

**BEAVER DAM COMMUNITY HOSPITAL, INC. \***

**NOTICE OF 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.**

**It is our legal duty to protect your health information.**

Beaver Dam Community Hospital (BDCH) is legally required to protect the privacy of health information. This information is called “protected health information,” or “PHI” for short. Protected health information is information that can be used to identify you. It is information that BDCH has either created about you and/or received about you in regard to your health, treatment or payment of services. We must provide you with this notice about our privacy practices that explains how, when and why we use and disclose protected health information. BDCH will make every attempt to disclose only the minimum amount of protected health information to accomplish the necessary task. We are legally required to follow the privacy practices that are described in this notice.

However, BDCH reserves the right to change the terms of this notice and our privacy policies at any time. Any changes will apply to the protected health information we already have. Before we make an important change to our policies, we will promptly change this notice and post a new notice at all points of service registration areas.

**HOW BDCH MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION**

Without your written authorization, we can use your health information for the following purposes:

1. **For treatment.** BDCH may disclose your protected health information to physicians, nurses, medical students, and other health care personnel who provide you with health care services or are involved in your care. For example, if you are being treated for an arm injury we may disclose your protected health information to the physical therapy department for continuing care.
2. **To obtain payment** for treatment or services provided to you, we may use and disclose your protected health information. For example, we may provide portions of your protected health information to our billing department and your health plan to get paid for health care services provided to you. BDCH may also provide your protected health information to our business associates, such as billing companies, claims processing companies and others that process our health claims.
3. **To evaluate the quality of health care services** that you received or to evaluate the performance of the health care. For example, we may provide your protected health information to our quality improvement department to assess the quality of care and outcomes in your case and other similar cases. Your protected health information may be disclosed to accountants, attorneys, consultants, regulatory agencies and others, as appropriate.

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4. **When a disclosure is required by federal, state or local law, judicial or administrative proceedings, or law enforcement.** We make disclosures when a law requires that we report information to government agencies and law enforcement personnel about victims of suspected abuse, neglect, or domestic violence; when dealing with gunshot and other wounds; or when ordered in a judicial or administrative proceeding.
  5. **Public health activities.** We report information about burns, deaths, and various diseases to government officials in charge of collecting the information and to coroners, medical examiners, and funeral directors.
  6. **Health oversight activities.** We provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.
  7. **Organ donation.** We notify organ collection organizations, only if an organ donor, to assist them in organ, eye, or tissue donation or transplants.
  8. **Research purposes,** BDCH may provide protected health information in order to conduct medical research.
  9. **To avoid harm.** In order to avoid a serious threat to the health or safety of a person or the public we may provide protected health information to law enforcement personnel or persons able to prevent or reduce such harm.
  10. **Specific government functions.** BDCH may disclose protected health information of military personnel and veterans in certain situations. We may disclose protected health information for national security purposes, such as protecting the President of the United States or conducting intelligence.
  11. **Workers' compensation purposes.** BDCH may provide protected health information in order to comply with workers' compensation laws.
  12. **Appointment reminders and health-related benefits or services.** BDCH may use protected health information to provide appointment reminders or give you information about treatment alternatives, or other health care services or benefits we offer.
  13. **Fundraising activities.** BDCH may use certain information (name, address, telephone number, dates of service, age, and gender) to contact you in the future to raise money for BDCH through Dodge Health Foundation. The money raised will be used to expand and improve the services and programs we provide the community. If you do not wish to be contacted for our fundraising efforts, you must notify BDCH or Dodge Health Foundation in writing.
- **Two Uses and Disclosures Where You Have the Opportunity to Object.**
    1. **Patient directories.** BDCH may include your name and location in this facility in our patient directory for use by clergy and visitors who ask for you by name, unless you object in whole or in part. The opportunity to consent may be obtained after the fact in an emergent situation.
    2. **Disclosures to family, friends, or others.** BDCH may provide your protected health information to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in an emergent situation.

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- **Other Uses and Disclosures Require Your Prior Written Permission.** In any other situation not described above, BDCH will ask for your written permission before using or disclosing any of your protected health information. If you choose to give permission to disclose your protected health information, you can later revoke it in writing to stop any future uses and disclosures (to the extent that BDCH has not taken any action relying on the authorization).

- **WHAT RIGHTS YOU HAVE REGARDING YOUR PROTECTED HEALTH INFORMATION**

1. **The Right to Request Limits on Uses and Disclosures of Your Protected Health Information.** You have the right to request in writing that we limit how we use and disclose your protected health information. We will consider your request but we are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergencies. You may not limit the uses and disclosures that we are legally required or allowed to make.
2. **The Right to Choose How We Send Protected Health Information to You.** You have the right to request in writing that we send information to you to at a different address (i.e., sending information to your work address rather than your home address) or by different means (i.e., e-mail instead of regular mail). We must agree to your request so long as we can easily provide it in the format you requested.
3. **The Right to See and Get Copies of Your Protected Health Information.** In most cases, you have the right to look at or get copies of your protected health information that we have, but you must make the request in writing. If we do not have your protected health information; but we know who does, we will tell you how to get it. We will respond to you within 30 days after receiving your written request. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed. If you request copies of your protected health information, a service fee will be charged.
4. **The Right to Get a List of the Disclosures We Have Made.** You have the right to get a list of instances in which we have disclosed your protected health information. The list will not include uses or disclosures that you have already consented to, such as those made for treatment, payment, or health care operations, directly to you, to your family, or in our facility directory. The list also will not include uses and disclosures made for national security purposes, to corrections or law enforcement personnel, or before April 14, 2003.

We will respond within 60 days of receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. The list will include the date of the disclosure, to whom protected health information was disclosed (including their address if known), a description of the information disclosed, and the reason for the disclosure. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you a fee for each additional request.

5. **The Right to Correct or Update Your Protected Health Information.** If you believe that there is a mistake in your protected health information or that a piece of important information

is missing, you have the right to request that we correct the existing information or add the missing information.

3.

You must provide the request and your reason for the request in writing. We will respond within 60 days of receiving your request. We may deny your request in writing if the protected health information is correct and complete, not created by BDCH, not allowed to be disclosed, or not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you do not file one, you have the right to request that your request and our denial be attached to all future disclosures of your protected health information. If we approve your request, we will make the change to your protected health information, tell you that we have done so, and tell others that need to know about the change to your protected health information.

6. **The Right to Get This Notice by E-mail.** You have the right to get a copy of this notice by e-mail. Even if you have agreed to receive notice via e-mail, you have the right to request a paper copy of this notice.

- **If You Have Concerns About Our Privacy Practices**

If you think that BDCH may have violated your privacy rights, or you disagree with a decision we made about access to your protected health information, you may file a complaint with the Chief Financial Officer, 920-887-6389. You also may send a written complaint to the Secretary of the Department of Health and Human Services. We will take no action against you if you file a complaint about our privacy practices.

- **EFFECTIVE DATE OF THIS NOTICE**

This notice is effective on: April 14, 2003

\* BEAVER DAM COMMUNITY HOSPITAL= BDCH In-Patient & OP services, Hillside Manor Nursing Home, Eagle's Wings CBRF, Remembrance Home Alzheimer Unit, Hillside Home Care, Hillside Hospice, BDCH Medical Clinics.