associates.** CHCC may disclose your health information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for them to provide such functions or services. CHCC requires our business associates to agree in writing to protect the privacy of your health information and to use and disclose your health information only as specified in that written agreement.

**Health Information Exchanges.** CHCC may participate in an arrangement of health care organizations that 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 on an emergency basis to a hospital that participates in the exchange and you cannot provide important information about your condition, the arrangement will allow the hospital to access the health information CHCC maintains about you to treat you at the hospital.

**THE FOLLOWING IS A SUMMARY OF THE OTHER CIRCUMSTANCES UNDER WHICH AND THE OTHER PURPOSES FOR WHICH CHCC MAY USE OR DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN CONSENT OR AUTHORIZATION:**

**When Legally Required.** CHCC will disclose your health information to the extent that it is required to do so by any Federal, State or local law.

**When There Are Risks to Public Health.** CHCC may disclose your health information for the following public activities and purposes:

- To prevent or control disease, injury or disability, report disease, injury, vital events such as death, and the conduct of public health surveillance, investigations and interventions.
- To report adverse events or product defects, to track products or enable product recalls, repairs and replacements, and to conduct post-marketing surveillance and compliance with requirements of the Food and Drug Administration.
- To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.
- To an employer about an individual who is a member of the workforce, as legally required.

**To Report Abuse, Neglect or Domestic Violence.** CHCC is allowed to notify government authorities if CHCC reasonably believes a resident is the victim of abuse, neglect or domestic violence. CHCC will make this disclosure only when specifically required or authorized by law or when you authorize the disclosure.

**To Conduct Health Oversight Activities.** As permitted or required by State law, CHCC may disclose your health information to a health oversight agency for activities such as audits; civil, administrative or criminal investigations; inspections; and licensure or disciplinary action. If, however, you are the subject of a health oversight agency investigation, CHCC may disclose your health information only if it is directly related to your receipt of health care or public benefits.

**In Connection With Judicial and Administrative Proceedings.** As permitted or required by State law, CHCC may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal, as expressly authorized by such order. In certain circumstances,

CHCC may disclose your health information in response to a subpoena, discovery request or other lawful process.

**For Law Enforcement Purposes.** As permitted or required by State law, CHCC may disclose your health information to a law enforcement official for certain law enforcement purposes, including, under certain limited circumstances, if you are a victim of a crime or in order to report a crime.

**To Coroners and Medical Examiners.** CHCC may disclose your health information to coroners and medical examiners for purposes of determining cause of death or for other duties, as authorized by law.

**To Funeral Directors.** If necessary to carry out their duties, CHCC may disclose your health information to funeral directors prior to and in reasonable anticipation of your death, consistent with applicable law.

**For Organ, Eye or Tissue Donation.** CHCC may use or disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue for the purpose of facilitating the donation and transplantation.

**For Research Purposes.** CHCC may, under very select circumstances, use your health information for research. Before CHCC discloses any of your health information for such research purposes, the project will be subject to an extensive approval process.

**In the Event of a Serious Threat to Health or Safety.** CHCC may, consistent with applicable law and ethical standards of conduct, disclose your health information if CHCC, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

**For Specified Government Functions.** In certain circumstances, the Federal regulations authorize CHCC to use or disclose your health information to facilitate specified government functions relating to the military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates in law enforcement custody.

**For Worker's Compensation.** CHCC may release your health information for worker's compensation or similar programs.

### **AUTHORIZATION TO USE OR DISCLOSE YOUR HEALTH INFORMATION**

Other than is stated above, CHCC will not use or disclose your health information other than with your written authorization. Your authorization (or the authorization of your representative) is specifically required before CHCC: (1) uses or discloses your psychotherapy notes; (2) uses your health information to make a marketing

communication to you for which CHCC receives financial remuneration from a third party, unless such communication is face-to-face or in other limited circumstances; or (3) discloses your health information in any manner that constitutes the sale of such information under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Also, some types of health information are particularly sensitive and the law, with limited exceptions, may require that CHCC obtain your authorization to use or disclose that information. Sensitive information may include information dealing with genetics, HIV/AIDS, mental health, developmental disabilities, and alcohol and substance abuse. If required by law, CHCC will ask that you (or your representative) sign an authorization before we use or disclose such information. If you (or your representative) authorize CHCC to use or disclose your health information, you (or your representative) may revoke that authorization in writing at any time, except to the extent that it has already been acted upon.

### **YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION**

You have the following rights regarding your health information that CHCC maintains:

**Right to Receive Confidential Communications.** You (or your representative) have the right to request that CHCC communicate with you about your health or related issues in a particular manner or at a certain location. For instance, you (or your representative) may ask that CHCC only communicate with you about your health privately, with no other family members present. All requests for confidential communications must be made in writing using the appropriate CHCC form. This form can be requested by contacting the Administrator at (608) 429-2181 ext. 220. Such requests shall specify the requested method of contact and/or the location where you wish to be contacted. CHCC will accommodate reasonable requests. You (or your representative) do not need to give a reason for your request.

**Right to Request Restrictions.** You (or your representative) have the right to request restrictions on certain uses and disclosures of your health information. For example, you (or your representative) have the right to request a limit on CHCC's disclosure of your health information to someone who is involved in your care or the payment of your care. All requests for restrictions must be made in writing using the appropriate CHCC form. This form can be requested by contacting the Administrator at (608) 429-2181 ext. 220. CHCC is not required to agree to your request; however, if we do agree, we are bound by that agreement except when otherwise required by law or in emergencies. Except as otherwise required by law, CHCC must agree to a restriction if: (1) the disclosure is to a health plan for purposes of carrying out payment or health care operations (and not for purposes of carrying out treatment); and (2) the health information pertains solely to a health care item or service for which CHCC has been paid out of pocket, in full, by you or someone else on your behalf (not the health plan). If you self-pay and request a restriction, it will apply only to those health records created on the date that you received the item or service for which you, or another person (other than

the health plan) on your behalf, paid in full, and which document the item or service provided on such date.

**Right to Inspect and Copy Your Health Information.** You (or your representative) have the right to inspect and copy your health information, including billing records. All requests to inspect and copy records must be made in writing using the appropriate CHCC form. This form can be requested by contacting the Administrator at (608) 429-2181 ext. 220. If you (or your representative) request a copy of your health information, CHCC will provide you (or your representative) a copy of your health information in the format you (or your representative) request, unless we cannot practicably do so. CHCC may charge a reasonable fee for any copying and assembling costs associated with your request. CHCC may deny your request to inspect and/or copy your health information in certain limited circumstances. If CHCC denies your request, you (or your representative) may request that we provide you with a review of our denial. Reviews will be conducted by a licensed health care professional who we have designated as a reviewing official, and who did not participate in the original decision to deny the request.

**Right to Amend Your Health Information.** If you (or your representative) believe your health information is incorrect or incomplete, you (or your representative) have the right to request that CHCC amend your records. That request may be made as long as CHCC still maintains the records, and must contain a reason for the amendment. All requests for amendments must be made in writing using the appropriate CHCC form. This form can be requested by contacting the Administrator at (608) 429-2181 ext. 220. CHCC may deny the request if it is not in writing or does not include a reason for the amendment. The request may also be denied if the requested amendment pertains to health information that was not created by CHCC, if the records you are requesting to amend are not part of CHCC's records, if the health information you wish to amend is not part of the health information you (or your representative) are permitted to inspect and copy, or if, in the opinion of CHCC, the records containing your health information are accurate and complete.

**Right to an Accounting.** You (or your representative) have the right to request an accounting of disclosures of your health information made by CHCC for certain purposes. All requests for an accounting must be made in writing using the appropriate CHCC form. This form can be requested by contacting the Administrator at (608) 429-2181 ext. 220. The request shall specify the time period for the accounting, which may not be in excess of six years. CHCC will provide the first accounting you request during any twelve-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

**Right to a Paper Copy of this Notice.** You (or your representative) have the right to receive a separate paper copy of this Notice at any time, even if you (or your representative) have received this Notice previously. To obtain a separate paper copy, please contact the Administrator at (608) 429-2181 ext. 220. A copy of our current

Notice may also be found on our website, <http://www.co.columbia.wi.us/columbia county/Portals/8/Notice%20of%20Privacy%20Practices%20-2013.pdf>.

**Right to Breach Notification.** You (or your representative) have a right to be notified of any breach of your unsecured health information. Notification of a breach may be delayed or not provided if so required by a law enforcement official. If you are deceased and there is a breach of your health information, the notice will be provided to your next of kin or personal representative if CHCC knows the identify and address of such individual.

### **CONTACT PERSON**

CHCC has designated the Administrator as its contact person for all issues regarding resident privacy and your rights under the Federal privacy standards. If you have any questions regarding this Notice or your privacy rights, you (or your representative) may contact the Administrator at (608) 429-2181 ext. 220. You may also write this person at:

Columbia Health Care Center  
Attention: Administrator  
P.O. Box 895  
Wyocena, WI 53969

### **COMPLAINTS**

CHCC encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for expressing your concerns or filing a complaint. You (or your representative) have the right to express complaints to CHCC or to the Secretary of Health and Human Services if you (or your representative) believe that your privacy rights have been violated. Any complaints to CHCC may be made by calling the Administrator at (608) 429-2181 ext. 220, or by writing to: P.O. Box 895, Wyocena, WI 53969.

### **EFFECTIVE DATE**

This Notice is effective as of October \_\_\_\_\_, 2013.

**IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE  
CONTACT THE ADMINISTRATOR AT (608) 429-2181, EXT. 220.**