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# Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

This Clinic is required by law to provide you with this Notice so that you will understand how we may use or share your information from your Designated Record Set. The Designated Record Set includes financial and health information referred to in this Notice as “Protected Health Information” (“PHI”) or simply “health information.” We are required to adhere to the terms outlined in this Notice. If you have any questions about this Notice, please contact Dr. Michael Kloess, 608-819-8544.

## **UNDERSTANDING YOUR HEALTH RECORD AND INFORMATION**

Each time you visit our Clinic, a record of your visit is made containing health and or financial information if applicable. Typically, this record contains information about your condition, the treatment we provide and payment for the treatment if applicable. We may use and/or disclose this information to:

- plan your care and treatment
- communicate with other health professionals involved in your care
- document the care you receive
- educate health professionals
- provide information for medical research

- provide information to public health officials
- evaluate and improve the care we provide
- obtain payment for the care we provide (Benefactors only)

Understanding what is in your record and how your health information is used helps you to:

- ensure it is accurate
- better understand who may access your health information
- make more informed decisions when authorizing disclosure to others

## **HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU**

The following categories describe the ways that we use and disclose health information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall into one of the categories.

• **For Treatment.** We may use or disclose health information about you to provide you with medical treatment. We may disclose health information about you to doctors, nurses, therapists or other Clinic personnel who are involved in taking care of you at the Clinic. 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. Different departments of the Clinic also may share health information about you in order to coordinate your care and provide you medication, lab work and x-rays. We may also disclose health information about you to people outside the Clinic who may be involved in your medical care after you leave the Clinic. This may include family members, or visiting nurses to provide care in your home.

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• **For Payment.** We may use and disclose health information about you so that the treatment and services you receive by referred providers may be billed to you, an insurance company or a third party. 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 health information about you for our day-to-day health care operations. For example, we may use health information for quality assessment and for developing and evaluating Clinical protocols. We may also combine health information about many patients to help determine what additional services should offer, what services should be discontinued, and whether certain new treatments are effective. Health information about you may be used for business development and planning, risk management activities, and in developing and testing information systems and programs. We may also use and disclose information for professional review, performance evaluation, and for training programs. Other aspects of health care operations that may require use and disclosure of your health information include accreditation, certification, licensing and credentialing activities, review and auditing, including compliance reviews, medical reviews, legal services and compliance programs. Your health information may be used and disclosed for the business management and general activities of the Clinic including resolution of internal grievances, customer service and due diligence in connection with a sale or transfer of the Clinic. In limited circumstances, we may disclose your health information to another entity subject to HIPAA for its own health care operations. We may remove information that identifies you so that the health information may be used to study health care and health care delivery without learning the identities of patients

## **OTHER ALLOWABLE USES OF YOUR HEALTH INFORMATION**

- **Business Associates.** There are some services provided in our Clinic through other business associates. Examples include medical directors, outside attorneys and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information so that they can perform the job we've asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information.

- **Providers.** Many services provided to you, as part of your care at our Clinic, are offered by participants in one of our organized healthcare arrangements. These participants include a variety of providers such as physicians, nurse practitioners and

physician assistants.

- **Treatment Alternatives**. We may use and disclose health information to tell you about possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services and Reminders**. We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- **Fundraising Activities**. We may use contact information, such as your name, address and phone number to contact you for the purpose of raising funds for the Clinic.
- **Individuals Involved in Your Care or Payment for Your Care**. Unless you object, we may disclose health information about you to a friend or family member who is involved in your care. In addition, we may disclose health 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.
- **As Required By Law**. We will disclose health 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 health information about you to prevent a serious threat to your health and safety or the health and safety of the public or another person. We would do this only to help prevent the threat.
- **Organ and Tissue Donation**. If you are an organ donor, we may disclose health information to organizations that handle organ procurement to facilitate donation and transplantation.
- **Military and Veterans**. If you are a member of the armed forces, we may disclose health information about you as required by military authorities. We may also disclose health information about foreign military personnel to the appropriate foreign military authority.

- **Research**. Under certain circumstances, we may use and disclose health 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 health information, trying to balance the research needs with patient's need for privacy of their health information. Before we use or disclose health information for research, the project will have been approved through this research approval process.

We may, however, disclose health information about you to people preparing to conduct a research project so long as the health information they review does not leave the Clinic.

- **Workers' Compensation**. We may disclose health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Reporting**. Federal and state laws may require or permit the Clinic to disclose certain health information related to the following:
  - *Public Health Risks*. We may disclose health information about you for public health purposes, including:
    - Ø Prevention or control of disease, injury or disability
    - Ø Reporting births and deaths;
    - Ø Reporting child abuse or neglect;
    - Ø Reporting reactions to medications or problems with products;
    - Ø Notifying people of recalls of products;
    - Ø Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease;

Ø Notifying the appropriate government authority if we believe a patient has 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.* We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- *Judicial and Administrative Proceedings:* If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health 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.
- *Reporting Abuse, Neglect or Domestic Violence:* Notifying the appropriate government agency if we believe a patient has been the victim of abuse, neglect or domestic violence.

• **Law Enforcement.** We may disclose health information when requested by a law enforcement official:

- o In response to a court order, subpoena, warrant, summons or similar process;
- o To identify or locate a suspect, fugitive, material witness, or missing person;
- o About you, the victim of a crime if, under certain limited circumstances, we are unable to obtain your agreement;
- o About a death we believe may be the result of criminal conduct;
- o About criminal conduct at the Clinic; and

o 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 disclose medical information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death
- **National Security and Intelligence Activities**. We may disclose health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Correctional Institution**: Should you be an inmate of a correctional institution, we may disclose to the institution or its agents health information necessary for your health and the health and safety of others.

## **OTHER USES OF HEALTH INFORMATION**

Other uses and disclosures of health 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 health 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 health 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.

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

Although your health record is the property of the Clinic, the information belongs to you. You have the following rights regarding your health information:

- **Right to Inspect and Copy**. With some exceptions, you have the right to review and copy your health information.

*You must submit your request in writing to Our Lady of Hope Clinic, 6425 Odana Road, Ste. 13, Madison WI 53719.*

· **Right to Amend.** If you feel that health information in your record is incorrect or incomplete, you may ask us to amend the information. You have this right for as long as the information is kept by or for the Clinic.

*You must submit your request in writing to Our Lady of Hope Clinic, 6425 Odana Road, Ste. 13, Madison WI 53719. In addition you must provide a reason for 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:

Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;

Is not part of the health information kept by or for the Clinic; or 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 certain disclosures we made of your health information, other than those made for purposes such as treatment.

*You must submit your request in writing to Our Lady of Hope Clinic, 6425 Odana Road, Ste. 13, Madison WI 53719. Your request must state a time period which may not be longer than six years from the date the request is submitted and may not include dates before April 1, 2009. Your request should indicate in what form you want the list (for example, on paper or electronically).*

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**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 example, you may request that we limit the health information we disclose to someone who is involved in your care