



**Kaukauna Clinic, SC**  
"Your partners in Family Health Care"

Kaukauna Clinic, S.C.  
305 East 12th Street  
Kaukauna, WI 54130

## **PRIVACY NOTICE**

This notice describes how medical information about you may be used and disclosed. It also describes how you can get access to this information. Please review it carefully. If you have any questions about this privacy notice, please contact the Clinic's compliance officer.

### **WHO WILL FOLLOW THIS NOTICE:**

This notice describes our Clinic practices and that of:

- ❖ Any health care professional authorized to enter information into your medical record.
- ❖ Any employee of Kaukauna Clinic, S.C. with authorized access to your medical record.
- ❖ Any business associate of Kaukauna Clinic, S.C.

### **OUR PLEDGE REGARDING MEDICAL INFORMATION:**

We understand that medical information about you and your health is personal. We are committed to protecting your medical information. A medical record is created of the care and services you receive at Kaukauna Clinic, S.C. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by Clinic personnel. This notice will tell you how we may use and disclose your medical information. It also describes your rights and certain obligations regarding the use and disclosure of medical information.

We are required by law to:

- ❖ Make sure that medical information that identifies you is kept private.
- ❖ Give you notice of our legal duties and privacy practices with respect to medical information about you.
- ❖ Follow the terms of the notice that is currently in effect.

### **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:**

The following categories describe different ways that we may use and disclose your medical information. For each category, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

#### **For Treatment:**

We may use medical information about you to provide you with medical treatment and services. We may disclose medical information about you to physicians, nurses, technicians, medical students and medical residents who are involved in taking care of you. For example, different departments within Kaukauna Clinic, S.C. may share medical information about you to coordinate the different services you need, such as prescriptions, lab tests, or x-rays. We also may disclose medical information about you to health care professionals outside of the Clinic who may be involved in your medical care, such as a

specialist we are referring you to. There are specific diagnoses that do require your authorization to release medical information (i.e., mental health and psychotherapy notes). In the event that your medical information contains that information, no medical information will be released without your written consent.

**For Payment:**

We may use and disclose medical information about you so that the treatment and services you receive at Kaukauna Clinic, S.C. may be billed and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan additional information about the services you received in order to receive payment. We may also tell your health insurance plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**Appointment reminders:**

We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at Kaukauna Clinic, S.C.

**Treatment Alternatives:**

We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health Related Benefits and Services:**

We may use and disclose medical information to tell you about health related benefits or services that may be of interest to you.

**Individuals Involved in Your Care or Payment of Your Care:**

We may release medical information about you to a family member or friend who is involved in your medical care. For example, your son or daughter accompanies you to your appointment with the physician. We may also give information to someone who helps pay for your care, such as power of attorney.

**To Avert a Serious Threat to Health or Safety:**

We may use and disclose medical information about you, when necessary, to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to prevent the threat.

**Military and Veterans:**

If you are a member of the armed forces, we may release medical information about you as required by military command authorities.

**Workers' Compensation:**

We may release medical information about you for workers' compensation. This program provides benefits for work-related injuries or illnesses.

**Public Health Risks:**

We may disclose medical information about you for public health activities. These activities generally include:

- ❖ To prevent or control disease, injury, or disability;
- ❖ To report births or deaths; ☞ To report child or elderly abuse or neglect;
- ❖ To report reactions to medications or problems with products;
- ❖ To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- ❖ To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities:**

We may disclose medical information to a health plan for performance of their health oversight activities. For example, your medical information may be disclosed if your health plan performs yearly audits to verify that patients with diabetes are getting their required lab tests done. We may also disclose medical information to a health oversight agency for activities authorized by law. These oversight activities are necessary for the government to monitor the health care system, government programs, and compliance with civil right laws.

**Lawsuits and Disputes:**

If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement:**

We may release medical information if asked to do so by a law enforcement official: In response to a court order, subpoena, warrant, summons, or similar process;

- ❖ To identify or locate a suspect, fugitive, material witness or missing person;
- ❖ About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; ☞ About a death we believe may be the result of criminal conduct;
- ❖ About criminal conduct at the Clinic;
- ❖ In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

**Business Associates:**

We provide some services through contracts with business associates. Examples include, but are not limited to, certain lab tests and radiology readings of x-rays. When we use these services, we may disclose your medical information to the business associates so that they can perform the functions(s) we have contracted with them and bill you or your insurance company for services rendered. To protect your medical information, however, we require the business associate to appropriately safeguard your information in accordance with the Final Rules and Regulations of HIPAA.

**Coroners, Medical Examiners and Funeral Directors:**

We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. We may also release medical information to funeral directors, as necessary, for them to carry out their duties.

**Inmates:**

If you are an inmate of a correctional institution or under custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary for the institution to provide you with continued health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

**National Security and Intelligence Activities:**

We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Marketing and/or Fundraising:**

Kaukauna Clinic will not use your name and/or medical information for marketing and/or fundraising purposes without obtaining and authorization from you. You do have the right to opt out of any request for use of your medical information for marketing and/or fundraising purposes. Kaukauna Clinic will not sell patient lists or information.

**Other Uses and Disclosures:**

Other uses and disclosures of your medical information will not be made without your prior consent, unless allowed by law.

**YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have the following rights regarding medical information we maintain about you:

**Right to Inspect and Copy:** You have the right to inspect and obtain a copy of your medical information that may be used to make decisions about your care. You must submit in writing, to the Clinic's

compliance officer, your request to inspect and/or obtain paper copies or an electronic version of your medical information. You may direct us to transmit your medical information to your designee provided that such choice is clear, conspicuous and specific. Processing of this request will be completed within 30 days of the request. A charge will be assessed for the cost of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another health care professional, chosen by the Clinic, will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to Amend:** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have to request an amendment for as long as the information is kept by or for the Clinic.

To request an amendment, your request must be made in writing and submitted to the Clinic's compliance officer. In addition, you must provide a reason that supports your request.

We may deny your request for amendment if it is not in writing or does not include a reason to support the 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 medical information kept by or for the Clinic;
- ❖ Is not part of the information which you would be permitted to inspect and copy; or
- ❖ 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 made of medical information about you. To request this list or accounting of disclosures, you must submit your request in writing to the Clinic's compliance officer. Your request must state a time period, which may not be longer than six (6) years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (i.e., on paper or electronically). The first list you request within a 12 month period will be free. For additional lists, you will be responsible to pay a processing fee. We will notify you of the processing fee and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions:**

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment of your care, such as a family member or friend. For example, you could ask that we do not use or disclose information about a physical examination and lab tests you had. We will comply with your

request unless the information is needed to provide you with emergency treatment. To request restrictions, you must make your request in writing to the Clinic's compliance officer. In your request, you must tell us what information you want to limit, whether you want to limit our use, disclosure or both, and to whom you want the limits to apply. For example, disclosure to your spouse.

**Restriction of Disclosures to Your Health Plan:**

You have the right to restrict certain disclosure of your medical information to your health plan when you pay out of pocket in full for services received.

**Right to Request Confidential Communications:**

You have the right to request that we communicate with you about medical matters in a certain way or a certain location. For example, you can ask that we only contact you at home or by mail. To request confidential communications, you must make your request in writing to the Clinic's compliance officer. We will not ask you the reason for the request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**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. To obtain a copy of this notice, please ask the receptionist.

**BREACH OF MEDICAL INFORMATION**

Your medical information is securely protected by the clinic; however, in the event a breach of your medical information is identified, the Clinic's compliance officer will notify you of the breach, what information was breached and to whom the information was disclosed. Any breach of medical information will be reported to the Secretary of Health and Human Services as required by law.

**CHANGES TO THIS NOTICE**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you, as well as any information we receive in the future. We will post a copy of the current notice in the clinic. The notice will contain on the first page, in the top right hand corner, the effective date. In addition, the first time you register in the Clinic following a change, we will offer you a copy of the current notice in effect.

**COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the Clinic or with the Secretary of the Department of Health and Human Services. To file a complaint with the Clinic, contact the Clinic's compliance officer. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

**OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not covered by this notice or law that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may remove that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

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