



## Notice of Privacy Practices

*Revised September 23, 2013*

***THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW MEDICAL INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.***

This Notice of Privacy Practices is given on behalf of Madison Women's Health, LLP ("MWH") health care professionals and other MWH personnel. This notice is also given on behalf of other approved healthcare providers when they are treating patients at the MWH clinic.

This Notice of Privacy Practices ("Notice") is required by regulations (the "Privacy Rule") established under federal law (the Health Insurance Portability and Accountability Act, or "HIPAA"). MWH is committed to protecting your medical information, including health information protected by HIPAA and other federal and state laws, and using such information appropriately.

This Notice is intended to inform you about the ways in which MWH may use and disclose your protected health information, and to describe your rights and other obligations MWH has regarding the use and disclosure of your protected health information. Other health care providers may have different policies or notices regarding that provider's use and disclosure of your protected health information created in that provider's office or clinic.

The Privacy Rule requires MWH to make sure that your protected health information is kept confidential and not disclosed to anyone or used by anyone without your consent, authorization, or as specifically allowed by law. The Privacy Rule requires MWH to give you this Notice and to follow the terms of the notice that is currently in effect. The Privacy Rule is lengthy and extremely complex. This Notice cannot be a complete and accurate account of the contents of the Privacy Rule. If you would like a copy of the Privacy Rule, or if you have questions about this Notice, please contact our Privacy Officer as noted below.

Privacy Officer:           Karla Dickmeyer, MD (608) 729-6300  
5801 Research Park Boulevard, Suite 400, Madison WI 53719

## I. USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

A. The Privacy Rule allows MWH to use or disclose protected health information about you for purposes of treatment, payment, and health care operations. Any uses or disclosures for payment or health care operations must be limited to the minimum necessary to accomplish the purpose of the use or disclosure.

1. **Treatment.** MWH may use protected health information about you to provide you with medical treatment or services, to coordinate or manage your health care services, or to facilitate consultations or referrals as part of your treatment.
2. **Payment.** MWH may use and disclose your medical records to send bills and collect payment from you, your insurance company or other third parties, for the treatment and other services you may receive from MWH.

For example, MWH may need to give your health insurer or HMO information about your treatment so they can pay MWH or reimburse you. MWH may also tell your health insurer or HMO about a treatment you are going to receive in order to obtain prior approval or to determine whether your health plan will cover the treatment.

3. **Health Care Operations.** We may use and disclose protected health information for our health care operations. For example, we may use your protected health information to internally review the quality of the treatment and services you receive and to evaluate the performance of our team members in caring for you. We also may disclose information to physicians, nurses, medical technicians, medical students, and other authorized personnel for educational and learning purposes.

B. MWH also may use and disclose limited protected health information about you to persons involved in your care or payment of your care, *subject to your right to object to these uses or disclosures.*

1. **Persons Involved in Your Care or Payment for Your Care.** MWH may release protected health information about you to a family member, friend, or someone you designate who is involved in your care or payment of medical bills. MWH may also tell your family or friends your condition and that you are at our clinic. MWH may also disclose your health information to an entity authorized to assist in disaster relief so that those who care for you can receive information about your location or health status.
2. **Fundraising Activities.** We may use or disclose your protected health information, as necessary, in order to contact you for fundraising activities. You have the right to opt out of receiving fundraising communications.

C. The Privacy Rule and Wisconsin law allow MWH to use or disclose your protected health information/patient health care records *without your authorization or informed consent* for a number of functions and activities, described below.

1. **As Required by Law.** MWH is permitted to disclose your protected health information when required to do so by international, federal, state or local law.

2. **Business Associates.** MWH may disclose Protected Health Information to our business associates who perform functions on our behalf or provide us with services if the protected health information is necessary for those functions or services. For example, MWH may use another company to do our billing, or to provide transcription or consulting services for us. All of our business associates are obligated, under contract with us, to protect the privacy and ensure the security of your protected health information.
3. **Appointment Reminders/Treatment Alternatives/Health-Related Benefits and Services.** We may use and disclose protected health information to contact you to remind you that you have an appointment for medical care, or to contact you to tell you about possible treatment options or alternatives or health related benefits and services that may be of interest to you.
4. **Minors.** MWH may disclose the protected health information of minor children to their parents, guardian or legal custodian, as defined by Wisconsin law, unless such disclosure is otherwise prohibited by law.
5. **Public Health Risks.** MWH is permitted to disclose your protected health information for public health activities, including:
  - to prevent or control disease, injury or disability, to report births and deaths, and for public health surveillance or interventions; For example, MWH reports immunization information to the Wisconsin Immunization Registry (WIR).
  - to report child abuse or neglect;
  - to the FDA, to report adverse events or product defects, to track products, to enable product recalls, or to conduct post-market surveillance as required by the FDA;
  - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
6. **Victims of Abuse, Neglect, or Domestic Violence.** The Privacy Rule authorizes MWH to notify the appropriate government authority if MWH believes a patient or resident has been the victim of abuse, neglect or domestic violence. MWH will only make this disclosure if you agree, or when required or authorized by law.
7. **Health Oversight Activities.** MWH is permitted to disclose protected health information to a health oversight agency for activities authorized by law, including audits, investigations, inspections, licensure or disciplinary activities, and other similar proceedings. MWH may not disclose the protected health information of a person who is the subject of an investigation that is not directly related to that person's receipt of health care or public benefits.
8. **Data Breach Notification Purposes.** We may use or disclose your protected health information to provide legally required notices of unauthorized access to or disclosure of your health information.
9. **Judicial and Administrative Proceedings.** The Privacy Rule allows MWH to disclose confidential protected health information in response to a court or administrative order. MWH may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested. Wisconsin law may require a court order for the release of patient health care records in these circumstances, and may be considered more protective of your privacy than

the Privacy Rule.

- 10. Law Enforcement.** The Privacy Rule allows MWH to disclose protected health information if asked to do so by a law enforcement official in the following circumstances:
- In response to a court order, subpoena, warrant, summons or similar process;
  - To identify or locate a suspect, fugitive, material witness, or missing person;
  - About the victim of a crime if, under certain limited circumstances, MWH is unable to obtain the person's agreement;
  - About a death MWH believes may be the result of criminal conduct;
  - About criminal conduct at MWH; and
  - In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Wisconsin law generally requires a court order for the release of patient health care records in these circumstances, and may be considered more protective of your privacy than the Privacy Rule. However, Wisconsin law does allow the release of confidential patient health care records when a crime occurs on the premises and a victim is threatened with bodily harm. Wisconsin law also requires that gunshot wounds or other suspicious wounds, including burns, that are reasonably believed to have occurred as the result of a crime must be reported to the local police or sheriff. The report must include the nature of the wound and the patient's name.

- 11. Coroners, Medical Examiners and Funeral Directors.** MWH may disclose protected health information to a coroner, medical examiner or funeral director to identify a deceased person, determine the cause of death or carry out their duties.

- 12. Organ and Tissue Donation.** MWH may disclose protected health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank to facilitate organ or tissue donation and transplantation.

- 13. Research.** We may use and disclose your protected health information for research purposes, but we will only do that if the research has been specially approved by an authorized institutional review board or a privacy board that has reviewed the research proposal and has set up protocols to ensure the privacy of your protected health information. Even without that special approval, we may permit researchers to look at protected health information to help them prepare for research, for example, to allow them to identify patients who may be included in their research project, as long as they do not remove, or take a copy of, any protected health information. We may use and disclose a limited data set that does not contain specific readily identifiable information about you for research. However, we will only disclose the limited data set if we enter into a data use agreement with the recipient who must agree to (1) use the data set only for the purposes for which it was provided, (2) ensure the confidentiality and security of the data, and (3) not identify the information or use it to contact any individual. However, Wisconsin law provides additional protections for information relating to treatment for mental health, developmental disabilities, alcoholism, drug dependence, or information concerning the presence of HIV, antigen or non-antigenic products of HIV or an antibody to HIV.

- 14. Serious Threat to Health or Safety.** If there is a serious threat to your health and safety or the health and safety of the public or another person, MWH may use and disclose your protected

health information to someone able to help prevent the threat.

**15. Specialized Government Functions.** In certain circumstances, the Privacy Rule authorizes MWH to use or disclose your protected health information to facilitate specified government functions.

- **Military and Veterans.** MWH may disclose the protected health information of armed forces personnel as required by military command authorities for the proper execution of a military mission.

- **National Security and Intelligence Activities.** MWH may disclose your protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

- **Inmates and Law Enforcement Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, MWH may release the protected health information of inmates and others in law enforcement custody to the correctional institution or law enforcement official, where necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

**16. Workers' Compensation.** MWH may release your protected health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

## II. AUTHORIZATION TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION

Other uses and disclosures of protected health information not covered by this Notice or the laws that apply to MWH will be made only with your authorization. Such uses and disclosures include:

- Uses and disclosures of protected health information for marketing purposes; and
- Disclosures that constitute a sale of your protected health information.

Wisconsin law is more protective of certain information than the Privacy Rule. Accordingly, MWH will not disclose your information relating to treatment for mental health, developmental disabilities, alcoholism, drug dependence, or information concerning the presence of HIV, antigen or non-antigenic products of HIV or an antibody to HIV, without in each case obtaining your authorization unless otherwise permitted or required by Wisconsin or federal law.

If you authorize MWH to use or disclose your protected health information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, MWH will no longer use or disclose your protected health information as specified by the revoked authorization. Disclosures that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

### III. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have several rights with regard to the protected health information MWH maintains about you. If you wish to exercise any of the following rights please make requests in writing to the Privacy Officer of MWH.

- 1. Right to Request Restrictions.** You have the right to request a restriction or limitation on the protected health information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the protected health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. To request a restriction on who may have access to your protected health information, you must submit a written request to the Privacy Officer. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to your request, unless you are asking us to restrict the use and disclosure of your protected health information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of-pocket" in full. If we do agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment.

*MWH is not required to agree to your request.* If MWH does agree, it will comply with your request unless the information is needed to provide you emergency treatment. A request for restrictions should include (1) what information you want to limit; (2) whether you want to limit its use, disclosure or both; and (3) to whom you want the limits to apply.

- 2. Right to Restrict Disclosures of Self Pay Items to Health Plan.** You have the right to restrict disclosures of protected health information to health plans for payment or health care operations purposes if the protected health information pertains solely to items and services paid in full by you.
- 3. Right to Request Confidential Communications.** You have the right to request that MWH communicate with you about medical matters through specific channels, that is, in a certain way or at a certain location. For example, you can ask that MWH only contact you at work, or only at home, or only by mail. MWH will not ask you the reason for your request, and will attempt to accommodate all reasonable requests.
- 4. Right to Inspect and Copy.** You have the right to inspect and copy a designated set of your medical records. This designated set typically includes medical and billing records, but may not include psychotherapy notes.

Please note that a request to inspect your medical records means that you may examine them at a mutually convenient time or place. We have up to 30 days to make your protected health information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request,

and we will comply with the outcome of the review.

- 5. Right to Amend.** If, in your opinion, your medical records are incorrect or incomplete, you may request that MWH amend your records. You have the right to request an amendment for as long as the information is kept by or for MWH. A request to amend your medical records must give the reasons for the amendment. MWH may deny your request for an amendment if it is not in writing or does not include a reason. MWH may also deny your request for amendment if it covers medical records that:

  - Were not created by MWH, unless the person who actually created the information is no longer available to make the amendment;
  - Are not part of the medical records kept by or for MWH;
  - Are not part of the information which you would be permitted to inspect and copy, as discussed above; or
  - Are accurate and complete.
- 6. Right to an Accounting of Disclosures.** You have the right to request an accounting of certain disclosures of your protected health information by MWH. A request for accounting of disclosures must specify a time period, which may not be longer than six years, and which may not include dates before April 14, 2003. A request for accounting of disclosures should indicate in what form you want the disclosure (for example, on paper). The first accounting within a 12-month period will be free; for additional accountings, MWH may charge for its costs after notifying you of the cost involved and giving you the opportunity to withdraw or modify your request before any costs are incurred.
- 7. Right to Get Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured protected health information.
- 8. Right to a Copy of Health Record in Electronic Format.** If your protected health information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your protected health information in the form or format you request, if it is readily producible in such form or format. If the protected health information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.
- 9. Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice at any time, even if you previously agreed to receive this Notice electronically. To obtain a paper copy of this Notice, please contact the Privacy Officer from MWH. You also may obtain a copy of the current version of MWH's Notice of Privacy Practices at the MWH website: [www.madisonwomenshealth.com](http://www.madisonwomenshealth.com).
- 10. Right to Complain.** You may file a complaint with us or with the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated.

To file a complaint with us, contact our Privacy Officer at the address listed at the beginning of

this Notice. All complaints must be made in writing and should be submitted within 180 days of when you knew or should have known of the suspected violation. There will be no retaliation against you for filing a complaint.

To file a complaint with the Secretary, mail it to: Secretary of the U.S. Department of Health and Human Services, 200 Independence Ave, S.W., Washington, D.C. 20201. Call (202) 619-0257 (or toll free (877) 696-6775) or go to the website of the Office for Civil Rights, [www.hhs.gov/ocr/hipaa/](http://www.hhs.gov/ocr/hipaa/), for more information. There will be no retaliation against you for filing a complaint.

#### **IV. AMENDMENTS TO THIS NOTICE**

MWH reserves the right to amend this Notice at any time. MWH is required to amend this Notice as made necessary by changes in the Privacy Rule. Each version of the Notice will have an effective date on the first page. MWH reserves the right to make the amended Notice effective for protected health information MWH has at the time the amendment is made, as well as any protected health information MWH may receive or create in the future.

#### **V. MWH'S DUTIES**

MWH is required by the Privacy Rule to maintain the privacy of your protected health information. The Privacy Rule requires that MWH provide notice of its privacy practices to all of its patients or clients. MWH's obligations to maintain your privacy, and the situations and circumstances in which your protected health information may be used or disclosed, are described in more detail in this Notice of its legal duties and privacy practices. MWH is required to comply with the terms and conditions of this Notice, and may not amend this Notice except as set forth above.