

*Your Health Information Rights: You have several rights with regard to your health information.*

- 1. Inspect and copy your health information.** You have the right to inspect and obtain a copy of your healthcare information. You have the right to request the copy be provided in an electronic form or format (e.g. PDF saved onto CD). If the form and format are not readily producible, then the organization will work with you to provide it in a reasonable electronic form or format. For example, you may request a copy of your immunization record from your healthcare provider. However, this right does not apply to psychotherapy notes. To inspect and copy medical information that may be used to make decisions about you, you must submit your request to the Health Information Services Department. If you request a copy of the information, we may charge a fee for the cost of retrieving copying, mailing, and any other supplies associated with your request.
- 2. Request to amend/correct your health information.** You have a right to request RAMC amend your health information that you believe is incorrect or incomplete. For example, if you believe the date of your heart surgery is incorrect, you may request the information be corrected. We are not required to change your health information and if your request is denied, we will provide you with information about our denial and how you can disagree with the denial. You have the right to request an amendment for as long as the information is kept by our facility.  
*To request an amendment, your request must be made in writing and submitted to the Health Information Services Department. In addition, you must provide a reason that supports your request.*  
**Request restrictions on certain uses and disclosures.** You have the right to ask for restrictions on how your health information is used or to whom your information is disclosed, even if the restriction affects your treatment or our payment for healthcare operation activities. For example, if you are an employee and you receive healthcare services, you may request that your medical record not be stored with the other records. However, we are not required to agree in all circumstances to your requested restriction, except in the case of a disclosure restricted to a health plan if the disclosure is for the purpose of carrying out payment or healthcare operations; and is not otherwise required by law; and the PHI pertains solely to a healthcare item or service for which you, or the person other than the health plan on your behalf, has paid the covered entity in full. To make a request for restrictions, your request must be made in writing and submitted to the Health Information Services Department. A restriction cannot be applied to your health information that has already been disclosed.
- 3. Receive confidential communication of health information.** You have the right to ask that we communicate your health information to you in different ways or places. For example, you may wish to receive information about your health status in a special, private room or through a written letter sent to a private address. We must accommodate all reasonable requests. To request confidential communications, you must submit your request in writing to Health Information Services.

- 4. Receive a record of disclosures of your health information.** In some limited instances, you have the right to ask for a list of the disclosures of your health information that apply to disclosures that are not otherwise permitted under the Notice of Privacy, we have made during the previous six years. This list will include the date of each disclosure, who received the disclosed health information, a brief description of the health information disclosed, and why the disclosure was made. For some types of disclosures, the list will also include the date and time the request for disclosure was received and the date and time the disclosure was made. For example, you may request a list that indicates all the disclosures your healthcare provider has made from your healthcare record in the past six (6) months. We must comply with your request for a list within 60 days, unless you agree to a 30-day extension, and we may not charge you for the list, unless you request such list more than once per year. In addition, we will not include in the list disclosures made to you or for purposes of treatment, payment, healthcare operations, our directory, national security, law enforcement/corrections, and certain health oversight activities.  
*To request this accounting of disclosures, you must submit your request in writing to the Health Information Services Department. 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 accounting you request within a twelve-month period will not include a cost for providing the disclosure list. For additional accountings, we may charge you for the costs of providing the list. 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.*
- 5. Right to a paper copy of this notice.** Upon your request, you have the right to a paper copy of this notice even if you earlier agreed to receive this notice electronically. You may also access this notice at [www.ramchealth.com](http://www.ramchealth.com). To obtain a copy of this Notice, send your written request to the Health Information Services department.
- 6. Notice of a breach.** Your provider is required by law to maintain the privacy of PHI and provide you with notice of its legal duties and privacy practices with respect to PHI and to notify you following a breach of unsecured PHI.
- 7. Complaint.** If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer at RAMC; 2000 N Dewey Avenue, Reedsburg, WI 53959; phone (608) 524-6487; fax (608) 524-6566; email [ramchealth.com](mailto:ramchealth.com) and with the federal Department of Health and Human Services. If your complaint relates to your privacy rights while you were receiving treatment for mental illness, alcohol or drug abuse or a developmental disability, you may also file a complaint with the staff or administrator of the treatment facility or community mental health program. We will not retaliate against you for filing such a complaint.  
*Again, if you have any questions or concerns regarding your privacy rights or the information in this notice, please contact: Privacy Officer, Reedsburg Area Medical Center, 2000 N, Dewey Avenue, Reedsburg, WI 53959, 608/524-6487, fax 608/524-6566 or e-mail [ramchealth.com](mailto:ramchealth.com)*  
This Notice of Medical Information Privacy is Effective April 20, 2016.



## Reedsburg AREA MEDICAL CENTER Privacy Notice

*Your privacy is  
important to us.*

**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.**

REVIEWED: 9/12 4/17 10/18  
REVISED: 9/13 4/16 CCC 12/20  
DISTRIBUTION: Org. Focused Manual—Leadership

**This Notice of Privacy Practices describes the privacy practices of the Hospital and its medical staff for patients receiving services at the Medical Center.**

Reedsburg Area Medical Center (RAMC), RAMC Community Pharmacy, RAMC Physicians Group, RAMC Specialty Group, and RAMC Senior Life Center are required by law to maintain the privacy of protected health information (PHI). RAMC is also required to give you this notice that describes RAMC's legal duties and privacy practices and your privacy rights with respect to your personal health information. We will follow the privacy practices described in this notice. If you have any questions about any part of this Notice, or if you want more information about the privacy practices of RAMC, please contact the Privacy Officer at RAMC 2000 N Dewey Avenue, Reedsburg, WI 53959, phone (608) 524-6487 fax (608) 524-6566, email ramchealth.com.

We reserve the right to change the privacy practices described in this notice in the event the practices need to be changed to be in compliance with the law. We will make the new notice provisions effective for all PHI that we maintain. If we change our privacy practices, we will have them available upon request. It will also be posted at the location of service.

**How RAMC may use or disclose your health information for treatment and payment of healthcare operations**

The following categories describe the ways RAMC may use and disclose your health information. For each type of use and disclosure, we will explain what we mean and present some examples (examples are for illustrative purposes only)

1. **Treatment.** We may use or disclose your healthcare information in the provision, coordination or management of your healthcare. Our communications to you may be telehealth, telephone, cell phone, email, patient portal mail or by text. For example, we may use your information to call and remind you of an appointment or to refer your care to another physician. A doctor may use the information in your medical record to determine which treatment option, such as a drug or surgery, best addresses your health needs. The treatment selected will be documented in your medical record, so that other healthcare professionals can make informed decisions about your care. We may also share your health information with other healthcare organizations that may participate in your care and treatment such as a hospital to which you may be transferred. If another provider requests your health information and they are not providing care and treatment to you, we will request an authorization from you before providing your information.
2. **Payment.** We may use or disclose your healthcare information to obtain payment for your healthcare services. In order for an insurance company to pay for your treatment, we must submit a bill that identifies you, your discharge diagnosis, and the treatment provided to you. As a result, we will pass such health information onto an insurer in order to help receive payment for your medical bills. If you have paid us out-of-pocket for healthcare services, you may request that we do not share information about that specific care with your health plan. Disclosures to your health plan made prior to your request and disclosures to your health plan for any subsequent care will not be affected.

3. **Health Care Operations.** We may use or disclose your health care information for activities relating to the evaluation of patient care and evaluating the performance of health care providers, business planning and compliance with federal and state laws. We may make your PHI available electronically through an electronic health information exchange to other healthcare providers and health plans that request your information for purposes of treatment, payment and health care operations and to the public health entities as permitted by law. Participation in an electronic health information exchange also lets us see other providers' health plans' information about you for purposes of treatment, payment and health care operations.

**How RAMC may use or disclose your health information without your written authorization**

1. **As required or permitted by law.** We may use and disclose your health information when that use or disclosure is required by law. For example, we may have to report abuse, neglect, domestic violence or certain physical injuries, or to respond to a court order.
  2. **Public Health.** WE may release your health information to local, state or federal public health agencies subject to the provisions applicable state and federal law for reporting communicable diseases, we may have to report abuse, aiding in the prevention or control of certain diseases; reporting problems with products and reactions to medications to the Food and Drug Administration.
  3. **Victims of Abuse, Neglect or Violence.** We may disclose your information to a government authority by law to receive reports of abuse, neglect or violence relating to children or the elderly.
  4. **Health Oversight Activities.** We may disclose your information to a government authority authorized by law to conduct audits, investigations, inspections, licensure and other proceedings related to oversight of the health care system.
  5. **Judicial and Administrative Proceedings.** We may disclose your health information in the course of an administrative or judicial proceeding in response to a court order. Under most circumstances when the request is made through a subpoena, a discovery request or involves another type of administrative order, your authorization will be obtained before disclosure is permitted.
  6. **Law Enforcement.** We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive or missing person; or complying with a court order or other law enforcement purposes. Under some limited circumstances we will request your authorization prior to permitting disclosure.
  7. **Coroners and Medical Examiners.** We may disclose your health information to coroners and medical examiners. For example, this may be necessary to determine cause of death.
  8. **Cadaveric, Organ, Eye or Tissue Donation.** We may disclose your health information to organizations involved in procuring organs and tissues for transplantation.
  9. **Research.** Under certain circumstances, and only after a special approval process, we may use and disclose your health information to help conduct medical research which may involve an assessment of how well a drug is working to cure a heart disease or whether a certain treatment is working better than another.
- To Avert a Serious Threat to Health or Safety.** We may disclose your health information in a very limited manner to appropriate persons to prevent a serious threat to the health or safety of a particular person or the general public. Disclosure is usually limited to law enforcement personnel who are involved in protecting the public safety.

10. **Specialized Government Functions.** Under certain and very limited circumstances, we may disclose your health care information for military, national security or law enforcement custodial situation.
11. **Workers' Compensation.** Both state and federal law allow the disclosure of your health care information that is reasonably related to a worker's compensation injury to be disclosed without your authorization. These programs may provide benefits for work-related injuries or illness.
12. **Health Information.** We may use or disclose your health information to provide information to you about treatment alternatives or other health related benefits and services that may be of interest to you.
13. **Reedsburg Area Medical Center Directory.** Unless you object, we may use your health information, such as your name, location in our facility, your general health condition (e.g. stable or unstable) and your religious affiliation for our directory. It is our duty to give you enough information so you can decide whether or not to object to release of this information for our directory. The information about you contained in our directory will not be disclosed to individuals not associated with our healthcare environment without your authorization.

**If you do not object and the situation is not an emergency, and disclosure is not otherwise prohibited by law, we are permitted to release your information under the following circumstances:**

1. **To those involved with your care.** We may release your health information to a family member, other relative, friend or other person whom you have identified to be involved in your healthcare or the payment of your healthcare.
2. **To family.** We may use your health information to notify a family member, a personal representative or a person responsible for your care of your location, general condition or death.
3. **To Disaster relief agencies.** We may release your health information to an agency authorized by law to assist in disaster relief or public health activities.

*NOTE: Except for the situations listed above, including treatment, payment, and healthcare operations, we must obtain your specific written authorization for any other release of your health information.*

If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you wish to withdraw your authorization, please submit written withdrawal to Health Information Services, 2000 N. Dewey Avenue, Reedsburg, WI 53959. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization, though we will be unable to take back any disclosures we have already made with your permission.

**When RAMC is required to obtain an authorization to use or disclose your health information**

1. Uses and disclosures made for the purpose of psychotherapy, marketing and the sale of PHI require your authorization.
2. Fundraising. If your provider intends to engage in fundraising, you have the right to opt out of receiving such communications.