

***bellin*health**

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.



Effective Date: 4/11/2003

Each time you visit Bellin Health or a Bellin Health provider for health care, an electronic and paper record of your visit is made. This record usually contains identification and financial information and information such as, symptoms, diagnoses, test results, a description of the physical examination, and a treatment plan. This record of information is often referred to as your "medical record," or "health information." It is used:

- To plan for your care and treatment;
- To communicate information among your health care professionals;
- To legally record the care you received;
- To verify to you or your insurance company what services were actually provided;
- To help Bellin Health and all providers approved to practice at Bellin Health evaluate and improve the care they provide and the outcomes they achieve;
- To provide a source of information for important health related research;
- To educate health professionals and students; and
- To provide a source of information for facility planning and marketing.

Bellin Health has always worked to protect your personal health information and will continue to do so. In addition, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) now requires Bellin Health to provide you with this notice describing our legal duties and privacy practices concerning your personal health information. In general, when we use or disclose your health information, we are obligated to use or disclose only the least amount of information necessary to achieve the purpose. For example, we will tell your insurance company what laboratory tests you had done in order to get paid for that work, but we will not tell the insurance company the results of those laboratory tests. We do want your provider to have all the information they need about you to provide the best possible care to you; they would need the names of the tests and the results. The least necessary rule does not apply if the disclosure is to your health care provider regarding your treatment, to you, or due to a legal requirement. It is for your benefit as a patient that we are required to abide by the privacy practices described in this notice.

All of the below listed organizations and individuals agree to abide by the terms of this notice. They will share your health care information with each other as necessary for your treatment, to get paid for services, and to carry out other activities such as third party review of health care decisions, and quality assessment and improvement activities.

This joint notice describes how Bellin Health employees, volunteers, and providers use and share your health information. Bellin Health is several separate, but related organizations, which provide quality health care, train future health care professionals (such as doctors, nurses, and radiology technicians), and conduct health sciences research. Bellin Health is made up of the following organizations:

- Bellin Hospital
- Bellin Medical Group Clinics
- Bellin Home Health
- Bellin Home Infusion
- Bel-Regional Home Medical Equipment
- Bellin Retail Pharmacies
- Bellin Psychiatric Center
- Bellin Behavioral Health
- Bellin Foundation
- Bond Health Center
- CT Imaging, LLC
- All providers approved to practice at any Bellin facility. This includes area physicians, podiatrists, dentists, nurse practitioners, physician assistants, and other health professionals.

Bellin Health reserves the right to change the privacy practices described in this notice, in keeping with the law. Changes to our privacy practices would apply to all health information maintained by us. If we change our privacy practices, you may read a summary of substantive changes on our website at www.bellin.org. You may obtain a revised copy of the privacy notice at the front desk of any of our facilities or on our website at www.bellin.org.

We are able to use your health information without your written authorization for the following purposes:

Treatment. We may use medical information about you to provide medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, students preparing for health care related careers, or other personnel who are involved in your care or treatment. For example, a physician 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 health care professionals can make informed decisions about your care. Different departments of the organization may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. At shift change we will provide information that is vital for your care. A respiratory therapist will provide a report about you to the next therapist who will be taking care of you. We may also share your health information in person or by phone, letter, fax, or electronically to people outside this system who are involved in your medical care, such as your primary or referring physician, a long-term care facility, family members, or others we work with to provide services that are part of your care.

Payment. Here are some cases where we use your health information without your written authorization for payment purposes. To check eligibility or to determine whether your insurance company will pay for the treatment, Bellin Health will tell your health insurance company about your treatment plan. Most of the time this information is provided electronically (by computer), or by fax and/or telephone.

In order for an insurance company or another agency to pay for your treatment, we must submit a bill that identifies you, your diagnosis, and the treatment provided to you. As a result, we will pass necessary health information onto an insurer or another agency for Bellin Health to receive payment for your medical bills.

Health Care Operations. Here are some cases where we use your health information without your written authorization for our operational purposes. We may need your diagnosis, treatment, and outcome information in order to improve the quality or cost of care delivered by us. These quality and cost-improvement activities 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 other patients in similar situations. We contract with reputable and credible companies to help us analyze our data and compare ourselves to other health care providers to see where we can make improvements in the care and services we offer. Information will be removed that identifies you from this set of medical information so others may use it to study health care without learning who the specific patient is.

Bellin Health will also use your health information for teaching purposes, administrative activities, or for accreditation, certification, or licensing purposes. To remind you of your appointments for visits, tests and treatments, we may use your health information. For example, we will view your medical record to determine the date and time of your next appointment with us, and then send you a reminder letter or call you to remind you of the appointment.

We will want to let you know of other treatments or services we offer that may improve or benefit your health. For example, we may notify a patient with poor circulation to their legs of a new program we offer that might help them. We may communicate to you about good health practices, such as a mailing with information about how to lower cholesterol or stop smoking, and about health fairs, wellness classes or support groups that we offer. In order to provide more charity care or otherwise improve the health of your community, we may want to contact you for fund-raising purposes.

Other special instances when we can use your health information without your written authorization:

1. ***As required or permitted by law.*** In certain circumstances, we may have to report some of your health information to legal entities, such as the police, court officials, or government agencies. Examples of such circumstances include reporting abuse, neglect, or certain physical injuries, or responding to a court order. Bellin Health may notify an appropriate government official if they believe a patient has been the victim of abuse, neglect, or domestic violence. But under state law, Bellin

Health will only make this type of disclosure about an adult patient if the patient consents.

2. ***For public health activities.*** We may be required to report your health information to authorities to help prevent or control disease, injury, or disability. This may include using your medical record to report certain diseases, injuries, birth or death information, reactions to medications or problems with products, or to notify people of recalls of products they may be using. We may also have to report certain work-related illnesses and injuries to your employer.
3. ***For health oversight activities.*** We may disclose your health information to authorities for audit, investigation, inspection, licensure, disciplinary or other purposes related to oversight of the health care system or government benefit programs.
4. ***For activities related to death.*** We may disclose your health information to coroners, medical examiners and funeral directors so they can carry out their duties, such as identifying the body, determining cause of death, or in the case of funeral directors, to carry out funeral preparation activities.
5. ***For organ, eye or tissue donation.*** We may disclose your health information to entities involved in obtaining, banking or transplanting organs, eyes or tissue for donation or transplantation purposes.
6. ***For research.*** Under certain circumstances, and only after a special approval process, we may use and disclose your health information to help conduct research. Such research might involve studies related to evaluating the effectiveness of a treatment.
7. ***To avoid a serious threat to health or safety.*** As required by law and standards of ethical conduct, we may disclose your health information to the necessary authorities if we believe, in good faith, that such disclosure is necessary to prevent or minimize a serious and imminent threat to your or the public's health or safety.
8. ***For military, national security, or incarceration/law enforcement custody.*** If you are involved with the military, national security or intelligence activities, or you are in the custody of law enforcement officials or an inmate in a correctional institution, we may disclose your health information to the proper authorities so they may carry out their duties under the law.
9. ***For workers' compensation.*** We may disclose your health information to the appropriate persons in order to comply with the laws related to workers' compensation or other similar programs. These programs may provide benefits for work-related injuries or illness.

Your Health Information Rights

You have several rights with regard to your health information. If you wish to exercise any of the following rights, please contact the Bellin Health Privacy Officer at (920) 433-3595. Specifically, you have the right:

1. **To inspect and copy your health information.** You have the right to inspect and obtain a copy of your health information, with a few exceptions. For example, this right does not apply to psychotherapy notes or information compiled for judicial proceedings. In addition, we may charge you a reasonable fee if you want a copy of your health information.
2. **To request an amendment of your health information.** If you believe your health information is incorrect, you may ask us to amend the information. You will be asked to make such a request in writing and to give a reason as to why your health information should be changed. However, if we did not create the health information that you believe is incorrect, or if we disagree with you and believe your health information is correct, we may deny your request.
3. **To request restrictions on certain uses and disclosures.** You have the right to notify us that you want restrictions placed on how your health information is used or to whom your information is disclosed, even if the restriction affects your treatment, our payment, or our health care operation activities. You may want to restrict the health information provided to family or friends involved in your care or payment of medical bills, or to restrict the health information provided to authorities involved with disaster relief efforts. If you receive certain medical devices, you may refuse to release your name, address, telephone number, social security number or other identifying information used for tracking the medical device. However, Bellin Health is not legally required to agree to such restrictions. While we will consider your request, because of the number, complexity, and nature of the services we deliver we may not be able to grant the request.
4. **To receive confidential communication of health information.** You have the right to request alternative means or locations where we may communicate your health information to you. For example, you may wish to receive a follow up call from your provider at your work telephone number instead of your home number. Or you may wish to have your billing information sent to a private address. We will accommodate reasonable requests.

5. **To receive a report listing to whom we have disclosed your health information.** In some limited instances, you have the right to request a report of the disclosures of your health information we have made during the previous six years, but the request cannot include dates before April 14, 2003. This written report must include the date of each disclosure, who received the disclosed health information, a brief description of the disclosed health information, and why the disclosure was made. We must comply with your request for the report within 60 days, unless you agree to a 30-day extension. We may not charge you for the report, unless you request such a report more than once per year. Our report will not include disclosures made to you, disclosures where you signed the authorization form, or disclosures for purposes of treatment, payment, or health care operations, information that is part of a limited data set, our directory, national security, law enforcement/corrections, and certain health oversight activities.
6. **To obtain a paper copy of this notice.** Upon your request, you may at any time receive a paper copy of this notice, even if you earlier agreed to receive this notice electronically. This notice is available on-line at www.bellin.org. Or you may call the Privacy Officer at (920) 433-3595 to request a paper copy of this notice.
7. **To file a complaint.** If you believe your privacy rights have been violated, you may file a complaint with us and/or with the Secretary of the Department of Health and Human Services. Complaints in no way affect how we care for you. To file a complaint with either Bellin Health or the Department of Health and Human Services, please contact the Bellin Health Grievance Coordinator at (920) 433-7869 who will provide you with the necessary assistance and paperwork.

If you have any questions or concerns regarding your privacy rights or the information in this notice, please contact the Bellin Health Privacy Officer at (920) 433-3595.

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Someone Believes In You

Revised 6/14/05
11-9602BR.f

10. **Bellin directory.** During the admission process you will be asked if we can list in our directory your name, location in our facility, your general health condition (e.g., "stable," or "unstable"), and your religious affiliation. The information about you contained in our directory will be disclosed to people who ask for you by name. However, the information about your religious affiliation will only be disclosed to clergy. You can tell us whether you object or agree regarding the use of your health information for directory purposes.
11. **To those involved with your care or payment for your care.** If people such as family members, relatives, or close personal friends are helping care for you or helping you pay your medical bills, you determine if we may disclose relevant health information about you to those people. The information disclosed to these people may include your location within our facility, and your general condition. You have the right to object to such disclosure, unless you are incapacitated or there is an emergency. In addition, we may disclose your health information to organizations authorized to handle disaster relief efforts so those who care for you can receive information about your location or health status. We may allow you to object or agree orally to such disclosure, unless there is an emergency.

When Bellin Health is required to obtain your authorization to use or disclose your health information:

Except for the situations previously listed, any other use or disclosure of your health information requires us to obtain your specific written authorization. For example, if we wanted to make a patient education video and have you participate in the film, we would need your authorization.

For all patients treated at Bellin Psychiatric Center and the Behavioral Health Clinics, we need your specific written authorization to release your health information, even for the purposes of treatment, payment and operations.

If you do sign an authorization form, you may withdraw your authorization at any time, as long as your withdrawal is in writing. If you wish to withdraw your authorization, please submit your written withdrawal to the Medical Records department at Bellin Hospital or to the Bellin site where you signed the authorization form.