

## 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.**

**This Notice of Privacy effective as of April 14, 2003.**

### **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 personal health information. This Notice of Privacy Practices is intended to provide you with this information.

### **MOSMC's Responsibilities**

McDonough Orthopaedic and Sports Medicine Center (MOSMC) has long been committed to protecting your privacy, following both Federal and State Law. It is your right as a patient to be informed of MOSMC's legal duties with respect to protection of the privacy of your personal health information.

We will maintain the privacy of your health information, provide you with a notice of the legal duties and privacy practices regarding protected health information collected and maintained about you and abide by the terms of this notice.

MOSMC Standard of Care Practice Style: It is critically important to our office to provide you with the highest quality of health care in an efficient and timely manner. Free movement of our patients and staff and open treatment areas allow maximum treatment opportunity. If you are concerned with this arrangement, you may request to make an appointment for a more private treatment area. In the event this area is not immediately available, you will be scheduled as soon as it becomes available.

**Care of Student Athletes:** Our Physicians, Athletic Trainers and Physical Therapists may discuss your diagnosis, treatment, prognosis and ability to participate in Gym and sports with coaches and officials. Please request in writing if you do not want your health information discussed.

MOSMC reserves the right to change the terms of the notice of privacy practices and make the new notice provisions effective for all protected health information that it maintains. MOSMC also reserves the right change the terms of its notice with respect to any applicable more limited uses and disclosures.

MOSMC will promptly revise and distribute its notice whenever MOSMC makes a substantial change to any of its privacy practices. Changes will be displayed on our web site [www.mosmc.com](http://www.mosmc.com).

MOSMC will not use or disclose your health information without your authorization, except as described in this notice.

### **Your Health Information Rights**

**You have the right to:**

- **Request a restriction on certain uses and disclosures of your health information.**  
You have the right to request restrictions on certain uses and disclosures of protected health information, even if the restriction affects your treatment or MOSMC's payment or health care operation activities. However, MOSMC is not required to agree to your requested restriction. For example, if you are an employee of the clinic and you receive health care services in the clinic, you may request that only certain people view your health care record.
- **Receive Confidential Communications.**  
You have the right to request that MOSMC communicate your health information to you by alternative means or at alternative locations. MOSMC shall accommodate reasonable requests. For example, you may request to receive your billing statement at an alternate address.
- **Inspect and obtain a copy of your health record.**  
You have the right to inspect and obtain a copy of your health care record. This request for access to your health care record must be in submitted in writing to MOSMC will charge you a reasonable fee for a copy of your health care record. For example, you may request a copy of your health care record from your family physician.
- **Amend your health record.**  
You have the right to request an amendment to your health care record if you believe your health information is incorrect or incomplete. You will be asked to make this

request in writing and state the reason why your health record should be amended. If MOSMC did not create the health information you believe is incorrect or if MOSMC disagrees with you, MOSMC may deny your request. For example, if you believe that information in your medical history is incorrect, such as your birth date, you may request that this information be amended.

- **Obtain an accounting of disclosures of your health information.**

You have the right to an accounting of disclosures of your health information that MOSMC has made in compliance with state and federal law. The accounting will describe the dates of each disclosure, a brief description of information disclosed and who the information was released to. You will receive one accounting per year at no charge and MOSMC may charge you a reasonable fee for each subsequent request. For example, you may request an accounting of disclosures made from your health record in the last year to the State for disease reporting.

- **Obtain a paper copy of the notice upon request.**  
You have the right to obtain a paper copy of the notice upon request. For example, if you received the notice electronically, you may request that MOSMC provide a paper copy of the notice.

### **Uses and Disclosures for Treatment, Payment and Health Care Operations**

MOSMC is permitted by the federal privacy rule to use or disclose your protected health information for treatment, payment or health care operations.

MOSMC may use or disclose your health information in the provision, coordination or management of your health care. Example: Your information may be disclosed from one physician to another if they are consulting each other in relation to your care and treatment.

MOSMC may use or disclose your health information to obtain reimbursement for the provision of health care services. The bill may include information that identifies you, your diagnosis and your treatment. Example: MOSMC may use or disclose your information to your insurer to obtain payment for the provision of health care services.

MOSMC may use or disclose your health information for evaluation of patient care services, evaluating the performance

of health care providers, activities relating to compliance with the law and business planning and development. Example: MOSMC may review your health record to determine the efficiency of the services provided to you.

### **Uses or Disclosures of Your Protected Health Information**

#### **Permitted Without Your Authorization**

- MOSMC may allow use and/or disclosure of a limited data set as defined by the federal privacy rule for research purposes without an authorization if MOSMC has entered into a data use agreement with the limited data set recipient/researcher. [45 CFR 164.514(e)(1)] Refer to *Limited Data Set* policy.

**As Required by Law:** MOSMC may use or disclose protected health information to the extent that the use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of the law. Uses or disclosures required by federal privacy rule and limited by the more protective requirements of state law include the following:

- Disclosures about victims of elderly or child abuse;
- Disclosures for judicial and administrative proceedings; or
- Disclosures for law enforcement purposes.

**Public health:** As required by law, MOSMC may disclose your protected health information to the State of Wisconsin for the purpose of statutory reporting.

- MOSMC may disclose your protected health information excluding mental health, alcohol or drug abuse or developmental disabled or HIV test result to a state or federal public health agency for the purpose of preventing or controlling disease, injury or disability.
- MOSMC may disclose your protected health information excluding your HIV test result without your authorization to a county agency investigating child abuse.
- MOSMC may disclose your protected health information excluding mental health, alcohol or drug abuse or developmental disabled or HIV test result without your authorization to the Food and Drug Administration (FDA).
- MOSMC may disclose your HIV test result without your authorization to a person that may have

sustained a contact that carries a potential for HIV transmission.

- MOSMC may disclose your protected health information that is reasonably related to a work related illness or injury if an application for workers' compensation has been filed.

**Victims of abuse, neglect or domestic violence:** MOSMC may disclose health information except for an HIV test result if MOSMC reasonably believes that an individual is a victim of child or elderly abuse.

**Health oversight activities:** MOSMC will not disclose HIV test results to health care oversight agencies without an authorization. MOSMC may disclose your mental health, alcohol or drug abuse or developmental disability related health information to the Department of Health and Family Services, to the county for coordination of human services and to a representative of the board on aging and long-term care. The remainder of your protected health information may be disclosed without your authorization to a state or federal agency.

**Judicial and Administrative Proceedings:** MOSMC may disclose your protected health information in response to a court order., in response to a subpoena if MOSMC is a party to a court action, MOSMC has received your authorization to disclose and has not complied within two business days or MOSMC failed to respond to a request for workers' compensation records. MOSMC may disclose your protected health information excluding mental health, alcohol or drug abuse or developmental disabled or HIV test results in response to a subpoena from a state or federal agency.

**Law enforcement:** MOSMC may disclose your protected health information except for HIV test results to county law enforcement officials for the reporting and investigation of elderly and/or child abuse. MOSMC may disclose your protected health information except for mental health, alcohol or drug abuse or developmental disabled or HIV test results to state and federal law enforcement officials. MOSMC may disclose mental health, alcohol or drug abuse or developmental disabled protected health information for limited law enforcement purposes as required by law. MOSMC may disclose your protected health information to a law enforcement official in response to a court order.

#### **For activities related to death:**

**Coroner or Medical Examiner:** MOSMC may use or disclose your protected health information that is not an HIV test result or related to mental health, alcohol or drug abuse and developmental disabilities to a coroner or medical examiner. Funeral Director: MOSMC may use or disclose your HIV test result to a funeral director.

#### **For cadaveric organ, eye or tissue donation purposes:**

MOSMC may use or disclose your HIV test result to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation or cadaveric organs, eyes or tissue for the purpose of facilitating organ, eye or tissue donation and transplantation.

**Workers compensation:** MOSMC may disclose protected health information related to a workers' compensation injury.

**Conclusion:** MOSMC has attempted to explain with this notice the circumstances where state law may be more protective than the federal privacy rule and provides greater privacy protection.

Except for the situations listed above and treatment, payment or health care operation purposes, the use or disclosure of your health information requires MOSMC to obtain your written authorization. You may withdraw your authorization in writing at any time by submitting your written withdrawal to MOSMC's Privacy Officer.

#### **Patient Complaint Process**

If you believe your privacy rights have been violated, you may file a complaint with MOSMC or with the Secretary of the Department of Health and Human Services. There will be no retaliation against you for filing a complaint.

To file a complaint with MOSMC please contact the MOSMC's Privacy Officer, Wayne R. Christie, who will provide you with the necessary assistance.

#### **Questions or Concerns**

If you have any questions or concerns regarding your privacy rights or the information in this notice, please contact: Wayne R. Christie, M.D., McDonough Orthopaedic and Sports Medicine Center, P.O. Box 8075, Wisconsin Rapids, WI 54495-8075, Phone number: 715-421-5257, Fax number: 715-421-0111, Email address: email@mosmc.com