

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.

Your Health Care Information - Protecting Your Privacy. It is your right as a patient to be informed of the privacy practices of your health care provider as well as to be informed of your privacy rights with respect to your personal health information. This Notice of Privacy Practices is intended to provide you with this information.

Hemophilia Outreach Center's Responsibilities. It is your right as a patient to be informed of Hemophilia Outreach Center's legal duties with respect to protection of the privacy of your personal health information. Hemophilia Outreach Center is required to:

- Maintain the privacy of your health information;
- Provide you with a notice of the legal duties and privacy practices regarding protected health information collected and maintained about you; and
- Abide by the terms of this notice.

Hemophilia Outreach Center reserves the right to change the terms of the notice of privacy practices and make the new notice provisions effective for all protected health information that it maintains. We also reserve the right to change the terms of its notice with respect to any applicable more limited uses and disclosures.

Hemophilia Outreach Center will promptly revise and distribute its notice whenever we make a substantial change to any of its privacy practices.

Hemophilia Outreach Center will not use or disclose your health information without your authorization, except as described in this notice.

YOUR HEALTH INFORMATION RIGHTS

You have the right to:

- Request a restriction on certain uses and disclosures of your health information. You have the right to request restrictions on certain uses and disclosures of protected health information, even if the restriction affects your treatment or Hemophilia Outreach Center's payment or health care operation activities. However, under the law, Hemophilia Outreach Center is not required to agree to your requested restriction. *For example*, if you are an employee of the clinic and you receive health care services in the clinic, you may request that your health care record not be maintained in the general record filing area.
- Receive Confidential Communications. You have the right to request that Hemophilia Outreach Center communicate your health information to you by alternative means or at alternative locations. Hemophilia Outreach Center shall accommodate reasonable requests. *For example*, you may request to be contacted at a phone number that is different from the phone number listed in your health care record.
- Inspect and obtain a copy of your health record. You have the right to inspect and obtain a copy of your health care record. This request for access to your health care record must be in submitted in writing to the Medical Business Director. This right may not apply to certain types of psychotherapy notes and you may be charged a reasonable fee for a copy of your health care record. *For example*, you may request a copy of your health care record for your personal records.
- Amend your health record. You have the right to request an amendment to your health care record if you believe your health information is incorrect or incomplete. You may be asked to make this request in writing and state the reason why your health record should be changed. If Hemophilia Outreach Center did not create the health information you believe is incorrect or if Hemophilia Outreach Center disagrees with you, we may deny your request. *For example*, if you believe that information in your medical history is incorrect, such as a diagnosis, you may request that this information be amended.
- Obtain an accounting of disclosures of your health information. You have the right to an accounting of disclosures of your health information that Hemophilia Outreach Center has made in compliance with state and federal law. The accounting will describe the dates of each disclosure, a brief description of information disclosed and the reason for disclosure. You will receive one accounting per year at no charge.

Hemophilia Outreach Center may charge you a reasonable fee for each subsequent request.

For example, you may request an accounting of disclosures made from your health record in the last year to the State for disease reporting.

· Obtain a paper copy of the notice upon request. You have the right to obtain a paper copy of the notice upon request.

For example, you may at any time request that Hemophilia Outreach Center provide you with a paper copy of the notice.

USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

Hemophilia Outreach Center is permitted by the federal privacy rule to use or disclose your protected health information for treatment, payment or health care operations without your written permission.

Hemophilia Outreach Center may use or disclose your health information for treatment. Hemophilia Outreach Center may use or disclose your health information in the provision, coordination or management of your health care.

Example: Your information may be disclosed from our physicians to another physician if they are consulting each other in relation to your care and treatment.

Example: Hemophilia Outreach Center may use your health information to provide you with an appointment reminder.

Example: Hemophilia Outreach Center may send you information about treatment alternatives or other health related services that may be of interest to you.

Hemophilia Outreach Center may use or disclose your health information for payment. Hemophilia Outreach Center may use or disclose your health information to insurance companies or employer health plans, and to others in order to obtain reimbursement for the provision of health care services. This information may include information that identifies you, your diagnosis and your treatment.

Example: Hemophilia Outreach Center must submit your name, what is wrong with you, how we are treating you, and other information to your insurance company to receive payment.

Hemophilia Outreach Center may use or disclose your health information for routine health care operations. Hemophilia Outreach Center may use or disclose your health information for evaluation of patient care services, evaluating the performance of health care providers, activities relating to compliance with the law and business planning and development.

Example: Hemophilia Outreach Center may review your health record to determine the efficiency of the services provided to you by the doctors and nurses as a tool to help with improving quality or cost of care.

Example: Hemophilia Outreach Center may use your name, address, phone, or other health information to contact you as part of a Center sponsored fundraising activity.

OTHER USES OR DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION PERMITTED WITHOUT YOUR WRITTEN AUTHORIZATION

Without your written authorization, Hemophilia Outreach Center may use or disclose your health information for the following purposes:

As Required by Law: Hemophilia Outreach Center may use or disclose protected health information to the extent that the use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of the law. Uses or disclosures required by federal privacy rule and limited by the more protective requirements of state law include the following:

- Disclosures about victims of elderly or child abuse;
- Disclosures for judicial and administrative proceedings; or
- Disclosures for law enforcement purposes.

Public health: As required by law, Hemophilia Outreach Center may disclose your protected health information to the State of Wisconsin for the purpose of statutory reporting.

Hemophilia Outreach Center may disclose your protected health information to a state or federal public health agency for the purpose of preventing or controlling disease, injury or disability.

Hemophilia Outreach Center may disclose your protected health information without your authorization to a county agency investigating child abuse.

Hemophilia Outreach Center may disclose your protected health information to the Food and Drug Administration (FDA).

Hemophilia Outreach Center may disclose your protected health information that is reasonably related to a work related illness or injury if an application for workers' compensation has been filed.

Hemophilia Outreach Center may disclose your HIV test result without your authorization to a person that may have sustained a contact that carries a potential for transmission of HIV.

Victims of abuse, neglect or domestic violence: Hemophilia Outreach Center may disclose health information if Hemophilia Outreach Center reasonably believes that an individual is a victim of child or elderly abuse.

Health oversight activities: Your protected health information may be disclosed without your authorization to a state or federal agency. Hemophilia Outreach Center may disclose your protected health information in response to a subpoena from a state or federal agency.

Law enforcement: Hemophilia Outreach Center may disclose your protected health information to county law enforcement officials for the reporting and investigation of elderly and/or child abuse. Hemophilia Outreach Center may disclose your protected health information to state and federal law enforcement officials. Hemophilia Outreach Center may disclose your protected health information to a law enforcement official in response to a court order.

For activities related to death: Hemophilia Outreach Center may use or disclose your protected health information to a coroner, medical examiner and funeral director.

For cadaveric organ, eye or tissue donation purposes: Hemophilia Outreach Center may use or disclose your protected health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation or cadaveric organs, eyes or tissue for the purpose of facilitating organ, eye or tissue donation and transplantation.

Research: Hemophilia Outreach Center may use or disclose your protected health information for research purposes if the researcher has obtained your permission or fulfilled the stringent privacy requirements of state and federal law.

To avoid a serious threat to health or safety: Hemophilia Outreach Center may disclose your protected health information under limited circumstances to law enforcement officials to avert a serious threat to health or safety.

Disclosures for specialized government functions: Hemophilia Outreach Center may disclose protected health information for national security, for protection of the President and for medical suitability determination or of Armed Forces personnel to a state or federal agency.

Hemophilia Outreach Center may disclose protected health information to limited staff of a correctional institution or a custodial law enforcement official for the provision of health care and the transport of inmates.

Workers compensation: Hemophilia Outreach Center may disclose protected health information reasonably related to a workers' compensation injury.

There may be laws that have more requirements on how we use and disclose your protected health information. Please be aware that if there are more restrictive requirements, we may not disclose your protected health information without your written authorization. *For example*, we will not disclose your HIV test results without obtaining your written permission, except as permitted by state law. We may also be required by law to obtain your permission to use and disclose your protected health information related to treatment for a mental illness, developmental disability, or alcohol or drug abuse. These requirements are found in Wisconsin Statutes Sections 146.82, 51.30 and 252.15. If you would like a copy of these laws, please contact the Medical Business Director at (920) 965-0606.

Hemophilia Outreach Center has attempted to explain with this notice the circumstances where state law may be more protective than the federal privacy rule and provides greater privacy protection.

Except for the situations listed above and treatment, payment or health care operation purposes, the use or disclosure of your health information requires Hemophilia Outreach Center to obtain your written authorization. You may withdraw your authorization in writing at any time by submitting your written withdrawal to Hemophilia Outreach Center's Privacy Officer.

PATIENT COMPLAINT PROCESS

If you believe your privacy rights have been violated, you may file a complaint with Hemophilia Outreach Center or with the Secretary of the Department of Health and Human Services. There will be no retaliation against you for filing a complaint.

To file a complaint with Hemophilia Outreach Center please contact the Hemophilia Outreach Center's Privacy Officer who will provide you with the necessary assistance.

QUESTIONS OR COMMENTS

If you have any questions or concerns regarding your privacy rights or the information in this notice, please contact:

Medical Business Director

Hemophilia Outreach Center

2060 Bellevue Street

Green Bay, Wisconsin 54311-5622

Phone: (920) 965-0606 or (800) 992-6026

Fax: (920) 965-0607

Email: kathiea@hemophiliaoutreach.org

Effective Date: This Notice of Privacy Practice is effective as of April 14, 2003