

NOTICE OF PRIVACY PRACTICES
THIS NOTICE DESCRIBES HOW **WISCONSIN INSTITUTE OF UROLOGY, SC** MAY USE AND DISCLOSE YOUR
HEALTHCARE INFORMATION AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION
PLEASE REVIEW IT CAREFULLY

Patient Health Information

Under federal law, Wisconsin Institute of Urology, SC, referred herein as "organization", is required to ensure your patient health information is protected and confidential. Patient health information includes information about your symptoms, test results, diagnosis, treatment and related medical information. Your health information also includes payment, billing, and insurance information. Your information may be stored electronically and if so, is subject to electronic disclosure.

How We Use and Disclose Your Patient Health Information: Disclosures That Do NOT Require Your Written Consent

Treatment: We will use and disclose your health information to provide you with medical treatment or services. For example, nurses, physicians, and other members of your treatment team will record information in your record and use it to determine the most appropriate course of care. We may also disclose the information to other health care providers who are participating in your treatment, to pharmacists who are filling your prescriptions, and to family members who are helping with your care.

For example, this organization may determine that you require the services of a specialist. In referring you to another doctor, this organization may share or transfer your healthcare information to that doctor.

Payment: The use and disclosure for payment activity may include the following:

- Activities undertaken by this organization to obtain reimbursement for services provided to you.
- Determining your eligibility for benefits or health insurance coverage.
- Managing claims and contacting your insurance company regarding payment.
- Collection activities to obtain payment for services provided to you.
- Reviewing healthcare services and discussing with your insurance company the medical necessity of certain services or procedures, coverage under your health plan, appropriateness of care, or justification of charges.
- Obtaining pre-certification and pre-authorization of services to be provided to you.

For example, this organization will submit claims to your insurance company on your behalf. This claim identifies you, your diagnosis, and the services provided to you.

Healthcare Operations: We will use and disclose your health information to conduct our standard internal operations, including proper administration of records, evaluation of the quality of treatment, arranging for legal services and to assess the care and outcomes of your case and others like it.

Special Uses and Disclosures

This organization may disclose information to your family and friends involved in your health care or for payment of your health care unless you object and inform us of these objections in writing. Health information may also be released without written permission to a parent, guardian, or legal custodian of a child; the guardian of an incompetent adult; the healthcare agent designated in an incapacitated patient's healthcare power of attorney; or the personal representative or spouse of a deceased patient. This organization will do its due diligence to ask at regular visits to verify the patient's telephone contact information. It is the patient's responsibility to notify the organization of a change in contact information from that identified in the Patient Contact Authorization Form.

Other Uses and Disclosures

We may be required or permitted to use or disclose the information even without your permission as described below.

Required by Law: We may be required by law to disclose your information, such as to report gunshot wounds, suspected abuse or neglect, or similar injuries and events.

Research: We may use or disclose information for approved medical research.

Health Oversight: We may disclose information to assist in investigations and audits, eligibility for government programs and similar activities.

Judicial and Administrative Proceedings: We may disclose information in response to an appropriate subpoena, discovery request or court order.

Law Enforcement Purposes: We may disclose information needed or requested by law enforcement officials or to report a crime on our premises.

Death: We may disclose information regarding deaths to coroners, medical examiners, funeral directors, and organ donation agencies.

Serious Threat to Health or Safety: We may use and disclose information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Military and Special Government Functions: If you are a member of the armed forces, we may release information as required by military command authorities. We may also disclose information to correctional institutions or for national security purposes.

Workers Compensation: We may release information about you for worker's compensation or similar programs providing benefits for work-related injuries or illness.

Business Associates: We may disclose your health information to business associates (individuals or entities that perform functions on our behalf) provided they agree to safeguard the information.

NOTICE OF PRIVACY PRACTICES
THIS NOTICE DESCRIBES HOW **WISCONSIN INSTITUTE OF UROLOGY, SC** MAY USE AND DISCLOSE YOUR
HEALTHCARE INFORMATION AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION
PLEASE REVIEW IT CAREFULLY

Messages: This organization may contact you, by telephone or mail to provide you appointment reminders. You must notify us in writing if you do not wish to receive appointment reminders. This organization may also share PHI with any servicers and any collectors of patient families' accounts and you understand and consent to receive account communications through various means such as 1) any cell, landline, or other phone number that you provide, 2) auto dialer systems, 3) voicemail messages, 4) email messages, 5) emergency contact information, and other forms of communications. This information will be securely stored and will not be sold.

Fundraising: This organization may send you communications for fundraising activities. You have the right to Opt Out of these type of communications by sending us your Opt Out request in writing.

In any other situation, we will ask you for your written authorization before using or disclosing identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures.

Subject to compliance with limited exceptions, we will not use or disclose the following without a signed authorization:

- Psychotherapy notes
- Use or disclosure of your health information for marketing purposes.
- Sell your health information.

Under federal law pursuant GINA section 105, we may not disclose genetic testing to your insurance company for underwriting purposes.

Individual Rights

You have the following rights with regard to your health information. Please contact the Privacy Officer listed on the bottom of this page to obtain the appropriate form of exercising these rights.

- You may request restrictions on certain uses and disclosures. We are not required to agree to a requested restriction, except for requests to limit disclosures to your health plan for purposes of payment or health care operations when you have paid in full, out-of-pocket for the item or service covered by the request and when the uses or disclosures are not required by law.
- You may ask us to communicate with you confidentially by, for example, sending notices to a special address or not using postcards to remind you of appointments.
- In most cases, you have the right to look at or get a copy of your health information, with the exception of psychotherapy notes or information compiled for use (or anticipation for use) in a civil, criminal, or administrative action or proceeding. This organization may deny access under other circumstances, in which case you have the right to have such a denial reviewed. There may be a fee for a copy of your records, not to exceed the amount allowed under law (Wisconsin State Statute § 146.83 (3f) (c) 2).
- You have the right to request that we amend your information as long as such information is maintained by us. You must submit this request in writing and under certain circumstances that request may be denied.
- You may request to receive an accounting of disclosures for reasons other than treatment, payment, or health care operations and except for other exceptions.

Our Legal Duty

We are required by law to protect and maintain the privacy of your health information, to provide this Notice about our legal duties and privacy practices regarding protected health information, and to abide by the terms of the Notice currently in effect. We are required to notify affected individuals in the event of a breach involving unsecured protected health information.

Changes in Privacy Practices

We may change this Notice at any time and make the new terms effective for all health information we hold. The effective date of this Notice is listed at the bottom of the page. If we change our Notice, we will post the new Notice in the waiting area. For more information about our privacy practices, contact the person listed below.

Complaints

If you are concerned that we have violated your privacy rights, you may contact the person listed below. You also may send a written complaint to the U.S. Department of Health and Human Services. The person listed below will provide you with the appropriate address upon request. You will not be penalized in any way for filing a complaint.

Contact Person

If you have any questions, requests, or complaints, please contact:

Privacy Officer (920) 886-7141
Wisconsin Institute of Urology, SC
1265 W American Dr, Suite 100
Neenah, WI 54956

Effective 09/23/2013.

Print Center PS9559 ThedaCare Print Center