

1.5 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.*

FOX VALLEY SURGICAL ASSOCIATES (“FVSA”) is required by law to maintain the privacy of your protected health information (“PHI”) and to notify affected individuals following a breach of unsecured PHI. “PHI” consists of all records related to your health, including demographic information, either created by FVSA or received by FVSA from other health care providers.

We are required to provide you with notice of our legal duties and privacy practices with respect to your PHI. These legal duties and privacy practices are described in this Notice. FVSA will abide by the terms of this Notice, or the Notice currently in effect at the time of the use or disclosure of your PHI.*

FVSA reserves the right to change the terms of this Notice and to make any new provisions effective for all PHI that we maintain. Patients will be provided a copy of any revised Notices upon request. An individual may obtain a copy of the current Notice from our office at any time.

Uses and Disclosures of Your PHI Not Requiring Your Consent

FVSA may use and disclose your PHI, without your written consent or authorization, for certain treatment, payment and healthcare operations. There are certain restrictions on uses and disclosures of “treatment records,” which include registration and all other records concerning individuals who are receiving, or who at any time have received services for mental illness, developmental disabilities, alcoholism, or drug dependence. There are also restrictions on disclosing HIV test results.

Treatment may include:

- Providing, coordinating, or managing health care and related services by one or more health care providers;
- Consultations between health care providers concerning a patient;
- Referrals to other providers for treatment;
- Referrals to nursing homes, foster care homes, or home health agencies.

For example, FVSA may determine that you require the services of a specialist. In referring you to another doctor, FVSA may share or transfer your PHI to that doctor.

Payment activities may include:

- Activities undertaken by FVSA 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 health care 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.

* This Notice is prepared in accordance with the Health Insurance Portability and Accountability Act, 45 C.F.R. 164.520, and applicable Wisconsin healthcare privacy laws.

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

Healthcare operations may include:

- Contacting health care providers and patients with information about treatment alternatives;
- Conducting quality assessment and improvement activities;
- Conducting outcomes evaluation and development of clinical guidelines;
- Protocol development, case management, or care coordination;
- Conducting or arranging for medical review, legal services, and auditing functions.

For example, FVSA may use your diagnosis, treatment, and outcome information to measure the quality of the services that we provide, or assess the effectiveness of your treatment when compared to patients in similar situations.

FVSA may contact you, by telephone or mail, to provide appointment reminders. You must notify us if you do not wish to receive appointment reminders.

We may not disclose your PHI to family members or friends who may be involved with your treatment or care without your written permission. PHI may 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.

There are additional situations when FVSA is permitted or required to use or disclose your PHI without your consent or authorization. Examples include the following:

As permitted or required by law:

In certain circumstances we may be required to report PHI to legal authorities, such as law enforcement officials, court officials, or government agencies. For example, we may have to report abuse, neglect, domestic violence or certain physical injuries. We are required to report gunshot wounds or any other wound to law enforcement officials if there is reasonable cause to believe that the wound occurred as a result of a crime. Mental health records may be disclosed to law enforcement authorities for the purpose of reporting an apparent crime.

For public health activities:

We may release PHI, with the exception of treatment records, to certain government agencies or public health authority authorized by law, upon receipt of written request from that agency. We are required to report positive HIV test results to the state epidemiologist. We may also disclose HIV test results to other providers or persons when there has been or will be risk of exposure. We may report to the state epidemiologist the name of any person known to have been significantly exposed to a patient who tests positive for HIV. We are required by law to report suspected child abuse and neglect and suspected abuse of an unborn child, but cannot disclose HIV test results in connection with the reporting or prosecution of alleged abuse or neglect. We may release PHI, including treatment records and HIV test results, to the Food and Drug Administration when required by federal law. We may disclose PHI, except for HIV test results, for the purpose of reporting elder abuse or neglect, provided the subject of the abuse or neglect agrees, or if necessary to prevent serious harm. PHI may be released for the reporting of domestic violence if necessary to protect the patient or community from imminent and substantial danger.

For health oversight activities:

We may disclose PHI, including treatment records, in response to a written request by any federal or state governmental agency to perform legally authorized functions, such as management audits, financial audits, program monitoring and evaluation, and facility or individual licensure or certification. HIV test results may not be released to federal or state governmental agencies, without written permission, except to the state epidemiologist for surveillance, investigation, or to control communicable diseases.

Judicial and administrative proceedings:

PHI, including treatment records and HIV test results, may be disclosed pursuant to a lawful court order. A subpoena signed by a judge is sufficient to permit disclosure of all PHI except for HIV test results.

For activities related to death:

We may disclose PHI, except for treatment records, to a coroner or medical examiner for the purpose of completing a medical certificate or investigating a death. HIV test results may be disclosed under certain circumstances.

For research:

Under certain circumstances, and only after a special approval process, we may use and disclose your PHI to help conduct research.

To avoid a serious threat to health or safety:

We may report a patient's name and other relevant data to the Department of Transportation if it is believed the patient's vision or physical or mental condition affects the patient's ability to exercise reasonable or ordinary control over a motor vehicle. PHI, including treatment records and HIV test results, may be disclosed where disclosure is necessary to protect the patient or community from imminent and substantial danger.

For workers' compensation:

We may disclose your PHI to the extent such records are reasonably related to any injury for which workers compensation is claimed.

Uses and Disclosures of Your PHI Requiring Your Consent

There are additional situations when FVSA requires your consent or authorization before using or disclosing your PHI. Examples include the following:

Psychotherapy notes:

We must obtain your authorization for any use or disclosure of psychotherapy notes, with several exceptions. We may use or disclose psychotherapy notes without your authorization to carry out the following treatment, payment or health care operations: the originator of the psychotherapy notes may use them for treatment; we may use or disclose psychotherapy notes for our own training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family or individual counseling; or we may use or disclose psychotherapy notes to defend ourselves in a legal action or other proceeding brought by you. We are required to disclose psychotherapy notes, without your authorization, when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with HIPAA. We may also use or disclose psychotherapy notes to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law. We may also,

under certain circumstances, disclose psychotherapy notes to a health oversight agency for oversight activities authorized by law with respect to the oversight of the originator of the psychotherapy notes. We may also disclose psychotherapy notes to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law. We may also use or disclose psychotherapy notes, consistent with applicable law and standards of ethical conduct, if we believe, in good faith, the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, and if the use or disclosure is to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Marketing:

We must obtain your authorization for any use or disclosure of PHI for marketing, except if the communication is in the form of a face-to-face communication made by us to you, or a promotional gift of nominal value provided by us.

Sale of PHI:

We must obtain your authorization for any disclosure of PHI which is a sale of PHI.

FVSA will not make any other use or disclosure of your PHI without your written authorization. You may revoke such authorization at any time, except to the extent that FVSA has taken action in reliance thereon. Any revocation must be in writing.

Your Rights Regarding Your PHI

You are permitted to request that restrictions be placed on certain uses or disclosures of your PHI by FVSA to carry out treatment, payment, or healthcare operations. You must request such a restriction in writing. We are generally not required to agree to your request, though we must agree to your request to restrict disclosure of PHI about you to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, and the PHI pertains solely to a health care item or service for which you, or a person (other than the health plan) on your behalf, has paid us in full. If we do agree to the restriction, we must adhere to the restriction, except when your PHI is needed in an emergency treatment situation. In this event, information may be disclosed only to healthcare providers treating you. Also, a restriction would not apply when we are required by law to disclose certain PHI.

You have the right to review and/or obtain a copy of your healthcare records, with the exception of psychotherapy notes, or information compiled for use (or in anticipation for use) in a civil, criminal, or administrative action or proceeding. FVSA may deny an access under other circumstances, in which case you have the right to have such a denial reviewed. We may charge a reasonable fee for copying your records.

You may request that FVSA send PHI, including billing information, to you by alternative means or to alternative locations. You may also request that FVSA not send information to a particular address or location or contact you at a specific location, perhaps your place of employment. This request must be submitted in writing. We will accommodate reasonable requests by you.

You have the right to request that FVSA amend portions of your healthcare records, as long as such information is maintained by us. You must submit this request in writing, and under certain circumstances the request may be denied.

You may request to receive an accounting of the disclosures of your PHI made by FVSA for the six years prior to the date of the request, beginning with disclosures made after April 14, 2003. We are not required, however, to record disclosures made pursuant to a signed consent or authorization.

You may request and receive a paper copy of this Notice, if you had previously received or agreed to receive the Notice electronically.

Any person or patient may file a complaint with FVSA and/or the Secretary of Health and Human Services if they believe their privacy rights have been violated. To file a complaint with FVSA, please contact the Privacy Officer at the following:

*Privacy Officer
FOX VALLEY SURGICAL ASSOCIATES
2000 E. Milestone Drive
Appleton, WI 54913
920-731-8131*

It is the policy of FVSA that no retaliatory action will be made against any individual who submits or conveys a complaint of suspected or actual non-compliance or violation of the privacy standards.

This Notice of Privacy Practices is effective April 1, 2013.