

coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.

MILITARY, NATIONAL SECURITY, OR INCARCERATION/LAW ENFORCEMENT OFFICIALS:

If you are involved with the military, law enforcement officials, national security or intelligence activities, or you are in the custody of law enforcement officials, or an inmate of a correctional institution, we may release your medical information to the proper authorities so they may carry out their duties under the law.

USES AND DISCLOSURES OF INFORMATION ABOUT YOUR HEALTH WITH YOUR AUTHORIZATION

Other uses and disclosures of information about your health that are not described in this notice or are not otherwise permitted by law will be made only with your written authorization. You may revoke such authorization as described in this notice.

YOUR RIGHTS REGARDING INFORMATION ABOUT YOUR HEALTH

You have the following rights regarding the medical information we maintain about you, which you may exercise by submitting your request in writing to:
Health Information Services Department
Westfields Hospital
535 Hospital Road, New Richmond, WI 54017

RIGHT TO INSPECT AND COPY: You have the right to inspect and to receive a copy of medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and receive a copy of medical information that may be used to make decisions about you, you must submit your request in writing to the Health Information Services Department of the hospital. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. The first copy will be free of charge. We may deny your request to inspect and receive a copy of your medical information in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the hospital will review your

request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

RIGHT TO AMEND: If you feel the medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by or for the hospital. To request an amendment, your request must be made in writing and submitted to the Health Information Services Department at the hospital.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the medical information kept by or for the hospital;
- is not part of the information which you would be permitted to inspect and receive a copy of; or
- is accurate and complete.

RIGHT TO AN ACCOUNTING OF DISCLOSURES: You have the right to request an “accounting of disclosures”. This is a list of the disclosures we made of medical information about you. To request this list or accounting of disclosures, you must submit your request in writing to the Health Information Services Department of the hospital. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. The first list you request will be provided free. For additional lists you request within a 12-month period we may charge you a fee for the costs of providing the lists. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must submit your request in writing to the Health Information Services Department at the hospital. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

RIGHT TO A COPY OF THIS NOTICE: You have the right to a paper copy of this notice. You may ask us to give you a paper copy of this notice at any time. You may also obtain a copy of this notice at our web site, www.westfieldshospital.com.

CHANGES TO THIS NOTICE: We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post copies of this notice in the hospital. This notice will contain the effective date. In addition, each time you are in our facility for treatment we will have available a copy of the current notice in effect.

FOR MORE INFORMATION AND TO FILE A COMPLAINT: If you have questions and would like additional information, you may contact the Performance Improvement Department: (715) 246-2101 (See Below).

If you believe your privacy rights have been violated, you may file a written complaint with the Performance Improvement Department or with the Secretary of the Department of Health and Human Services. You will not be retaliated against for filing a complaint.

Performance Improvement Department
Westfields Hospital
535 Hospital Road
New Richmond, WI 54017
(715) 246-2101

OR
Secretary of the Federal Dept. of Health and Human Services
200 Independence Avenue, S.W.
Washington DC 20201
(202) 690-7000

05/01/2006

 **Westfields Hospital™**
Part of the HealthPartners Family of Care

535 Hospital Road
New Richmond, WI 54017
(715) 246-2101
www.westfieldshospital.com

CC801

 **Westfields Hospital™**
Part of the HealthPartners Family of Care

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.



We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of care and services you receive in our facility. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care that we maintain.

This notice describes the ways in which we may use and disclose information about your health to carry out treatment, payment, and health care operations, and for other purposes as permitted or required by law. It also describes your rights and our duties regarding the use and disclosure of your health information.

USES OF INFORMATION ABOUT YOUR HEALTH WITHOUT YOUR AUTHORIZATION

The following categories describe different ways that we may use and disclose information about your health without your written authorization. For each category of uses or disclosures we will explain what we mean and try to give some examples; however, not every use of disclosure in a category will be listed.

TREATMENT: We will use and disclose medical information about you to provide, coordinate, or manage your health care and any related service. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you at the hospital. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for proper meals. Different departments of the hospital may also share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We may also disclose medical information about you to people outside the hospital who may be involved in your medical care after you leave the hospital, such as physician specialists, family members, home health agencies, or others we use to provide services that are part of your care.

PAYMENT: We may use and disclose medical information about you so that the treatment and services you receive at the hospital may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information

about surgery you received at the hospital so your health plan will pay us or reimburse you for the surgery. We also may tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

HEALTH CARE OPERATIONS: We may use and disclose medical information about you for hospital operations. These uses and disclosures are necessary to run the hospital and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. This example is called Performance Improvement. We may also combine medical information about many of our patients to decide what additional services we should offer, what services are not needed and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other medical center personnel for review and learning purposes. We may also combine the medical information we have with medical information from other medical facilities 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.

APPOINTMENT REMINDERS: We may use and disclose medical information to contact you with a reminder that you have an appointment for treatment or medical care at the hospital.

TREATMENT ALTERNATIVES: We may use and disclose medical information in order to tell you about or recommend possible treatment options or alternatives that may be of interest to you. For example, we may call a patient with diabetes if they may benefit from a new type of insulin pump.

HEALTH-RELATED BENEFITS AND SERVICES: We may use and disclose medical information in order to tell you about health-related services or benefits that may be of interest to you. For example, someone who is pregnant may benefit from prenatal classes.

FUNDRAISING ACTIVITIES: We may use certain information about you to contact you in an effort to raise money for the hospital and its operations. We may disclose information to the hospital's foundation so that the foundation may contact you in raising money for the hospital.

We only would release contact information, such as your name, address, and phone number and the dates you received treatment or services at the hospital. If you do not want the hospital to contact you for fundraising efforts, you must notify the hospital in writing.

HOSPITAL DIRECTORY: Unless you object, we may include certain limited information about you in the hospital directory while you are a patient in the hospital. This information may include your name, location in the hospital, your general condition (fair, stable, so forth) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends, or clergy can visit you in the hospital and generally know how you are doing.

INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE: We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in the hospital. You have the right to object to such disclosure, unless you are unable to function or there is an emergency. In addition, we may disclose medical information about you to organizations authorized to handle disaster relief efforts so your family or those who care for you can be notified about your condition, status, and location.

RESEARCH: Under certain circumstances, we may use and disclose minimally necessary information about you for research purposes. All research projects, however, are subject to a special approval process. Before we use or disclose medical information for research, you must sign a research authorization form.

AS REQUIRED BY LAW: We will disclose minimally necessary medical information about you when required to do so by federal, state, or local law.

TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY: We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety of the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

ORGAN AND TISSUE DONATION: If you are an organ

donor, we may release medical information to the organization that handles donor procurement or organ, eye, or tissue transplantation to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

WORKERS' COMPENSATION: We may release medical information about you for workers' compensation or similar programs. These programs provide benefit for work-related injuries or illnesses.

PUBLIC HEALTH RISKS: We may disclose medical information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury, or disability;
- to report births and deaths;
- to report child and/or elderly abuse;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- 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;
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required by law.

HEALTH OVERSIGHT ACTIVITIES: We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

LAWSUITS AND DISPUTES: If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a court order. We may also disclose medical information about you in response to a subpoena if the hospital is a party to a court action, or if the hospital failed to respond to a request for workers' compensation records.

LAW ENFORCEMENT: We may release medical information if asked to do so by a law enforcement official:

- in response to a court order;
- for investigation of elderly and/or child abuse;
- for limited law enforcement purposes as required by law.

CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS: We may release medical information to a