



## Notice of Privacy Practices

As required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

### Privacy Policy of Beaver Dam Women's Health, Ltd.

**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.**

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records for each of the following purposes: treatment, payment and health care operations.

- **Treatment** means providing, coordinating, or managing health care and related services by one of more health care providers. For example, your provider may share your health information with a specialist who will assist in your treatment.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. For example, we may disclose information about the services provided to you to claim and obtain payment from your insurance company or Medicare.
- **Health care operations** include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. For example, we may use your health information to evaluate the quality of treatment and services provided by our physicians, nurses, and other health care workers.

We may also use your health information to:

- Recommend treatment alternatives.
- Tell you about health services and products that may benefit you.
- Share information with family and friends involved in your care or payment for your care when appropriate.
- Share information with third parties who assist us with treatment, payment, and health care operations. Our business associates must protect your information by following our privacy practices.
- **To remind you of your appointment, a message may be left on your answering machine.**

There are limited situations when we are permitted or required to disclose health information without your signed authorization. The following is a list of these situations:

- For public health purposes such as reporting communicable diseases, work-related illnesses, or other diseases and injuries permitted by law; reporting births and deaths; and reporting reactions to drugs and problems with medical devices.
- To protect victims of abuse, neglect, or domestic violence.
- For health oversight activities such as investigations, audits, and inspections.
- For lawsuits and similar proceedings.
- When otherwise required by law.
- When requested by law enforcement as required by law or court order.
- To coroners, medical examiners, and funeral directors.
- For organ and tissue donations.
- For research approved by our review process under strict federal guidelines.
- To reduce or prevent a serious threat to public health and safety.

- For workers' compensation or other similar programs if you are injured at work.
- For specialized government functions such as intelligence and national security.

All other uses and disclosures, not described in this notice, require your signed authorization. You may revoke your authorization at any time with a written statement.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family member, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonably request that we use specific telephone number or address to communicate with you.
- The right to inspect and copy your protected health information, including medical billing records. Fees may apply. Under limited circumstances, we may deny you access to a portion of your health information, and you may request a review of the denial.
- \*The right to request corrections or additions to your protected health information
- \*The right to receive an accounting of disclosures of protected health information.
- \*The right to obtain a paper copy of this notice from us upon request.

Requests marked with a star \* must be made in writing to:

Beaver Dam Women's Health, Ltd.  
Attn: Office Manager  
705 S. University Ave., Suite 300  
Beaver Dam, WI 53916

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective as of April 14, 2003 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and may request a written copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with our office, or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. **We will not retaliate against you for filing a complaint.**

If you would like further information about your privacy rights, are concerned that your privacy rights have been violated, or disagree with a decision that we made about access to your health information please contact the Office Manager at:

Beaver Dam Women's Health, Ltd.  
Attn: Office Manager  
705 S. University Ave., Suite 300  
Beaver Dam, WI 53916  
Phone (920) 885-6090



Beaver Dam  
*Women's Health*, LTD

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I, \_\_\_\_\_, acknowledge and agree that I have received a copy of  
Name of Patient (Please Print)  
Beaver Dam Women's Health, Ltd's Notice of Privacy Practices.

\_\_\_\_\_  
Patient Signature Date

\_\_\_\_\_  
Patient Legal Representative (if Applicable) Date

\_\_\_\_\_  
Print Name of Legal Representative/Relationship

**FOR CLINIC USE ONLY:**

Beaver Dam Women's Health, Ltd. made the following good faith efforts to obtain the above-referenced individual's written acknowledgement of receipt of the Notice of Privacy Practices. However, such acknowledgement was not obtained because:

- Patient refused to sign.
- Patient was unable to sign or initial because:  
\_\_\_\_\_
- Other reason (describe below):  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Employee Completing Form

\_\_\_\_\_  
Date