



Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We understand the sensitive nature of your personal health information and have always worked to protect it. For many years, various state laws have protected your health information. Now, in addition, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) provides additional protection of your health information. We are required to follow these laws and to provide you with this notice describing our legal duties and privacy practices concerning your personal health information. These privacy practices are designed to assist us in protecting your personal health information.

Each time you receive care, information may be documented electronically or on paper. The information we document includes identification and financial information as well as medical information such as your symptoms, diagnoses, test results, physical examination, and information about your treatment. This information serves many purposes, such as:

- To plan for your care and treatment;
- To communicate information among your health care professionals;
- To legally record the care you received;
- To verify to you or your insurance company what services were actually provided;
- To help St. Nicholas Hospital d/b/a Prevea Health evaluate and improve the care they provide and the outcomes they achieve;
- To provide a source of information for important health related research;
- To educate health professionals and students; and
- To provide a source of information for the hospital's planning and operations.

The medical staff and allied health professionals approved to provide treatment at our facilities work together in an organized health care arrangement (OHCA). As part of this arrangement, we share your health care information with each other as necessary for your treatment, to get paid for services, and to carry out other operational activities of the OHCA such as quality assessment and improvement. A Notice of Privacy Practices provided to you by any one of these service facilities will also satisfy the federal requirement for St. Nicholas Hospital d/b/a Prevea Health to provide you with this notice:

- Prevea Health

This joint notice describes how the providers in the organized health care arrangement use and disclose health information we obtain from you when you receive services at our facilities. All of the above parties and providers agree to abide by the terms of the current notice.

Changes in our Privacy Practices: We reserve the right to change the privacy practices described in this notice in keeping with the law. Changes to our privacy practices would apply to all health information maintained by us. If we change our privacy practices, you may read a summary of major changes on our websites at **www.stnicholashospital.org** or **www.prevea.com**. You may also obtain a current copy of our Notice of Privacy Practices from our website, at the registration/admitting desk of any of our facilities, or by contacting the Privacy Officer at the address on the last page of this notice.

By law, we are able to use or disclose your health information without your authorization for the following purposes:

1. **Treatment.** In order to provide high quality medical treatment or services to you, we need to use your health information. We may disclose medical information about you to physicians, nurses, technicians, or other personnel who are involved in your care or treatment. This includes the coordination or management of your health care with a third party. For example, a physician may use the information in your medical record to determine which treatment option, such as a drug or surgery, best addresses your health needs. This information is documented in your medical record and communicated to others to carry out the treatment or to provide them with information they need to make other decisions about your care. We may also share your health information in person, or by phone, mail, fax, or electronically to people outside the organization who are involved in your current medical care or who will be providing care to you later, such as your primary or referring physician, a long-term care facility, home health agency, third party vendor or others we work with to provide treatment or services to you. Information disclosed for treatment purposes may be done without your authorization except for information about outpatient psychotherapy counseling or HIV testing, which requires your authorization under Wisconsin law.

2. **Payment.** Your health information may be used or disclosed so that we may bill and collect payment from you, your insurance company or other party responsible for payment for the treatment or services provided. For example, we may disclose your diagnosis, treatment plan, results, and/or treatment progress to your health insurer to determine whether they will pay for your treatment. This information is also disclosed when we bill your health insurer. If your insurer requires additional information in order to pay your bill, we will give them the information necessary, which may include copies of your medical records. Information disclosed for payment purposes may be done without your authorization except for information about outpatient psychotherapy counseling or HIV testing, which requires your authorization under Wisconsin law.

In addition, a statement of services will be sent to the person responsible for the bill.

3. **Health Care Operations.** We may use your health information to perform certain activities that improve the quality or reduce the cost of care we provide. Information that directly identifies you (such as your name, address, etc.) is often removed so others may use it to study health care without learning of your identity. These activities may include evaluating the care provided by your physicians, nurses and other health care professionals, or comparing the treatment we provided you, and your response to that treatment, to other patients in similar situations. We may share your protected health information with third party vendors that perform various activities for us. We contract with responsible and trustworthy companies to help us do some of these comparisons and to see where we can make improvements in the care and services we offer. These companies agree to also protect the privacy and security of your information.

In addition, the cancer registry located at St. Nicholas Hospital maintains information on all patients with cancer diagnosed or receiving treatment at the hospital. The registry gathers information from other health care providers for the lifetime of the patient and uses this information for research purposes, to improve the quality of cancer care at the hospital and to support national efforts to study and improve cancer treatments. We also use your health information to educate students preparing for health-related careers and to further educate our current employees. Your information may be disclosed to organizations that review the quality of our services for accreditation, certification or licensing purposes. In order to provide charity care and improve the services we provide to the community, the hospital conducts fundraising activities. We may use your demographic information (name, address, etc.) to contact you for our own fundraising purposes.

4. **Facility Directory**

a. **St. Nicholas Hospital** d/b/a Prevea Health. Unless you object, when you are hospitalized as an inpatient or admitted for one-day care/short stay services, we will list your name, where you are located in the facility, and your religious affiliation in our directory. This information, except for religious affiliation, will be provided to anyone who asks for your information by name. The directory information, with religious affiliation, will be provided to your church if you authorize us to notify them of your inpatient admission.

- b. **Prevea**. Unless you object when we ask you, we may list your name, your religious affiliation, and your location in our facility within our facility directories. We will disclose your religious affiliation only to clergy. We will disclose the other information only to persons who ask for you by name.
5. **Notification and Communication with Family and Friends**. Your health information may be disclosed to notify a family member, your personal representative or other person responsible for your care, of your location, general condition, or death. In disaster situations, this information may be provided to disaster relief agencies that coordinate these notifications. If you are present and able, we will give you the opportunity to agree or object before disclosing your information in these situations. If you are unable or unavailable to agree or object to this disclosure, or in cases of emergency, our health care professionals will use their best judgment in communicating with your family and others. If relatives or close personal friends are helping with your care or helping you pay your medical bills, we may disclose limited information about you to these people as necessary for these purposes unless you ask us to restrict this information.
6. **Communications to you**. We may use your information to help us communicate with you to provide appointments reminders, or to communicate test results or treatment information. These communications may be by phone or mail or other means that you request. We also may contact you with information about treatments or services we offer that may be of interest to you or that can improve your health. For example, we may notify a patient with cancer of new cancer services or educational offerings that may be of benefit or interest. We also may mail you a survey after your visit to learn how satisfied you were with our services; we may use a contracted company to handle the mailing and to tabulate the data. You have a right to decline to participate in the survey by not responding; however, we strongly encourage you to participate in order to help us improve our services.
7. **Required or permitted by law**. In certain circumstances, we may report some of your health information to legal entities, such as law enforcement officials or government agencies. Examples of such circumstances may be to report suspected child abuse or neglect, or certain wounds or physical injuries that appear to be related to a crime. We may disclose your information in response to a court order or for certain types of administrative proceedings where the law permits or requires us to disclose information.
8. **Public health activities**. We may be required to report your health information to authorities to help prevent or control diseases, injuries, or disabilities. For example, we are required to report certain diseases, injuries, and birth or death information to the appropriate agencies. We may report information to parties in order to comply with Food and Drug Administration requirements for monitoring the quality and safety of certain products. We also may be required to report certain work-related illnesses and injuries to your employer so that your workplace can be monitored for safety.
9. **Health oversight activities**. We may disclose your health information to authorities for audit, investigation, inspection, licensure, disciplinary or other purposes related to oversight of the health care system or government benefit programs. For example, the Wisconsin Bureau of Quality Assurance may have access to your information as necessary to determine compliance with state regulations.
10. **Activities related to death**. We may disclose your health information to coroners, medical examiners and funeral directors, as required or permitted by law, so they can carry out their duties related to your death, such as identifying the body, determining cause of death, or in the case of funeral directors, to carry out funeral preparation activities.
11. **Organ, eye or tissue donation**. We may disclose your health information to entities involved in obtaining, banking or transplanting organs, eyes or tissue for donation or transplantation purposes.
12. **For research**. Under certain circumstances, and only after a special approval process, we may use and disclose your health information to help conduct research. Such research might try to find out whether a certain treatment is effective in curing an illness.

13. **To avoid a serious threat to health or safety.** As required by law and standards of ethical conduct, we may use or disclose your health information to the necessary authorities if we believe, in good faith, that such use or disclosure is necessary to prevent or minimize a serious and imminent threat to you or the public's health or safety.
14. **Specialized functions of government agencies.** We may disclose your health information to certain federal or state government agencies if necessary to carry out certain authorized functions, for example, national security or intelligence activities. If you are in the custody of law enforcement officials or an inmate in a correctional institution, we may disclose your health information to the proper authorities so they may carry out certain duties under the law.
15. **For worker's compensation.** We may disclose your health information to the appropriate persons in compliance with Workers' Compensation laws. For example, your employer may be provided with information about your work related injury.

Other Uses of Your Health Information. Except for the types of situations noted above, we will ask for your written authorization before using or disclosing information about you. If you choose to authorize disclosure of information about yourself, you can later revoke that authorization by notifying us in writing. Your notice to revoke an authorization should be sent to the Privacy Officer at the address on the last page of this Notice, or given to the site where you originally signed the authorization form. Your revocation of an authorization will be effective on the date we receive it.

Your Health Information Rights. You have several rights with regard to your health information. Specifically, you have the right to:

1. **Inspect and obtain a copy of your health information.** With a few exceptions, you have the right to inspect and obtain a copy of your health information. If you request copies of your health information, we may charge a fee for the cost of copying, mailing and other related services. In the rare event that we deny your request to review or obtain a copy of your health information, you may have a right to submit a written request for a review of that decision. To inspect or obtain a copy of your health information, contact the Health Information Management Department at St. Nicholas Hospital (920-459-4657) or Prevea Health (920-496-4700) or 1-888-277-3832. You may also talk with your care provider.
2. **Request an amendment of your health information.** If you believe your health information is incorrect or incomplete, you may request that it be amended. We will review the request and make a determination as to whether or not an amendment will be made. If we did not create the information that you feel is incorrect or incomplete, or if we disagree with you, we may deny your request. We will notify you in writing of the final decision on your request. If we deny your request, we will provide information on how you may appeal the decision. Requests to amend your health information should be put in writing and directed to the Privacy Officer at the address listed on the last page of this notice. A form is available upon request from your care provider.
3. **Request restrictions on certain uses and disclosures.** You have the right to request restrictions on how your health information is used, or to whom your information is disclosed for any of the following situations: treatment, payment, healthcare operations, notification or communications to family and friends, or disclosure to disaster relief agencies. However, we are not required to agree in all circumstances to your requested restriction. While we will consider your request, because of the number, complexity, and nature of services we provide, we may not be able to grant your request. Any requests for restrictions on how your health information is used or disclosed should be put in writing and directed to the Privacy Officer. A form is available upon request from your care provider.
Medical device tracking. If you receive certain medical devices, you may restrict release of your name, address, telephone number, social security number or other identifying information used for tracking the medical device.
4. **Request to receive confidential communications of health information.** You have the right to receive your health information through a reasonable alternative method or at an alternative location to protect your confidentiality. For example, you may request that we only call you at a work phone number. These requests may be made at the time of registration. Any requests for confidential communications after you have been registered for services must be put in writing and directed to the Privacy Officer. A form is available upon request from your care provider.

5. **Receive a list or accounting of disclosures of your health information.** You have a right to request an accounting of certain types of disclosures of your health information. Certain disclosures may be excluded from this accounting, for example, disclosures from our facility directory or verbal information provided to family or friends involved in your care. We must comply with your request within 60 days unless we notify you of our need for a 30-day extension. The first accounting in a 12-month period is free; other requests may be charged according to our cost for producing the information. A *Request for Accounting of Disclosures* form must be completed and sent to the Privacy Officer at the address listed on the last page of this notice, on our Internet website, or upon request from your health care provider.
6. **Obtain a paper copy of this Notice.** This Notice of Privacy Practices is available at St. Nicholas Hospital's website, www.stnicholashospital.org or Prevea Health website, www.prevea.com. You may at any time, request and receive a paper copy of this notice at any of our service facilities or from the Privacy Officer. If you have any questions regarding the information in this notice or would like a more detailed explanation of your rights regarding your health information, you may contact the Privacy Officer at 920-496-4700, or in writing at:

Privacy Officer
Health Information Management Department
Prevea Health
P.O. Box 19070
2710 Executive Drive
Green Bay, WI 54307-9070

7. **File a complaint.** If you are concerned that your privacy rights may have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services Office of Civil Rights. Your complaint will not affect the care and services we provide you in the present or in the future. To file a complaint with St. Nicholas Hospital, Prevea Health or the Department of Health and Human Services, contact the Privacy Officer, who will provide you with the necessary assistance.

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This Notice of Privacy Practices is effective 4/14/03 and will remain in effect until we revise it.