



Notice Of Privacy Practice

This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this Notice carefully. If you have any questions about this Notice or believe your privacy rights have been violated, you may contact the Wildwood Family Clinic Medical Director at 4901 Cottage Grove Rd., Madison, WI 53716, or call (608) 221-1501. You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. You will not be retaliated against or penalized for filing a complaint.

Who Will Follow This Notice

This Notice of Privacy Practices ("Notice") serves as a notice for all Wildwood Family Clinic locations providing health care services. This Notice applies to our workforce members, including medical staff members, employees, volunteers, students, trainees, and health care professionals authorized to enter information into your medical record.

Our Pledge Regarding Medical Information

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the health care services you receive from us. We need this record to provide you with quality health care services and to comply with certain legal requirements. This Notice applies to individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for your health care.

We are required by law to:

- Make sure that medical information that identifies you is kept private;

- Give you this Notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the Notice that is currently in effect.

How We May Use & Disclose Medical Information About You

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories:

For Treatment

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, health care students, clergy, or others who are involved in your health care services. For example, your medical information may be shared with a physician to whom you have been referred in order to ensure that the physician has the necessary information to diagnose or treat you. We also may use your medical information to coordinate the different things you need, such as prescriptions, lab work and x-rays. If you are in one of our facilities, we also may disclose medical information about you to people outside the facility who may be involved in your medical care after you leave our facility.

For Payment

We may use and disclose medical information about you so that the treatment and services we provided to you, or that was provided to you by another facility, provider, or physician, may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about your treatment so they can pay us or reimburse you. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health care Operations

We may use and disclose medical information about you to improve our services or support our business activities. For example, we may use medical information to review our treatment and services, to evaluate the performance of our staff in caring for you. We may also disclose information to doctors, nurses, technicians, health care students, and other personnel for review and learning purposes. We or our designee may send you a patient satisfaction survey via mail or to an email address that you provided to us. Specific individual information will not be included in the email without authentication of a specific patient identifier to access the survey.

Notice

Wildwood Family Clinic is part of an Organized Health Care Arrangement (OHCA), with SSM Health, Dean Health System and Dean Health Plan/Medica, pertaining to shared use of our Electronic Medical Records as well as co-participation in an Accountable Care Organization (ACO). As part of the OHCA, we may from time to time share your information with other members of the OHCA in order to perform joint health care operations. For example, we may share your information in order to: improve population health management; conduct quality assessment and improvement activities; conduct or arrange for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general OHCA administrative activities.

Appointment Reminders

We may use and disclose medical information to contact you as a reminder that you have an appointment with us or to notify you that it's time for you to schedule a medical service with us.

Treatment Alternatives

We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits & Services

We may use and disclose medical information to tell you about health-related benefits, services, or health education resources, such as screenings, seminars, classes, or other programs that may be of interest and beneficial to you.

Patient Assistance Programs

We may use and disclose your information to third parties for the purpose of determining whether you qualify for a private or government patient assistance program that would reduce the amount you owe to Wildwood Family Clinic.

Disaster Relief

We may use or disclose medical information about you to a public or private entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Individuals Involved in Your Care or Payment for Your Care

Unless you object, we may share information about you to a care giver who may be a friend or family member. We may also give information to someone who helps pay for your care. If you are unable to object to such a disclosure, we may discuss your medical information with a family member, friend, or other person if, using professional judgment, we conclude that you would not object. Only the information that is relevant to your care or payment for your care will be disclosed.

Research

Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special internal approval process.

As Required By Law

We will disclose medical information about you when required to do so by federal, state or local law.

Special Situations

Organ & Tissue Donation

If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military

If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Worker's Compensation

Under Federal or State law, we may be required to provide copies of your medical information in connection with a workers' compensation claim to your employer, to you or your dependents, to certain state agencies or to others involved in your claim for compensation.

Public Health Activities

We may disclose medical information about you for public health activities when we are required or allowed to collect information about disease or injury or to report vital statistics to a public health authority. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease, or may be at risk for contracting or spreading a disease or condition; and

- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure when required or authorized by law.

To Avert a Threat to Health or Safety

When necessary to prevent a serious and imminent threat to your health and safety or the health and safety of the public or another person, or when we are legally required to do so, we may disclose medical information about you to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

Health Oversight Activities

We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits & Disputes

If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

Law Enforcement

To the extent permitted by law, we may release medical information if asked to do so by a law enforcement official. We may release medical information when we are legally permitted to do so:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at one of our facilities; and

- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners & Funeral Directors

We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

National Security & Intelligence Activities

We may release medical information about you to authorized federal officials for intelligence, counter-intelligence, and other national security activities as required by law. We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Inmates

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Advanced Technologies

We may use or disclose your health information for purposes of developing or utilizing new technologies and tools, including artificial intelligence, to use for our own treatment, payment, and health care operations purposes. We may use technologies, including artificial intelligence and automated tools, as part of our treatment, payment, and health care operations activities. Any such use will comply with applicable privacy and security laws.

Substance Use Disorder Records

For information that is covered by the federal regulations governing substance use disorder records at 42 CFR Part 2 ("Part 2 Records"), we will obtain your written consent to use and disclose such records unless we are permitted to use and disclose them without your written consent. We will not disclose any Part 2 Records for use in any civil, administrative, criminal, or legislative proceedings against you unless you provide specific written consent (separate from any other consent) or a court issues an appropriate order. To the extent that other applicable law is even more stringent than Part 2 on how we may use or disclose your health information, we will comply with the more stringent state law.

Other Uses of Medical Information

Most uses and disclosures of psychotherapy notes, uses and disclosures of medical information for marketing purposes and certain disclosures that constitute a sale of your medical information will require your written permission. Additionally, other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Your rights Regarding Medical Information About You

You have the following rights regarding medical information we maintain about you:

- To inspect and obtain a copy of medical information that may be used to make decisions about your care. Usually, this includes medical, laboratory and billing records, but may not include all psychotherapy notes.
- If your medical information is maintained electronically, you have the right to request an electronic copy of your medical information in an electronic format. You may also direct us in writing to transmit a copy to another person or entity designated by you.

- Request in writing to inspect and copy medical information that may be used to make decisions about you. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.
- We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that another licensed health care professional chosen by us review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend

If you feel that medical information we have about you is incorrect or incomplete, you have the right to request in writing that we amend the information by providing the reason for the amendment. You have the right to request an amendment as long as the information is kept by or for us.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for us;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

If we deny your request for an amendment, we will do so in writing, and you have the right to file a statement of disagreement.

Right to an Accounting of Disclosure

You have the right to request in writing an "accounting of disclosures." This is a list of the disclosures we made of medical information about you to others, excepting disclosures relating to treatment, payment and health care operations.

Your request must state a time period which may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper, or

electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Receive Notice of Breaches

You have the right to be notified of breaches of your unsecured medical information.

Right to Request Restrictions, in General

You have the right to request in writing a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery performed.

- We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Restrictions to a Health Plan

You have the right to request in writing a restriction or limitation on the medical information we disclose about you to a health plan for purposes of payment or health care operations.

- If you, or someone on your behalf, have paid for the health care item or service out of pocket in full, we are required to agree to your request if the disclosure to the health plan relates to payment or health care operations.

In your request, you must tell us (1) the name of the health plan that is not to receive the disclosure; (2) what health care item or service you wish to restrict from

disclosure; (3) the location in which the health care item or service was provided to you; and (4) the date the health care item or service was provided to you.

Right to Request Confidential Communications

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

Please advise the registration representative how or where you wish to be contacted. We will not ask you the reason for your request. We will accommodate all reasonable requests.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time by requesting a copy from the registration representative.

Changes to This Notice

We reserve the right to change this Notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in our facilities, and this Notice will be available on the Wildwood Family Clinic website. The Notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at or are admitted as a patient, you have the right to request a copy of the current Notice in effect.

Questions About This Notice or Complaints

If you have questions about this Notice or if you believe your privacy rights have been violated, you may contact Wildwood Family Clinic and leave a message with a member of the Administrative Team. While we will make every effort to resolve any complaints, please know that you also have the right to file a written complaint with the Secretary of the Department of Health and Human Services. The quality of your care will not be jeopardized, nor will you be penalized for filing a complaint.