

You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care (a family member or friend). For example, you could ask that we not use or disclose information about a particular treatment you received.

We are not required to agree to your request and we may not be able to comply with your request. If we do agree, we will comply with your request except that we shall not comply, even with a written request, if the information is excepted from the consent requirement or we are otherwise required to disclose the information by law.

3. REQUEST TO CORRECT YOUR HEALTH INFORMATION

If you believe your health information is incorrect, you may request for us to correct the information. You may be asked to make such requests in writing and to give a reason as to why your health information should be changed. However, if we did not create the health information that you believe is incorrect, or if we disagree with you and believe your health information is correct, we may deny your request.

4. AS APPLICABLE, RECEIVE CONFIDENTIAL COMMUNICATION OF HEALTH INFORMATION

You have the right to ask that we communicate your health information to you in different ways or places. For example, you may wish to receive information about your health status in a special, private room or through a written letter sent to a private address. We must accommodate reasonable requests.

5. RECEIVE A RECORD OF DISCLOSURES OF YOUR HEALTH INFORMATION

In some limited instances, you have the right to ask for a list of the disclosures of your health information we have made during the previous six years (not to exceed the effective date of this policy). This list must include the date of each disclosure, who received the disclosed health information, a brief description of the health information disclosed and why the disclosure was made. We must comply with your request for a list within 60 days, unless you agree to a 30 day extension, and we may not charge you for the list, unless you request such list more than once per year. In addition, we will not include in the list disclosures made to you, or disclosures for purposes of treatment, payment, health care operations, disclosure of our surgical schedule and room assignment, disclosure for national security or intelligence purposes, disclosure to correctional institutions or law enforcement officials.

6. OBTAIN A PAPER COPY OF THIS NOTICE

Upon your request, you may at any time receive a paper

copy of this notice, even if you earlier agreed to receive this notice electronically.

7. FILING A COMPLAINT

If you believe your privacy rights have been violated, you may file a complaint with us and with the Federal Department of Health and Human Services. We will not retaliate against you for filing such a complaint.

To file a Federal complaint, please contact the Office for Civil Rights at the U.S. Department of Health & Human Services at **312.886.2359 or 312.353.5693** (TDD).

To file a complaint with OakLeaf Surgical Hospital, please contact the Privacy Officer at **715.839.1707**. The Privacy Officer will provide you with the necessary assistance and paperwork.

If you have any questions or concerns regarding your privacy rights or the information in the notice, please contact the **Hospital's Privacy Officer at 715.839.1707**

This notice of Medical Information Privacy has been effective since April 14, 2003.

APRIL 2006

QUICKREFERENCE

GENERAL HOSPITAL
800.635.6197 or 715.831.8130

PATIENT BILLING
715.858.3726

PATIENT CARE FLOOR
715.858.3704

PRIVACY OFFICER
715.839.9833

OakLeaf Surgical Hospital
3802 West Oakwood Mall Drive
Eau Claire Wisconsin



www.oakleafsurgical.com

PRIVACY POLICY NOTICE

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



Quality
Individualized
Care

OakLeaf Surgical Hospital is required by law to protect the privacy of your personal health information. This notice describes our legal obligations and our privacy policies concerning your personal health information. When we release your health information, we will release only the minimum amount of information necessary to achieve the purpose of the use or disclosure. However, all of your personal health information is available to be released to you upon request. Likewise, your personal information will be made available to providers regarding your treatment, for purposes of payment and for hospital operations or due to a legal requirement.

Payment : In order for an insurance company to pay for your treatment, a bill is submitted that identifies your personal health information, including a diagnosis and treatment received.

Treatment: Your personal health information is documented in your medical record and is available to other health care professionals to assist them in making informed decisions about your care.

We may also disclose medical information about you to people or agencies outside the hospital who may be involved in your medical care after you leave the hospital. This may include your family members or other personal representative(s) authorized by you or by a legal mandate.

Hospital Operations: The hospital continually monitors the services provided at the hospital and strives to improve the quality, efficiency and cost of care. To do so, it evaluates the performance of the doctors, nurses and other clinicians and patient outcomes for services received.

We may also want to use your health information on a pre- or post-admission basis to confirm your satisfaction /dissatisfaction with the services received or to make your admission to the hospital more convenient.

From time to time, in order to carry out treatment, payment and healthcare operations, we may disclose your health information to another party known as a "business associate" to assist us to carry out functions and activities at the hospital. Examples would include, but not be limited to, billing, outside management firms, legal services and accounting services. In such circumstances, your information is disclosed pursuant to an agreement with the business associate under which it agrees to use the health information as permitted by the agreement or as permitted by law and under which the business associate agrees to comply with provisions of law relating to the use of your health information.

There may also be situations where the hospital can use your personal health information *without your written authorization* for the following purposes:

- 1. TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY**
The hospital may use and disclose health information about you to the proper authorities, as required by law, if we believe in good faith that it is necessary to do so in order to prevent or minimize a serious and approaching threat to you or public health or safety.
- 2. PUBLIC HEALTH RISKS**
Law or public policy may require us to disclose health information about you for public health activities to prevent or control disease, injury or disability. To report births and deaths, child abuse or neglect, reactions to medications or problems with products or recalls of products (Food and Drug Administration information).
- 3. WORKERS COMPENSATION**
We may release health information about you for workers compensation or similar programs and so that your workplace can monitor its work environment.
- 4. ORGAN, EYE OR TISSUE DONATION**
If you elect to be an organ donor, the hospital may release health information on you to organizations that handle cadaver organ procurement or organ, eye or tissue transplantation, or to an organ donation bank as necessary to facilitate organ or tissue donation and transportation.
- 5. AS REQUIRED OR PERMITTED BY LAW**
Sometimes we must report some of your health information to legal authorities, such as law enforcement officials, court officials or government agencies. For example, in response to a subpoena summons or similar process.
- 6. CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS**
The hospital may release health information to a coroner or medical examiner. For example, to identify a deceased person or determine the cause of death. We may also release health information to funeral directors as necessary to carry out their duties.
- 7. FOR MILITARY, NATIONAL SECURITY OR INCARCERATION/LAW ENFORCEMENT CUSTODY**
If you are involved with military, national security or intelligence activities, or you are in the custody of law enforcement officials or an inmate in a correctional institution, we may release your health information to the proper authorities so they may carry out their duties under the law.
- 8. 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.

9. ROOM ASSIGNMENT

Unless you object, the hospital will use your health information, such as your name and room assignment at the hospital. It will be released only to people who ask for you by name.

10. INVESTIGATION AND GOVERNMENT ACTIVITIES

We may disclose health information to a local, state or federal agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the payor, the government and other regulatory agencies to monitor the health care system, government programs and compliance with civil rights laws.

11. TO THOSE INVOLVED WITH YOUR CARE OR PAYMENT OF YOUR CARE

If people such as family members, relatives or close personal friends are helping care for you or helping you pay your medical bills, we may release important health information about you to those people. The information released to these people may include your location within our facility, your general condition, or death. You have the right to object to such disclosure, unless you are unable to function or there is an emergency. In addition, we may release your health information to organizations authorized to handle disaster relief efforts so those who care for you can receive information about your location or health status.

Written Authorization: Any use or disclosure of health information not listed above requires that the hospital obtain written authorization. If you choose to cancel your authorization, you may do it at any time in writing.

This request may be submitted to
OakLeaf Surgical Hospital
Privacy Officer – 3802 Oakwood Mall Drive,
Eau Claire, WI 54701

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

1. RIGHT TO INSPECT AND COPY

With few exceptions, you have the right to inspect and receive a copy of your health information. However, there may be a charge for copying this information. Certain information such as psychotherapy notes or information from judicial proceedings may not be available to you.

2. RIGHT TO REQUEST RESTRICTIONS

You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations.