

NORTH CENTRAL HEALTH CARE PRIVACY PRACTICES REGARDING HEALTH INFORMATION

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

HOW NORTH CENTRAL HEALTH CARE USES AND SHARES YOUR HEALTH INFORMATION

North Central Health Care (NCHC) uses the health information from your medical records to provide treatment to you, to arrange for payment, and for health care operations:

1. **TREATMENT:** NCHC may share your health information only with a physician or other health care provider in our organization. Any treatment would be noted in your records for other involved staff to see.
2. **PAYMENT:** NCHC will submit your health information to Medicare / Medical Assistance for reimbursement. This may include sending information to receive prior approval for services recommended for you. When we do this, we will share the least amount of information so that payment can be made. Usually this involves identifying you, your diagnosis and the treatment provided. Payors may on occasion request copies of the medical record related to services provided.
3. **HEALTH CARE OPERATIONS:** We may look at your file to review our operations. These quality and cost improvement activities may include evaluating the performance of your physicians, nurses and other health care professionals, or examining the effectiveness of the treatment provided to you when compared to clients with similar situations.

We may review your health information if it is time for us to review your funding eligibility, to conduct case reviews or for a routine visit.

The law allows North Central Health Care to share your protected health information ***without your authorization***

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1. **As required by law-** We will disclose your medical records when required to do so by Federal, state or local laws.
2. **For public health reasons:** Certain information is gathered for statistical purposes and will be shared with the agency, i.e. Center for Disease Control, State Department of Health, Food and Drug Administration, etc.
3. **Health oversight activities:** The government monitors the activities of its benefit systems, a review of which includes your personal health information.

4. **Death Records:** Information about death is recorded and documented by various authorities, i.e. the register of deeds, coroner, medical examiner and funeral director.

5. **Organ Donation:** In the case of Organ donation, information must be shared to get a match.
6. **Research:** Information is limited to that which does not identify the client.
7. **Health and Safety Threat:** In order to avoid or lessen a serious threat to your health or safety or the health or safety of others, we may share your health information with necessary authorities.
8. **Law enforcement investigation:** Your health information may be disclosed for investigation into a death, into a crime committed on premises, or into a post-commitment unauthorized absence.
9. **Probation / parole:** Your health information may be disclosed to the authority involved when treatment is part of the supervision plan.
10. **Worker's Compensation:** Health information may be disclosed according to the law if it involves worker's compensation laws and benefits.
11. **To those directly involved in your care:** Disclosure under this section is limited by law.
12. **Statutory References:** Wisconsin Statutes 51.30, 146.81 and 252 and Federal Statutes 42 CFR Part 2 and 45 CFR Part 160 & 164.

ALL OTHER DISCLOSURES OF YOUR PERSONAL HEALTH INFORMATION WILL REQUIRE AN AUTHORIZATION BY YOU.

YOU DO NOT HAVE TO SIGN THE AUTHORIZATION TO RECEIVE TREATMENT.

IF YOU DO SIGN THE AUTHORIZATION, YOU MAY REVOKE IT AT ANY TIME. (Except for those signed for probation / parole supervision plans)

Health Information: is defined as any information, whether oral or recorded in any form or medium, that – (1) Is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and (2) Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.

YOUR HEALTH INFORMATION RIGHTS

ACCESS: You have the right to see your medical records and request copies. You may request copies in writing to North Central Health Care – Health Information Department.**

DISCLOSURES: North Central Health Care must keep a record identifying to whom your information is disclosed, and you have a right to see the disclosure record. You may request this information from the Health Information Department.**

RESTRICTION: You have the right to request additional restrictions. North Central Health Care does not have to agree to the request. However, if it does, the agreement must be in writing. You may request information on this from the Health Information Department.

CONFIDENTIAL COMMUNICATIONS: You have the right to request that we make arrangements with you to communicate with you in a different manner than usual. This request must be in writing. If your request is reasonable and specifies an alternate manner, it must be accommodated in accordance with the law.

AMENDMENT: If, in your opinion, your medical records are incorrect or incomplete, you may request that North Central Health Care amends your records. Your request must be in writing,

and it must explain why the information should be amended. NCHC has the right to deny your request.

The denial will be in writing. You may respond with a statement in writing as to why you would disagree with the decision, which will be added to the records. If we agree to amend the records as requested then we may also make reasonable efforts to inform others, including specific parties named by the consumer of the changes.

****Timeframes and fees apply.**

North Central Health Care reserves the right to change this notice at any time. In the event of a change, North Central Health Care will provide a copy of the revised notice to you.

COMPLAINT PROCESS

North Central Health Care (NCHC) has a documented complaint process regarding the use and or disclosure of protected health information. If you wish to file a complaint, you may call, write or present in person.

1. The Privacy Hotline number is 715-848-4510. This telephone will connect to the Privacy Officer. Instructions will be given if there is not a direct connection made.

2. NCHC has established lockbox sites for written complaints related to privacy. These are located in the main lobby, Mount View Care Center lobby and in the cafeteria. Otherwise, complaints can be sent to the Privacy Officer at the address below.

3. Complaints can be made in person to the Clients Rights Specialist or to the Privacy Officer at the address below.

4. No NCHC employee is permitted to retaliate or harass a client/resident who reports a concern. Anyone who engages in such retaliation or harassment may be subject to corrective action up to and including termination.

North Central Health Care
1100 Lake View Drive
Wausau WI 54403