



## NOTICE OF PRIVACY PRACTICES

### **YOUR HEALTH CARE INFORMATION — Protecting Your Privacy**

It is your right as a patient to be informed of the privacy practices of your health care provider as well as to be informed of your privacy rights with respect to your health information. This Notice of Privacy Practices (“Notice”) is intended to provide you with this information.

### **BLACK RIVER MEMORIAL HOSPITAL’S RESPONSIBILITIES**

Black River Memorial Hospital is required to:

- Maintain the privacy of your health information;
- Provide you with a notice of the legal duties and privacy practices regarding health information collected and maintained about you;
- Abide by the terms of this Notice currently in effect; and
- Notify you if there is a breach of your unsecured health information.

We reserve the right to make changes to this Notice. We reserve the right to make the revised or changed Notice provisions effective for all health information we already have about you as well as any information we receive in the future. If we make material or important changes to our privacy practices, we will promptly revise our Notice. We will post a copy of the current Notice in the hospital, and each version of the Notice will have an effective date. If the Notice has been modified since you were last seen at the hospital, we will offer you a copy of the current Notice in effect.

### **YOUR HEALTH INFORMATION RIGHTS**

This section describes your rights regarding the health information Black River Memorial Hospital maintains about you.

**Right to Request Restrictions:** You have the right to request restrictions on how your health information is used or disclosed for treatment, payment, or health care operations activities. We are not required to agree to your requested restriction, unless that restriction is regarding disclosure of health information to your health insurance company and: (1) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and (2) the health information pertains solely to a health care item or service for which you or another person (other than your health insurance company) paid for in full. If we agree to your requested restriction, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must complete a Patient Requested Restrictions for Use and Disclosure of Protected Health Information form and return it to Black River Memorial Hospital.

**Right to Receive Confidential Communications:** You have the right to request that Black River Memorial Hospital communicate your health information to you by alternative means or at alternative locations. Black River Memorial Hospital shall accommodate reasonable requests. For example, you may request to be contacted at a phone number that is different from the phone number listed in your health care record.

To request confidential communications, you must complete a Patient Request for Confidential Communication form and return it to Black River Memorial Hospital.

**Right to Inspect and Copy:** You have the right to inspect and obtain a copy of your medical records and your billing information. This right may not apply to psychotherapy notes and certain other information. Black River Memorial Hospital may charge you a cost-based fee for the labor, supplies, and postage required to meet your request.

You may request access to your health information in a certain electronic form and format, if readily producible, or, if not readily producible, in a mutually agreeable electronic form and format. Further, you may request in writing that we transmit such a copy to any person or entity you designate. Your written, signed request must clearly identify such designated person or entity where you would like us to send the copy.



## NOTICE OF PRIVACY PRACTICES

This request for access to your health care record must be made to the Health Information Department. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your health information, you may request that the denial be reviewed by a licensed health care professional chosen by us. 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:** You have the right to request an amendment to your health care record if you believe your health information is incorrect or incomplete. To request an amendment, you must complete a Request for Amendment to Protected Health Information form.

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:

- Was not created by Black River Memorial Hospital, 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 Hospital;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete

If your request is denied, we will provide you with information about our denial and how you can file a written statement of disagreement with us that will become part of your medical record.

**Right to an Accounting of Disclosures:** You have the right to an accounting of disclosures of your health information that Black River Memorial Hospital has made. Please note that certain disclosures need not be included in the accounting we provide to you. The accounting will describe the dates of each disclosure, the name of the entity or person who received the information and, if known, the address of the entity or person, a brief description of information disclosed, and the reason for disclosure.

To request this list, you must complete a Request for Accounting of Disclosure form. Your request must state a time period that may not go back further than six years. The first list you request within a 12-month period will be provided free of charge. For additional lists in a 12-month period, we may charge you a reasonable cost-based fee for providing the additional accounting. 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 the right to obtain a paper copy of this Notice at any time upon request, even if you previously agreed to receive this Notice electronically. You may obtain a copy of this Notice at our website at [www.brmh.net](http://www.brmh.net).

### USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

The following categories describe the ways that Black River Memorial Hospital may use and disclose your health information without your written authorization.

**Treatment:** Black River Memorial Hospital may use or disclose health information about you to provide you with medical treatment or services. We may disclose health 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, your health information may be disclosed from one physician to another if they are consulting each other in relation to your care and treatment.

**Payment:** Black River Memorial Hospital may use or disclose health information about you to send bills and to collect payment from you, your insurance company, or other third-party payers, for the treatment and other services you may receive during the course of patient care. For example, we may need to give your health insurer 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. The bill may include information that identifies you, your diagnosis, and your treatment.



## NOTICE OF PRIVACY PRACTICES

**Health Care Operations:** Black River Memorial Hospital may use or disclose your health information to conduct certain of our business activities, which are called health care operations. These uses and disclosures are necessary to provide quality care to all Hospital patients and to facilitate the functioning of the Hospital. For example, we may use your health information for quality assessment and improvement activities, case management, necessary credentialing, and for other essential activities. We may also combine the health information about many patients to determine where we can make improvements in the care and services we offer. We may also disclose your health information to third party “business associates” that perform various services on our behalf, such as transcription, billing, and collection services. In these cases, we will enter into a written agreement with the business associate to ensure they protect the privacy of your health information.

**Patient 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 do not ask for you by name. If you do not want to be listed in the directory or for your information to be given out, you must notify the Privacy Officer in writing.

**Persons Involved in Your Care or Payment for Your Care:** If you verbally agree to the use or disclosure and in certain other situations, we will make the following uses and disclosures of your health information. We may disclose to your family, friends, and anyone else whom you identify who is involved in your medical care or who helps pay for your care, health information relevant to that person’s involvement in your care or paying for your care. We may use or disclose your health information to notify or assist in notifying a family member or any other person responsible for your care regarding your physical location, general condition, or death.

**As Required by Law:** We may use or disclose your health information when required by law to do so.

**Public Health Reporting:** We may disclose your health information to public health agencies as authorized by law, including:

- To prevent or control disease, injury or disability, to report births and deaths, and for public health surveillance, investigations, or interventions;
- To report child abuse or neglect;
- For activities related to the quality, safety or effectiveness of FDA-regulated products;
- To notify a person who may have been exposed to a communicable disease or may be at risk for contracting or spreading a disease or condition as authorized by law; and
- To notify an employer of findings concerning work-related illness or injury or general medical surveillance that the employer needs to comply with the law if you are provided notice of such disclosure.

**Reporting Victims of Abuse, Neglect, or Domestic Violence:** Black River Memorial Hospital may disclose health information if we reasonably believe that you have 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:** Black River Memorial Hospital may disclose your health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure.

**Judicial and Administrative Proceedings:** Black River Memorial Hospital may disclose your health information pursuant to a court order if you are involved in a legal proceeding. Under most circumstances when the request is made through a subpoena, a discovery request, or involves another type of administrative order, your authorization will be obtained before disclosure is permitted.

**Law Enforcement:** HIPAA allows Black River Memorial Hospital to disclose your health information, within limitations, to a law enforcement official in the following circumstances:

- 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 the victim agrees or we are unable to obtain the victim’s agreement;
- About a death we believe may be the result of criminal conduct;

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## NOTICE OF PRIVACY PRACTICES

- About criminal conduct at the Hospital; and
- In an emergency situation, to report a crime, the location of the crime or victim, or the identity, description, or location of the person who committed the crime.

However, Wisconsin law may require a court order for the release of confidential medical information in these circumstances. Accordingly, under some limited circumstances we will request your authorization prior to permitting disclosure.

**Coroners and Medical Examiners:** Black River Memorial Hospital may disclose health information to a coroner or medical examiner to identify a deceased person or determine the cause of death.

**Funeral Directors:** Black River Memorial Hospital may disclose health information to funeral directors consistent with applicable law, and as necessary to carry out their duties with respect to a deceased person.

**Organ and Tissue Donation:** We may disclose your health 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.

**Research:** Under certain circumstances, Black River Memorial Hospital may use or disclose your health information for research purposes. For example, a research project may involve comparing the efficacy of one medication over another. For certain research activities, an Institutional Review Board (IRB) or Privacy Board may approve uses and disclosures of your health information without your authorization.

**To Avert a Serious Threat to Health or Safety:** If there is a serious threat to your health and safety or the health and safety of the public or another person, Black River Memorial Hospital may disclose your protected health information in a very limited manner to someone able to help prevent the threat.

**Disclosures for Specialized Government Functions:** In certain circumstances, HIPAA authorizes Black River Memorial Hospital to use or disclose your health information to authorized federal officials for the conduct of national security activities and other specialized government functions. These activities may include the following:

**Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release protected health information about you to the correctional institution or law enforcement official to assist them in providing you with health care, protecting your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

**Workers' Compensation:** Black River Memorial Hospital may disclose your health information as necessary to comply with laws related to workers' compensation or similar programs. Please be aware that Wisconsin and other federal laws may have additional requirements that we must follow, or may be more restrictive than HIPAA on how we use and disclose your health information. If there are specific more restrictive requirements, even for some of the purposes listed above, we may not disclose your health information without your written permission as required by such laws. For example, we will not disclose your HIV test results without obtaining your written permission, except as permitted by Wisconsin law. We may also be required by law to obtain your written permission to use and disclose your information related to treatment for a mental illness, developmental disability, or alcohol or drug abuse.

### OTHER USES AND DISCLOSURES

Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. Some examples include:

- **Psychotherapy Notes:** We usually do not maintain psychotherapy notes about you. If we do, we will not use and disclose your psychotherapy notes without your written authorization except as otherwise permitted by law.



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- **Marketing:** We will not use or disclose your health information for marketing purposes without your written authorization except as otherwise permitted by law.
- **Sale of Your Health Information:** We will not sell your health information without your written authorization except as otherwise permitted by law.

If you authorize Black River Memorial Hospital to use or disclose your health information, you may revoke that authorization, in writing, at any time. However, your decision to revoke the authorization will not affect or undo any use or disclosure of your health information that occurred before you notified us of your decision, or any actions that we have taken based upon your authorization. If you revoke an authorization that was obtained as a condition of obtaining insurance coverage, other law still allows the insurance company to contest a claim under the policy.

### FUNDRAISING

We may use your demographic information (such as name, contact information, age, gender, and date of birth), the dates you received services from us, the department of your service, your treating physician, outcome information, and health insurance status to contact you in an effort to raise money for the Hospital and its operations. We may disclose health information to a foundation related to the Hospital so that the foundation may contact you in raising money for the Hospital. You have the right to opt out of receiving fundraising communications.

### COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Black River Memorial Hospital or with the Secretary of the Department of Health and Human Services. To file a complaint with Black River Memorial Hospital, contact Brett Spafford, the Hospital's Privacy Officer, at (715) 284-5361. You will not be retaliated against for filing a complaint.

### CONTACT PERSON

If you have questions or concerns regarding your privacy rights or the information in this Notice, please contact the Hospital's Privacy Officer, at (715) 284-5361.