

# PRAIRIE DU CHIEN MEMORIAL HOSPITAL NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

## **THIS NOTICE DESCRIBES:**

- 1. HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED; AND**
- 2. HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

**CONTACT INFORMATION:** If you have any questions about this notice, please contact the Chief Executive Officer, at 608-357-2000 or 705 East Taylor Street, Prairie du Chien, WI 53821, [pdcmem@pdchospital.org](mailto:pdcmem@pdchospital.org).

## **WHO WILL FOLLOW THIS NOTICE**

This Notice of Privacy Practices applies to Prairie du Chien Memorial Hospital and its personnel, volunteers, students, and trainees. The notice also applies to other health care providers that come to Prairie du Chien Memorial Hospital to care for patients, such as physicians, physician assistants, therapists, other health care providers that are not employed by Prairie du Chien Memorial Hospital, emergency service providers, medical transportation companies, and medical equipment and suppliers that come to the hospital. These health care providers will follow this notice for information they receive about you from Prairie du Chien Memorial Hospital. These other health care providers may follow different practices at their own offices or facilities.

## **OUR COMMITMENT TO YOUR PRIVACY**

Our organization is dedicated to maintaining the privacy of your medical information. In conducting our business, we will create records regarding you and the treatment and services we provide to you. These records are our property. However, we are required by law:

- To maintain the confidentiality of your medical information.
- To provide you with this notice of our legal duties and privacy practices concerning your medical information.
- To follow the terms of our notice of privacy practices in effect at the time.

To summarize, this notice provides you with the following important information:

- How we may use and disclose your medical information.
- Your privacy rights in your medical information.
- Our obligations concerning the use and disclosure of your medical information.

## **CHANGES TO THIS NOTICE**

**The terms of this notice apply to all records containing your medical information that are created or retained by us. We reserve the right to revise, change, or amend our notice of privacy practices. Any revision or amendment to this notice will be effective for all of the information that we already have about you, as well as any of your medical information that we may receive, create, or maintain in the future. Our organization will post a copy of our current notice in our offices in a prominent location, and you may request a copy of our most current notice during any visit to our organization.**

## **HOW WE MAY USE & DISCLOSE MEDICAL INFORMATION ABOUT YOU**

The following categories describe different ways that we use and disclose medical information. Please note that each particular use or disclosure in a category is not listed below. However, the different ways we are permitted to use and disclose your medical information do fall within one of the categories.

- **For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you at the hospital. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian you have diabetes so that we can arrange for appropriate meals. Different departments of the hospital also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside the hospital who may be involved in your medical care after you leave the hospital, such as family members, clergy or others we use to provide services that are part of your care.
- **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at the hospital may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about surgery you received at the hospital so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- **For Health Care Operations.** We may use and disclose medical information about you for hospital operations. These uses and disclosures are necessary to run the hospital and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many hospital patients to decide what additional services the hospital should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose

information to doctors, nurses, technicians, medical students, and other hospital personnel for review and learning purposes. We may also combine the medical information we have with medical information from other hospitals to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

- **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 the hospital.
- **Treatment Alternatives/Health-Related Benefits and Services.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives and/or health-related benefits and services that may be of interest to you.
- **Marketing.** We may use your medical information to make a marketing communication to you that (1) occurs in a face-to-face encounter with you; (2) concerns products or services of nominal value; or (3) concerns our health-related products or services, or those of another party, provided that we tell you that we are the party communicating with you, and that we tell you if we have received or will receive, directly or indirectly, any money or other remuneration for making the communication to you. If you do not want to receive marketing communications (other than those that are in a newsletter or other general communication device), please contact the Office of Administration, 608-357-2000.
- **Fundraising Activities.** Our organization may use or disclose medical information about you in order to contact you as part of a fundraising activity. In addition, we may disclose your medical information to a business associate, or to a foundation related to our organization, which may contact you to raise money for our organization. However, in the course of such fundraising activities, we would use or disclose only (1) demographic information relating to you (such as your name, address, and phone number) and (2) the dates you received health care treatment or service from us. Should you not wish to be contacted regarding such fundraising activities, please contact Office of Administration, 608-357-2000.
- **Hospital Directory.** We may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing. If you do not want to be listed in the directory or for your information to be given out, you must notify registration personnel upon admission.

- **Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in the hospital. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- **Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. 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. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' needs for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the hospital. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the hospital.
- **As Required By Law.** We will disclose medical information about you when required to do so by federal, state, or local law.
- **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 help prevent the threat.

### **SPECIAL SITUATIONS**

- **Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **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. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

- **Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following:
  1. To prevent or control disease, injury or disability;
  2. To maintain vital records, such as births and deaths;
  3. To report child abuse or neglect;
  4. To report reactions to medications or problems with products;
  5. To notify people of recalls of products they may be using;
  6. 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;
  7. To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence; however, we will only make this disclosure if you agree or when required or authorized by law; and
  8. To notify your employer under limited circumstances, related primarily to workplace injury or illness or medical surveillance.
  
- **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, licensure and disciplinary actions. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
  
- **Lawsuits and Similar Proceedings.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical 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 law enforcement officials.
  1. As required by law;
  2. In response to a court order, subpoena, warrant, summons, administrative request or similar process;
  3. To identify or locate a suspect, fugitive, material witness, or missing person;
  4. About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
  5. About a death we believe may be the result of criminal conduct;
  6. About criminal conduct at the hospital;
  7. 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.

- **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 determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.
- **Specialized Government Functions.** Our organization may disclose your medical information if you are a member of U.S. or foreign military forces and if required by the appropriate military command authorities. In addition, our organization may disclose your medical information to federal officials for intelligence and national security activities authorized by law. We also may disclose your medical information to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.
- **Inmates.** If you are an inmate of a correctional institution or under the 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 (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

## **OTHER USES OF MEDICAL INFORMATION**

Other uses of disclosures of medical information not covered by this notice or the laws 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 revoke 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. If you revoke your permission that was obtained as a condition of obtaining insurance coverage, other law still allows the insurance company to contest a claim under the policy.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

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

- **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 for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request; if we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the Chief Executive Officer, Prairie du Chien Memorial Hospital, 705 East Taylor Street, Prairie du Chien, Wisconsin, 53821. In your request you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Chief Executive Officer, Prairie du Chien Memorial Hospital, 705 East Taylor Street, Prairie du Chien, Wisconsin, 53821. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted, and must contain a statement that disclosure of all or part of your medical information that you are requesting to be communicated to you in a certain way or at a certain location could endanger you.
- **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include information compiled in anticipation of a legal proceeding or psychotherapy notes. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Director of Health Information Management, Prairie du Chien Memorial Hospital, 705 East Taylor Street, Prairie du Chien, Wisconsin, 53821. If you request a copy of the information, we may charge a fee for the costs of copying, matting or other supplies associated with your request and will provide you with access and/or copies within 30 days.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the hospital 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 the right to request an amendment for as long as the information is kept by or for the hospital. To request an amendment, your request must be made in writing and submitted to the Chief Executive Officer, Prairie du Chien Memorial Hospital, 705 East Taylor Street, Prairie du Chien, Wisconsin, 53821. In addition, you must provide a reason that supports your request.

We may deny your request for an 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:

1. Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
2. Is not part of the medical information kept by or for the hospital;
3. Is not part of the information which you would be permitted to inspect and copy; or
4. 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 Director of Health Information Management, Prairie du Chien Memorial Hospital, 705 East Taylor Street, Prairie du Chien, Wisconsin, 53821. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). We will respond no later than 60 days of receipt of your request. The first list you request within a 12-month period will be free. For additional lists we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to a Paper Copy of This Notice.** You have received a paper copy of this notice upon your first admission for services at Prairie du Chien Memorial Hospital. You will be asked to sign an acknowledgement that you have received this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, contact Patient Registration personnel.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of the United States Department of Health and Human Services. To file a complaint with the hospital contact the Chief Executive Officer, Prairie du Chien Memorial Hospital, 705 East Taylor Street, Prairie du Chien, Wisconsin, 53821. All complaints must be submitted in writing. You will not be penalized for filing a complaint.