

PREMIER HEALTH S.C.

**NOTICE OF PRIVACY PRACTICES**

**Our legal duty**

Premier Health S.C. is committed to protecting the privacy of our patients' health information. We are required by law to:

- § Maintain the privacy of your health information
- § Provide you with this notice of our legal duties and privacy practices with respect to your personal health information

**We may disclose your health information, without your written consent for the following purposes:**

- 1) Treatment: we may use or disclose your health information for treatment purposes. We may find it necessary to share your health information with other physicians, nurses, lab and radiology technicians and others involved in your care. We may also share your health information with any other healthcare organizations that may participate in your care and treatment such as a hospital where you may be transferred.
- 2) Payment: Your health information may be used or disclosed for billing purposes. It may be necessary to disclose your health information so that we may bill and collect from you; your insurance or other party responsible for payment of the treatments and services provided.
- 3) Information Provided to You: We may use your information to assist us in communicating with you appointment reminders, test results, and treatment information. We may also use and disclose your health information to inform you of health related benefits or services that we or an affiliated entity provides that may be of interest.
- 4) Notification of Family and Friends: We may share health information with family or friends who are involved in you medical care. If you are unavailable to agree or object, we will use our best judgment in communicating with your family and friends.
- 5) Required by Law: We may use or disclose your health information only as allowed by law. Examples of situations where we may be required or permitted to release your health information include:
  - a. For public health activities including disease and vital statistic reporting, and Food and Drug Administration (FDA) oversight;
  - b. To report child and /or adult abuse, neglect or domestic violence;
  - c. For health care oversight activities;
  - d. For judicial and administrative proceedings;
  - e. To law enforcement officials pursuant to subpoenas and other lawful proceedings, concerning crime victims, suspicious deaths, identifying or locating a suspect, fugitive, material witness or missing person;
  - f. To coroners, medical examiners and funeral directors;
  - g. For organ, eye or tissue donation purposes;
  - h. To avert a serious threat to health or safety of the general public
  - i. For specialized government facilities such as military and veteran activities;
  - j. To correctional institutions and law enforcement agencies regarding inmates; and
  - k. For worker's compensation purposes

In any other situations not covered by this notice as listed above, we will ask for your written consent before using or disclosing information about you. If you choose to authorize disclosure of information about you, you can later revoke that authorization at any time by notifying us in writing of your decision.

**Your Rights concerning your Health Information:**

Under law you have certain rights with regards to the health information maintained by our clinic. These rights are as follows:

- § **Access:** With few exceptions you have the right to access and receive a copy of your health information. The request must be made in writing. If you request a copy, it should be requested in advance and we may charge a fee for the cost of copying, postage and/or other supplies. In certain situations, we may deny your request. If we deny your request we will tell you, in writing why your request was denied and explain to you your right to have denial reviewed.
- § **Disclosure accounting:** You have the right to receive a list or accounting of those disclosures of your information that have been made and to whom. The request must be made in writing. The request for the accounting must state a specific time period and may not be longer than six years and may not include dates before April 14, 2003.
- § **Amendment:** You have the right to request that your health information be amended if you feel that it is incorrect or incomplete. The request must be made in writing. We will review the request and determine whether or not an amendment will be made. If we did not create the information you feel is incomplete we may deny your request. We will communicate in writing our final decision and you have the right to appeal denial of your request should it occur.
- § **Confidential Communication:** You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. The request must be made in writing and must represent a danger to you if it is not communicated in confidence as you requested. We have a right to decide if your request is reasonable and we are not obligated to comply with an unreasonable request.
- § **Restriction:** You have the right to request restrictions on certain disclosures of your health information. This request must be made in writing. We will consider your request and determine our ability to carry out your request, while not compromising your care.

If you are concerned that one or more of your rights have been violated you have the right to complain to us in writing. You may also send a written complaint to the Secretary of Health and Human Services Office of Civil Rights. We will provide you with the address to the Office of Health and Human services upon your request. We will not retaliate in anyway if you choose to file a complaint.

You may contact our office Monday – Thursday 8 am to 5 pm. / Friday 8 am to 1 pm  
(920) 727.4946

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