

NOTICE OF PRIVACY PRACTICES



This notice tells how medical information about you may be used and disclosed and how you get access to this information. Please review it carefully.



PROHEALTH CARE

This Notice of Privacy Practices (Notice) applies to the organizations listed to the right at all sites they maintain for delivery of healthcare products and services. Each of these organizations is a participant in a Single Affiliated Covered Entity and/or a Hybrid Covered Entity Arrangement. This means we may share your health information with each other as needed for treatment, payment or healthcare operations.

We participate in an arrangement of health care organizations who have agreed to work with each other to facilitate access to health information that may be relevant to your care. For example, if you are admitted to a hospital on an emergency basis and cannot provide important information about your health condition, this arrangement will allow us to make your health information from other participants available to those who need it to treat you at the hospital. When it is needed, ready access to your health information means better care for you. We store health information about our patients in a joint electronic medical record with other health care providers and their employees who participate in this arrangement. Providers that participate in the joint electronic medical record are practicing medical staff at ProHealth Care or are members of ProHealth Solutions. You may call the following telephone number (262) 928-2311 or go to our website at www.prohealthcare.org for a list of healthcare providers who participate in the joint electronic medical record. The privacy obligations and health information rights set forth in this Notice also apply to information stored in the joint electronic medical record.

This notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

If you have any questions about this notice, please contact the Privacy Officer at (262) 928-4977 or privacy@phci.org

EFFECTIVE DATE OF THIS NOTICE – OCTOBER 1, 2011

PROHEALTH CARE

Oconomowoc Memorial Hospital

ProHealth Home Care, Inc.

AngelsGrace Hospice

ProHealth Home Care

ProHealth Home Hospice

Waukesha Health System

Behavioral Medicine Center

Professional Receivables Management

Retail Pharmacy

Waukesha Memorial Hospital

PROHEALTH SOLUTIONS PARTICIPANTS INCLUDING PROHEALTH CARE MEDICAL ASSOCIATES

A list of healthcare providers who currently use the electronic medical record system has been given to you with this notice. In the future, more health care providers may join in using this same electronic medical record system. This notice applies to your providers who use this system now and in the future. You may review an up to date list of the providers who use this system any time you come to a provider for a visit or by going to the website at www.prohealthcare.org.

Providers participating in the Organized Health Care Arrangement (OHCA) use the same electronic medical record to document and review the health care services they provide to you. Use of the electronic medical record allows your providers to coordinate your care, improve exchange of important information about your treatment, and get complete and up-to-date information to any provider who uses the shared electronic medical record.

Your health information will be stored, viewed and shared by your health care providers in an electronic medical record system. When you are treated by any of these health care providers, each provider will use the same electronic medical record to document information about your treatment. Once your information is combined, it cannot be separated.

We provide care to our patients in partnership with physicians and other professionals and organizations. Our privacy practices will be followed by:

- Any of the health care professionals who care for you at any one of our locations or sites
- All locations, departments and units that are part of our organizations and staffed by our workforce, regardless of geographical location
- All members of our workforce including employees, medical staff members, students, and volunteers
- Any business associate with whom we share health information

ProHealth Care is dedicated to keeping your protected health information private. When we release your protected health information, we will make reasonable efforts to limit the use and release of your information to only the minimum necessary needed for the specific purpose.

We reserve the right to change our Notice of Privacy Practices at any time. Any changes to this Notice will apply to all the health information we keep, including health information we created or received before we made the changes, as well as any records we create or receive in the future. We will post a copy of the most current Notice in a prominent location on site. We will also post the most current Notice to our organizational website. In addition, when significant changes are made, we will provide the updated Notice of Privacy Practices to you at your next visit. We will follow the terms of the Notice currently in effect. At any time, you may request a copy of our most current Notice.

We are committed to protecting the privacy and security of our patient's protected health information. We are required by law to maintain the privacy of your health information and to provide you with Notice of our legal duties and privacy practices with respect to your personal health information. This Notice provides you with the following important information:

- How we use and disclose your protected health information
- Your privacy rights with regard to your protected health information, and
- Our obligation to you concerning the use and disclosure of your protected health information.

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

Without your written permission, we may use and release your health information for:

- 1. Treatment.** We may use or release your protected health information to provide, coordinate or manage your care. This includes communication and consultation between health care providers. This applies to uses and releases to health care providers both within and outside of our hospitals and clinics.
 - For example, a physician may use the information in your medical record to decide what treatment, such as a drug or surgery, best meets your health needs. The treatment chosen will be written in your medical record so that other healthcare professionals can make the best decisions for your care.
 - We may also use or disclose your health information to:
 - schedule a test, such as a blood test or X-ray
 - send a prescription to your pharmacy
 - continue your care following your hospital stay or clinic services

We maintain protected health information about our patients in a shared electronic medical record that allows other users of the electronic health record to share protected health information. This facilitates access to protected health information by other health care providers who provide you care.

- 2. Payment.** We may use and disclose your health information to send bills and collect payment from you, your health plan or other third parties for the services we provided to you.

- For example, we may send to your insurance company a bill and/or medical documentation that gives your name, your diagnosis, and the care you received. We will give this health information to help get payment for your medical bills.
- We may also use and disclose protected health information that your health plan may require before it approves or pays for health care services, such as:
 - Making a determination of eligibility or coverage for insurance benefits
 - Making a medical necessity decision about services you received
 - Undertaking utilization review activities
- We may disclose your health information to another healthcare provider if the information is needed by that health care provider to get paid for medical services provided to you.
- We may disclose your health information to a family member who is responsible for payment of your medical bills

3. Healthcare Operations. We may use and disclose your health information to operate our business.

- For example, your diagnosis, treatment and results may help improve the quality or cost of care we give our patients. These quality and cost improvement activities could include, for example:
 - Reviewing the performance of your physicians, nurses and other healthcare professionals
 - Looking at the success of your treatment and comparing the success to other patients
 - Calling and leaving a message for you for a new, reminder, or rescheduled appointment

- We may contact you to provide information about treatment alternatives, disease management, wellness programs, or other health-related products and services we offer. For example, we may contact a cancer patient to notify him or her that we have a new cancer research facility that offers new treatments.
- Or, we may use your name and address to send you a newsletter about the programs and services we are offering. Further, we may use your name, address and health information to send you notices and invitations to celebration events offered by us for patients who have received cardiac, cancer, neonatal and other care. You may contact our Privacy Officer to request that these materials not be sent to you.
- Other healthcare operations for which we can use or disclose your health information include:
 - Conducting training programs, accreditation, certification, licensing or credentialing activities
 - Medical review, risk management, legal services and auditing, including fraud and abuse detection and compliance
 - Business planning and development
 - Business management and general administrative activities, including management activities relating to privacy, customer service, resolution of patient complaints and grievances, and creating de-identified health information.
- We may disclose your health information to referring doctors, clinics, hospitals, and emergency medical transportation companies that previously cared for you to facilitate their quality improvement and other health care operations activities.

- We may share your protected health information with third party “business associates” that perform various activities for us, including, for example, billing, collection, patient satisfaction survey and transcription services. Whenever we have an arrangement with a business associate that involves the use or disclosure of your health information, we have a written contract containing terms that protect the privacy of your health information.

4. As Required by Law. We may use or disclose your health information as required by federal, state, or local law. The use or disclosure will be made in compliance with the law and will be limited to the requirements of the law. For example, we are required to report abuse or neglect of a child.

5. For Public Health Activities. We may disclose your protected health information in certain circumstances to:

- Control or prevent a communicable disease, injury or disability
- Report births and deaths
- Report reactions to medications or problems with products
- Notify people of recalls of products they may be using
- Poison control
- Wisconsin Immunization Registry

6. For Health Oversight Activities. We may give your health information to health oversight agencies, including government agencies that monitor or regulate hospitals, clinics, nursing homes or other healthcare providers, to be certain you are given the correct and proper care.

7. For Fundraising Activities. We at ProHealth Care may use protected health information, such as your name, address, phone number and the dates you received services, to raise money for our mission. We may share this information with an associated ProHealth Care Foundation to work on our behalf. If you do not want us to contact you for our fundraising, please contact the Privacy Officer.

8. For Deceased Patients. We may release protected health information to a coroner or medical examiner when necessary to identify the deceased, determine the cause of death, or as otherwise authorized by law. We may also release protected health information to a funeral director as necessary to carry out arrangements after death.

9. For Organ, Eye or Tissue Donation. If we determine that a patient might be a candidate for organ or tissue donation, we may release protected health information to organizations that handle organ procurement or other health care organizations to make organ or tissue donation and transplantation possible.

10. For Research. Under certain circumstances, we may use and disclose your health information for clinical or medical research purposes. Such research might help us to improve care or develop new treatments. If your specific permission is not obtained, a special approval process is followed to protect your privacy.

11. To Avoid a Serious Threat to Health or Safety. We may release some of your health information to people in authority if we think that it will prevent or lessen a serious or immediate danger to you or the safety or health of other people.

12. For Military or National Security Purposes.

We may release your health information to military and federal officials as required for lawful national security purposes, investigations, or intelligence activities.

13. For Workers' Compensation. We may share your health information as allowed by workers' compensation laws or other similar programs. These programs may provide benefits for work-related injuries or illness.

14. Law Enforcement and Correctional Facilities. We may release your health information when asked by a law enforcement official; for example, in response to a court order, warrant, or summons. We may use or disclose your protected health information if it is necessary for law enforcement authorities to identify or apprehend a suspect, fugitive, material witness, or missing person. We may disclose your health information if necessary to report crimes on our premises or to report a crime in an emergency. We may disclose your health information to correctional institutions or law enforcement personnel for certain purposes if you are an inmate or are in lawful custody.

15. Hospital or Facility Directory. We may include your name, location in our facility, health condition (in general terms) and your religious affiliation in our directory. This information is maintained for our staff to assist family members or other visitors or persons in locating you while you are in our facilities. The information is only shared with clergy and with people who ask for you by name. If you indicate a religious affiliation, it will only be shared with members of the clergy. You can choose not to have such information released from the facility directory. If you do not want us to release such information, please inform the admitting staff or your nurse. In emergency circumstances, if you are unable to communicate your preference, you will be listed in the directory.

16.To Those Involved with Your Care. We may disclose relevant protected health information to a family member or friend who is involved with your care. We find that many patients want us to discuss their care with family members and others to keep them up to date on your care, to help you understand your care, to help in handling your bills, or to help in scheduling of your appointments. If family members or friends are present while care is being provided, we will assume your companions may hear the discussion, unless you state otherwise. If you are not present or are incapacitated, we will use our professional judgment to determine whether disclosing limited protected health information is in your best interest under the circumstances. If you do not want us to disclose your protected health information to your family members or others who are involved with your care or handling your bills, please let your physician or our staff know.

17.Disaster Situations. In a disaster situation, we may disclose your protected health information to people who handle disasters to assist in locating your family and as needed, for disaster management efforts.

18.Information with Additional Protections. Certain types of protected health information may have additional protections under federal or state laws. For example protected health information about HIV/AIDS, mental health and genetic testing results may be treated differently than other types of protected health information. Additionally, federal assisted alcohol and drug abuse programs are subject to certain special restrictions on the use and disclosure of alcohol and drug abuse treatment information. We may need to get your written permission before disclosing this type of information to others in many circumstances.

With your written permission:

We may disclose your health information to anyone for any purpose. If the reason we share health information is not listed above, we must first get your specific written permission. If you sign a permission form, you may withdraw your permission at any time, as long as you notify us in writing. If you wish to withdraw your permission, please send your written request to the medical records department at the hospital, medical clinic or place where you were treated. Your written notice to withdraw will not affect any uses or disclosures made while your permission was in effect.

YOUR HEALTH INFORMATION RIGHTS:

1. Inspect and Copy Your Health Information. You have the right to inspect and to request a copy of information maintained in our designated medical record about you. This includes medical and billing records maintained and used by us to make decisions about your care.

To obtain or inspect a copy of your medical record information, contact the medical record department at the hospital, clinic or place where you were treated. We may charge a fee for the costs of copying, mailing or other supplies associated with your request.

Most patients have full access to inspect and receive a copy of the full medical record. On rare occasions, we may deny a request to inspect and receive a copy of some information in the medical record. For example, this may occur if, in the professional judgment of a patient's physician, the release of the information would be reasonably likely to endanger the life or physical safety of the patient or other person. Please contact our Privacy Officer, if you have any questions about access to your medical record.

2. Request to Challenge or Correct Your Health Information. You have the right to ask us to change or correct the information in your record, if you believe the information is not correct or incomplete. You will be asked to make your request in writing to the medical record department at the hospital, clinic or place where you were treated. You will need to tell us why your health information should be changed. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment form and include the changes in any future disclosures of that information. We may deny your request if we did not create the information you want changed, the information is already accurate and complete, the originator is no longer available to make the amendment, or for certain other reasons. If we deny your request, we will provide you with a written explanation. You may respond with a statement of disagreement, which may be added to the information you wanted changed.

3. Request Restrictions on Certain Uses and Disclosures. You may ask that we limit how your health information is used or disclosed for treatment, payment or health care operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care. Your request must be in writing and submitted to the Privacy Officer. We are not required to agree to your restriction request. We will carefully consider all requests, but because of the integrated nature of our medical record, we are not generally able to honor requests regarding the electronic medical record. If we agree to your request, we will abide by our agreement (except in an emergency or when the information is necessary to treat you). One restriction we are required to agree to is to prevent disclosure of your health information to a health plan for the purpose of carrying out payment or health care operations, but only if it pertains solely to a health care item or service which has been paid out-of-pocket in full.

4. As Applicable, Receive Confidential Communication of Health

Information. You have the right to ask that we share your health information with you in different ways or places. For example, you may ask to learn about your health status in a private area or by a letter sent to a private address. We will meet reasonable requests. We will require that you provide an alternative address or other method of contact and how payment will be handled. If requesting confidential communication, you must ask in writing.

5. Receive a Listing of Disclosures. You may ask for a list of those who received information from your medical records within the last six years. This list must include the date your health information was given, to whom it was given, a short description of what was given and why. We must give you this list within 60 days unless we give you notice that we need an extra 30 days. We may not charge you for the first list, but may charge you if you ask for a list more than once a year. The list will not include disclosures (a) for treatment, payment, healthcare operations, (b) as authorized by you, and (c) for certain other activities, including disclosures to you. To get a list, submit a written request to the Privacy Officer.

6. Obtain a Paper Copy of This Notice. A paper copy of this Notice will be provided to you even if you have received this notice on our Web site or by electronic mail (e-mail). Even if you received a copy of the Notice before, you may still be asked to sign that you have received the Notice. You may ask us to give you a copy of this Notice at any time.

7. Complaint Filing. If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer or with the Secretary of the US, Department of Health and Human Services, Office of Civil Rights. We will not retaliate against you for filing such a complaint.

You may contact the ProHealth Solution Privacy Officer directly at (262) 928-4977, or leave a message on the ProHealth Care Compliance hotline at (262) 928-2415.

This Notice of Privacy Practices is Effective October, 2011.



PROHEALTH CARE

www.prohealthcare.org

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