

## 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.**

Columbus Community Hospital (CCH) must maintain the privacy of your personal health information and give you this notice that describes our legal duties and privacy practices concerning your personal health information. In general, when we release your health information, we must release only the information we need to achieve the purpose of the use or disclosure. However, all of your personal health information will be available for release to you, to a provider regarding your treatment, or due to a legal requirement. We must follow the privacy practices described in this notice.

However, we reserve the right to change the privacy practices described in this notice, in accordance with the law. Changes to our privacy practices would apply to all health information we maintain. If we change our privacy practices, we will post this corresponding revised notice. You may obtain a copy of this revised notice by requesting one at Registration. All revisions of this notice will be documented on the notice.

### **How CCH May Use or Disclose Your Health Information for Treatment, Payment of Health Care Operations**

The following categories describe the ways that we may use and disclose your health information. For each type of use and disclosure, we will explain what we mean and present some examples.

1. **Treatment** For example, a health care provider may use the information in your medical record to determine which treatment option, such as a drug or surgery; best addresses your health needs. Your health care provider may consult with other providers within or outside of Columbus Community Hospital. The treatment selected will be documented in your medical record, so that other health care professionals can make informed decisions about your care. Your medical information may be forwarded to your health care provider's clinic for follow-up care. You are encouraged to supply accurate, relevant and complete information to your health care provider.
2. **Payment.** In order for an insurance company to pay for your treatment, we must submit a bill that identifies you, your diagnosis, and the treatment provided to you. As a result, we will pass such health information onto an insurer in order to help receive payment for your medical bills. Your insurance company may request copies of your medical records. If you have authorized this, the hospital will provide these copies and document the disclosure of this medical information.

3. ***Health Care Operations.*** We may need your diagnosis, treatment, and outcome information in order to improve the quality or cost of care we deliver. These quality and cost improvement activities may include evaluating the performance of your doctors, nurses and other health care professionals, or examining the effectiveness of the treatment provided to you when compared to patients in similar situations. We may combine medical information about many hospital patients to decide what additional services the hospital should offer, what services are not needed and whether certain treatments are effective. We may disclose information to doctors, nurses, technicians, healthcare students, and other hospital personnel for review and learning purposes. We may combine the medical information we have with medical information from other hospitals to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

We may use your health information for appointment reminders. For example, we may determine the date and time of your next appointment with us, and then telephone you or send you a reminder letter to help you remember the appointment. We may also telephone you to obtain pre-surgical information and insurance information.

### **How CCH May Use or Disclose Your Health Information Without Your Written Authorization**

1. **Required by Law.** We may use and disclose your health information when that use or disclosure is required by law. For example, we may disclose medical information to report child abuse or to respond to a court order.
2. **Public Health.** When required by law, we may disclose your health information to public health authorities for reporting communicable diseases, aiding in the prevention or control of certain diseases and reporting problems with products and reactions to medications to the Food and Drug Administration.
3. **Victims of Abuse, Neglect or Violence.** We may disclose your information to a government authority authorized by law to receive reports of abuse, neglect or violence relating to children or the elderly.
4. **Health Oversight Activities.** We may disclose your health information to health agencies authorized by law to conduct audits, investigations, inspections, licensure and other proceedings related to oversight of the health care system.
5. **Judicial and Administrative Proceedings.** We may disclose your health information in the course of an administrative or judicial proceeding in response to a court order. 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.

6. Law Enforcement. We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, or missing person, or complying with a court order or other law enforcement purposes. Under some limited circumstances we will request your authorization prior to permitting disclosure.
7. Coroners and Medical Examiners. We may disclose your health information to coroners and medical examiners. For example, this may be necessary to determine the cause of death.
8. Cadaveric, Organ, Eye or Tissue Donation. We may disclose your health information to organizations involved in procuring organs and tissues for transplantation.
9. Research. Under certain circumstances, and only after a special approval process, we may use and disclose your health information to help conduct medical research which may involve an assessment of how well a drug is working to cure a heart disease or whether a certain treatment is working better than another.
10. To Avert a Serious Threat to Health or Safety. We may disclose your health information in a very limited manner to appropriate persons to prevent a serious threat to the health or safety of a particular person or the general public. Disclosure is usually limited to law enforcement personnel who are involved in protecting the public safety.
11. Specialized Government Functions. Under certain and very limited circumstances, we may disclose your health care information for military, national security, or law enforcement custodial situations.
12. Workers' Compensation. Both state and federal law allow the disclosure of your health care information that is reasonably related to a worker's compensation injury to be disclosed without your authorization. These programs may provide benefits for work-related injuries or illness.
13. Appointment Reminders. We may use or disclose your health information to provide appointment reminders, information about treatment alternatives or other health related benefits and services that may be of interest to you.
14. Health Information. We may use or disclose your health information to provide information to you about treatment alternatives or other health related benefits and services that may be of interest to you.
15. Columbus Community Hospital Directory. Unless you object, we may use your health information, such as your name, location in our facility, your general health condition (e.g., "stable," or "unstable"), and your religious affiliation for our directory. It is our duty to give you enough information so you can decide whether or not to object to release of this information for our directory. The information about you contained in our directory will not be disclosed to individuals not associated with our health care environment without your authorization.

## **When CCH May Not Use or Disclose Your Health Information**

Except as described in this Notice of Privacy Practices, we will not use or disclose your health information without written authorization from you. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization, though we will be unable to take back any disclosures we have already made with your permission. If you wish to withdraw your authorization, please direct your written withdrawal to the Privacy Officer.

## **Your Health Information Rights**

You have several rights with regard to your health information. If you wish to exercise any of the following rights, please contact the Privacy Officer. Specifically, you have the right to:

1. **Inspect And Copy Your Health Information.** With a few exceptions, you have the right to inspect and obtain a copy of your health information. However, this right does not apply to psychotherapy notes or information gathered for judicial proceedings, for example. In addition, we may charge you a reasonable fee if you want a copy of your health information.
2. **Request To Correct Your Health Information.** If you believe your health information is incorrect, you may ask us to correct the information. You may be asked to make such requests in writing and to give a reason as to why your health information should be changed. However, if we did not create the health information that you believe is incorrect, or if we disagree with you and believe your health information is correct, we may deny your request.
3. **Request Restrictions on Certain Uses and Disclosures.** You have the right to ask for restrictions on how your health information is used or to whom your information is disclosed, even if the restriction affects your treatment or our payment or health care operation activities. Or, you may want to limit the health information provided to family or friends involved in your care or payment of medical bills. You may also want to limit the health information provided to authorities involved with disaster relief efforts. However, we are not required to agree in all circumstances to your requested restriction.
4. **Receive Confidential Communications Of Health Information.** You have the right to ask that we communicate your health information to you in different ways or places. For example, you may wish to receive information about your health status in a special, private room or through a written letter sent to a private address. We must accommodate reasonable requests. To request confidential communications, you must submit your request in writing to the Privacy Officer.
5. **Receive A Record Of Disclosures Of Your Health Information.** You have the right to request a list of the disclosures of your health information that we have made in compliance with federal and state law. This list will include the date of each disclosure, who received the disclosed health information, a brief description of the health information disclosed, and why the disclosure was made. For some types of disclosures, the list will also include the date and time

the request for disclosure was received and the date and time the disclosure was made. For example, you may request a list that indicates all the disclosures your health care provider has made from your health care record in the past six months. To request this accounting of disclosures, you must submit your request in writing to the Privacy Officer. We must comply with your request for a list within 60 days, unless you agree to a 30-day extension, and we may not charge you for the list, unless you request such list more than once per year.

6. **Obtain A Paper Copy Of This Notice.** Upon your request, you may at any time receive a paper copy of this notice. This notice may be viewed electronically at the Columbus Community Hospital web site, cch-inc.com. This notice is also available in Spanish.

7. **Complaint.** If you believe your privacy rights have been violated, you may file a complaint with us and with the federal Department of Health and Human Services. We will not retaliate against you for filing such a complaint. To file a complaint with us, please contact any Columbus Community Hospital employee, who will direct your complaint to the Privacy Officer. To file a complaint with the Secretary of the Department of Health and Human Services, you can direct your complaint to: 200 Independence Avenue, S.W., Washington, DC 20201, or reach the Secretary by phone at (202) 690-7000.

Again, if you have any questions or concerns regarding your privacy rights or the information in this notice, please contact the Privacy Officer, at Columbus Community Hospital, 1515 Park Avenue, Columbus, Wisconsin, 53925, or at (920) 623-2200 or (800) 549-7511.

This Notice of Privacy Practices is Effective April 14, 2003 and was revised on May 24, 2010.