

## Your Health Information Rights

**Right to request a restriction on certain uses and disclosures of your information:** You have the right to ask for restrictions on how your health information is used or to whom the information is disclosed for treatment, payment and health care operations; to family or friends involved in your care or payment of medical bills; or to authorities involved in disaster relief efforts. We are not required to agree to a requested restriction. To request a restriction on your health information, please obtain a "Request for Restrictions" form and submit the completed form to Health Information Services. We will let you know if we agree to your **request.** \* **Refer to section on payment for certain restriction information.**

**Right to request confidential communications of your health information:** You may request that we communicate your health information to you in different ways or to different places. For example, you may wish to receive information sent to a post office box instead of a street address. You must make the request in writing, and we must accommodate any reasonable request. Please complete a "Request for Confidential Communication" form that is available throughout the organization.

**Right to inspect and obtain a copy of your health record:** You may request to review and receive copies of your health information. There are situations that we may deny such a request. For example, you may not review or receive copies of psychotherapy notes or information gathered for judicial hearings. You may review or obtain copies of your health information through Health Information Services. We may charge you a reasonable fee for copies. Electronic record review is by appointment only. Contact Health Information Services to set up an appointment.

**Right to request that your health record be amended:** If you believe that your health information is incorrect, you may ask us to correct the information. We may deny your request if we disagree with you and believe that your health information is correct or if we did not create the health information referred to in your request. Please obtain an "Amendment Request" form and submit the completed form to Health Information Services.

**Right to receive a record of disclosures of your health information:** You may receive a list of disclosures of your health information made by us on or after April 14, 2003. The list will not include disclosures made for treatment, payment, and health care operations or directly to you or with your authorization. An individual does have a right to receive information about disclosures made through an electronic medical record for purposes of treatment, payment, and health care operations. Certain other disclosures are excluded under the law. To request a list of disclosures, please obtain an "Accounting of Disclosures of Protected Health Information" form, and submit the completed form to Health Information Services. There is no fee for the first list. We may charge for the second list you request in a 12-month period.

**Right to obtain a paper copy of this notice:** You may request a paper copy of this notice at any time. Electronic record review is by appointment only. Contact Health Information Services to set up an appointment. You may also review this notice at [www.MemorialMedCenter.org](http://www.MemorialMedCenter.org).

If you want to exercise any of the above rights, please let a member of our staff know of your request, and they will assist you. You may obtain the forms referred to in this brochure at the Registration Desk.

**Uses and Disclosures of Health Information Requiring Authorization:** Any marketing or sale of health information that is used or disclosed by us requires a signed authorization. Others uses and disclosures not described in the Notice of Privacy Practices will be made with a signed authorization.

**Obligations of Memorial Medical Center:** We are required by law to maintain the privacy of your protected health information, provide you with this notice outlining our privacy practices, and follow these privacy practices. We must follow federal and state laws and follow whichever is more protective of your rights.

**Complaints:** You may file a complaint with us and the Department of Health and Human Services if you believe your privacy rights have been violated. We will not retaliate against you. You may file a complaint by speaking to any member of the staff. They will direct you to Health Information Services where you will be provided with assistance.

**Contact Information:** If you have any questions about your privacy rights, please contact:

**Privacy Officer  
Memorial Medical Center  
216 Sunset Place  
Neillsville, WI 54456  
Phone: 715-743-8324**

# 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.***

Effective Date April 1, 2015

## About Protected Health Information

Your health information is contained in a medical record that is the physical property of Memorial Medical Center. We must keep private your personal health information. We are required by law to give you this notice explaining how we may and may not use and disclose your health information. Memorial Medical Center reserves the right to change its information practices and to make the new provisions effective for all protected health information it maintains. Revised notices will be made available to you upon request.

### How Memorial Medical Center May Use or Disclose Your Health Information Without Your Written Authorization

**For Treatment:** We may use and disclose your health information to provide you with medical treatment or other services. For example, your doctor, a nurse, or other persons providing health services to you, will record information in your record that is related to your treatment. This information is used by health care providers to decide what treatment is best for you. This information may be disclosed to other health care providers involved in your care.

**For Payment:** We may use and disclose your health information to others for purposes of receiving payment for treatment and services that you receive. For example, a bill may be sent to you or a third-party payer, such as an insurance company or health plan. We agree to restrict disclosures of health information to a health plan when you have paid for the item/service in full and out of pocket. The bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment. We may also disclose your health information to another health care provider or health plan for its payment activities.

**For Health Care Operations:** We may use and disclose health information about you in order to improve the quality or cost of care we provide. For example, your health information may be disclosed to members of the medical staff, risk or quality improvement personnel, and others in order to evaluate the quality of your care and the effectiveness of the results of the treatment provided to you.

**Appointments:** We may use your information to provide appointments and treatment reminders, or to send you information about treatment alternatives or other health-related benefits and services that may be helpful or of interest to you.

**Directory:** We may include information about you in our directories.

Hospital Directory - Includes your name, location in the facility, and your general condition. This information may be released to people who ask for you by name. If you choose not to be listed in this directory, this information will not be available to anyone, not even relatives and friends.

Clergy Directory - Includes your name, location in the facility, your general condition, and your religious affiliation. Your religious affiliation will only be released to the members of the clergy. It may be released even if they do not inquire about you by name. Clergy from one religious affiliation cannot obtain the names of patients from another religious affiliation.

For example, a Lutheran pastor may only obtain the names of Lutheran patients. If you choose not to be listed in this directory, your religious affiliation will not be given to anyone.

**Individuals Involved in Your Care:** We may disclose your health information to others involved in your care or to someone who helps pay for your care. This might be a family member, a relative, a friend, or someone you designate.

**Breach Notification:** You have the right to be notified if a breach of unsecured health information has occurred and you are affected.

**Genetic Information:** Genetic information cannot be used by a health plan for underwriting.

**Disaster Relief:** We may disclose your health information to assist in disaster relief efforts.

**Marketing:** Any marketing or sale of health information that is used or disclosed by us requires a signed authorization.

**Fundraising:** We may use your information to contact you to raise funds to support our activities. You have the right to opt out of receiving future fundraising communications.

**Required by Law:** We may use and disclose information about you as required by law. For example, we may disclose information for the following purposes: for judicial and administrative proceedings in response to a legal order or other lawful process; to report information related to victims of abuse, neglect or domestic violence; to assist law enforcement officials in their law enforcement duties; for required reporting of data and statistics; to your employer as required by workers' compensation and workplace safety law; and to health oversight agencies to ensure compliance with government health programs such as Medicare and Medicaid.

**Public Health:** We may use or disclose your health information to public health authorities or other legal authorities to prevent or control disease, injury, or disability. We may report information about products and services to the US Food & Drug Administration. We may alert a person who may have been exposed to a communicable disease or be at risk of getting or spreading a disease or illness.

**Coroners, Medical Examiners and Funeral Directors:** We may disclose your health information to a coroner, medical examiner or funeral director as necessary for them to carry out their lawful duties.

**Organ/Tissue Donation:** We may use or disclose your health information to persons or organizations that assist with obtaining, storing or transporting of organ, eye, or other tissue donations.

**Research:** We may use or disclose your health information for research purposes.

**Health and Safety:** We may use or disclose your health information to avoid or lessen a serious and immediate threat to the health or safety of you or the general public.

**Government Functions:** We may use or disclose your health information for specialized government functions such as protection of public officials or reporting to various branches of the armed services.

**Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your health information to the institution or official for certain purposes. For example, we may disclose your health information to a correctional institution to provide you with care.

All other uses and disclosures will be made only with your written permission. You may cancel your permission at any time except to the extent Memorial Medical Center has already taken action.