

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 and your rights to your personal health information. This document is intended to provide you with this information.

Appleton Plastic Surgery Center's Responsibilities

It is your right as a patient to be informed of the legal duties of **APSC** to protect the privacy of your health information.

APSC is required to:

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

APSC reserves the right to change the terms of the notice of privacy. **APSC** will promptly revise and distribute its notice whenever a substantial change is made to any of its privacy practices.

APSC 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. However, **APSC** is not required to agree to your requested restriction. For example, an employee of a clinic receiving health care services in the clinic may request their health care record not be maintained in the general record filing area.
- **Receive confidential communications.** You have the right to request that **APSC** communicate your health information to you by alternative means or at alternative locations. **APSC** will accommodate reasonable requests.
- **Inspect and obtain a copy of your health record.** You have the right to inspect and obtain a copy of your health care record. Submit requests in writing. **APSC** may charge a reasonable fee for copying your health care record.
- **Obtain an accounting of disclosures of your health information.** You have the right to an accounting of disclosures of your health information that **APSC** has made. The accounting will describe the dates of each disclosure, a brief description of information disclosed and the reason for disclosure. You may receive one accounting per year at no charge. **APSC** may charge a reasonable fee for additional requests.
- **Obtain a paper copy of the notice.** You have the right to obtain a copy of this notice at any time upon request.

Uses and Disclosures for Treatment, Payment, and Health Care Operations

APSC is permitted to use or disclose your protected health information for treatment, payment, or health care operations.

APSC may use or disclose your health information for treatment. Example: Your information may be disclosed from one physician to another when consulting on your care.

APSC may use or disclose your health information for payment. This may include information that identifies you, your diagnosis, and treatment. Example: **APSC** may use or disclose your information to your insurer to obtain payment for health care services. **APSC** may also disclose your information in an effort to collect a patient balance to include a collection agency or Wisconsin county court.

APSC may use or disclose your health information for routine health care operations. This includes evaluation of provider performance and care given, activities relating to compliance with the law, and business development.

Appointment reminders: **APSC** may use your health information to provide you with appointment reminders.

Uses or Disclosures of Your Protected Health Information Permitted Without Your Authorization

Without your written authorization, **APSC** may use or disclose your health information for the following purposes:

As required by law: **APSC** may disclose protected health information to the extent required by law as follows:

- 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, **APSC** may disclose information to the State of Wisconsin for statutory reporting.

APSC 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.

APSC may disclose your protected health information without authorization to the Food and Drug Administration (FDA).

APSC may disclose protected health information for a work related injury when workers' compensation has been filed.

Victims of abuse, neglect or domestic violence: **APSC** may disclose health information if **APSC** reasonably believes that an individual is a victim of abuse.

Judicial and administrative proceedings: **APSC** may disclose your protected health information in response to a court order or subpoena, or in response from a state or federal agency. **APSC** may also disclose your protected health information in an attempt to collect an outstanding debt.

Law enforcement: **APSC** may disclose information to law enforcement officials for the reporting/investigation of abuse.

For activities related to death:

Coroner or medical examiner: **APSC** may disclose your protected health information to a coroner/medical examiner.

Research: **APSC** may use or disclose information for research purposes if the researcher has obtained your permission or fulfilled the stringent privacy requirements of state and federal law.

Workers compensation: **APSC** may disclose health information reasonably related to a workers' compensation injury.

Except for the situations listed above, treatment, payment or health care operation, the use or disclosure of your information requires **APSC** to obtain your written authorization. Authorization may be withdrawn in writing to **APSC**.

Patient Complaint Process

If you believe your privacy rights have been violated, you may file a complaint with **APSC** 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 **APSC** please contact the Privacy Officer who will provide you with the necessary assistance.

Questions or Concerns

If you have any questions or concerns regarding your privacy rights or this notice, please contact Erica Warhurst at:

Appleton Plastic Surgery Center, SC
5605 Waterford Lane
Appleton, WI 54913
(920) 738-7200

Effective Date: This Notice of Privacy Practice is effective as of May 1, 2017.