

MILE BLUFF MEDICAL CENTER 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 CAREFULLY.

Mile Bluff Medical Center (MBMC) – including its retail pharmacies, clinics/outreach medical centers, and nursing & rehabilitation centers – is required by law to maintain the privacy of your protected health information (PHI). MBMC is also required to provide you with this notice that describes MBMC’s legal duties and privacy practices, and your privacy rights with respect to your PHI. MBMC will follow the privacy practices described in this notice. If you have any questions about any part of this notice, or if you want more information about the privacy practices of MBMC, please contact the privacy officer at MBMC (mail: 1050 Division Street; Mauston, WI 53948; phone: 608-847-6161; fax: 608-847-1858).

We at MBMC reserve the right to change the privacy practices described in this notice if the practices need to be changed to be in compliance with the law. We will make the new notice provisions effective for all PHI that we maintain. If we change our privacy practices, we will have them available upon request. They will also be posted at our service locations.

HOW MBMC MAY USE OR DISCLOSE YOUR PHI FOR TREATMENT, PAYMENT OF HEALTHCARE OPERATIONS

The following categories describe the ways MBMC may use and disclose your PHI. For each type of use and disclosure, we will explain what we mean, and present some examples (for illustrative purposes only).

Treatment We may use or disclose your healthcare information in the provision, coordination or management of your health care. Our communications to you maybe by telehealth, telephone, cell phone, e-mail, patient portal, text or by mail. For example, we may use your information to call and remind you of an appointment or refer your care to another provider. A provider may use the information in your medical record to determine which treatment option, such as a drug or surgery, that best addresses your needs. The treatment selected will be documented in your medical record, so that other healthcare professionals can make informed decisions about your care. We may also share your health information with other healthcare organizations that may participate in your care and treatment such as a hospital to which you may be transferred. If another provider requests your health information and they are not providing care and treatment to you, we will request an authorization from you before providing your information.

Payment We may use or disclose your healthcare information to obtain payment for your healthcare services. For an insurance company to pay for your treatment, we must submit a bill that identifies you, your discharge diagnosis and the treatment provided to you. As a result, we will pass such health information onto an insurer to help receive payment for your medical bills. If you have paid us out-of-pocket for healthcare services, you may request that we do not share information about that specific care with your health plan. Disclosures to your health plan made prior to your request and disclosures to your health plan for any subsequent care will not be affected.

Healthcare operations We may use or disclose your healthcare information for activities relating to the evaluation of patient care and evaluating the performance of healthcare providers, business planning and compliance with federal and state laws. For example, we may use your information to determine the quality of care you received when you had a surgical procedure.

HOW MBMC MAY USE OR DISCLOSE YOUR PHI WITHOUT YOUR WRITTEN AUTHORIZATION

As required or permitted by law We may use and disclose your health information when that use, or disclosure is required by law. For example, we may have to report abuse, neglect, domestic violence or certain physical injuries or to respond to a court order.

Public health We may release your health information to local, state or federal public health agencies, subject to the provisions of applicable state and federal law, for reporting communicable diseases, we may have to report abuse, aiding in the prevention or control of certain diseases; reporting problems with products and reactions to medications to the Food and Drug Administration.

Victims of abuse, neglect or violence We may disclose your information to a government authority authorized by law to receive reports of abuse, neglect or violence relating to children or the elderly.

Health oversight activities We may disclose your health information to a government authority authorized by law to conduct audits, investigations, inspections, licensure and other proceedings related to oversight of the healthcare system.

Judicial and administrative proceedings We may disclose your health information during an administrative or judicial proceeding in response to a court order. Under most circumstances when the request is made through a subpoena, a discovery request or involves another type of administrative order, your authorization will be obtained before disclosure is permitted.

Law enforcement We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, or missing person; or complying with a court order or other law enforcement purposes. Under some limited circumstances, we will request your authorization prior to permitting disclosure.

Coroner and medical examiner We may disclose your health information to coroners and medical examiners. For example, this may be necessary to determine the cause of death.

Cadaveric, organ, eye or tissue donation We may disclose your health information to organizations involved in procuring organs and tissues for transplantation.

Research Under certain circumstances, and only after a special approval process, we may use and disclose your health information to help conduct medical research which may involve an assessment of how well a drug is working to cure a heart disease or whether a certain treatment is working better than another.

To avert a serious threat to health or safety We may disclose your health information in a very limited manner to appropriate persons to prevent a serious threat to the health or safety of a person or the general public. Disclosure is usually limited to law enforcement personnel who are involved in protecting the public safety.

Specialized government functions Under certain and very limited circumstances, we may disclose your healthcare information for military, national security, or law enforcement custodial situations.

Workers' compensation Both state and federal laws allow the disclosure of your health care information that is reasonably related to a worker's compensation injury to be disclosed without your authorization. These programs may provide benefits for work-related injuries or illness.

Health information We may use or disclose your health information to provide information to you about treatment alternatives or other health related benefits and services that may be of interest to you.

MBMC directory Unless you object, we may use your health information, such as your name, location in our facility, your general health condition (e.g. stable or unstable), and your religious affiliation for our directory. It is our duty to give you enough information, so you can decide whether to object to release of this information for our directory. The information about you that is contained in our directory will not be disclosed to individuals not associated with our health care environment without your authorization.

Fundraising We may use certain information (name, address, telephone number or e-mail information, age, date of birth, gender, health insurance status, dates of service, department of service information, treating physician information or outcome information) to contact you for the purpose of raising money for MBMC and you will have the right to opt out of receiving such communications with each solicitation. For the same purpose, we may provide your name to our institutionally related foundation. The money raised will be used to expand and improve the services and programs we provide the community. You are free to opt out of fundraising solicitation and your decision will have no impact on your treatment or payment for services at MBMC.

IF YOU DO NOT OBJECT, AND THE SITUATION IS NOT AN EMERGENCY, AND DISCLOSURE IS NOT OTHERWISE PROHIBITED BY LAW, WE ARE PERMITTED TO RELEASE YOUR INFORMATION UNDER THE FOLLOWING CIRCUMSTANCES:

To those involved in your care We may release your health information to a family member, other relative, friend, or other person whom you have identified to be involved in your healthcare decisions or the payment of your health care costs.

To family We may use your health information to notify a family member, a personal representative or a person responsible for your care, of your location, general condition, or death.

To disaster relief agencies We may release your health information to an agency authorized by law to assist in disaster relief or public health activities.

NOTE: Except for the situations listed above, including treatment, payment and healthcare operations, we must obtain your specific written authorization for any other release of your health information.

Interoperability health information exchange We participate in arrangements with healthcare organizations at the state and national level that have agreed to work with each other to facilitate access to health information that may be relevant to your care. For example, if you are admitted to a hospital on an emergency basis and cannot provide important information about your health condition, these arrangements will allow us to make your health information from other participants available to those who need it to treat you at the hospital. When it is needed, ready access to your health information means better care for you. We may store health information about our patients in a joint electronic medical record with other healthcare providers who participate in the arrangement.

Interoperability admission, discharge or transfer notification We participate in the interoperability exchange of notifying your provider when you are registered to our emergency department or inpatient unit, or when you are discharged or transferred from our emergency department or inpatient unit.

You have the right to opt out of these interoperability services during the registration process except in cases of an emergency and for public health reporting, as permitted by law. Your decision to opt out applies only to electronic sharing your information through the exchange, and does not impact other sharing such as secure e-mail, fax, mail, or records maintained by your healthcare provider, etc.

WHEN MBMC IS REQUIRED TO OBTAIN AN AUTHORIZATION TO USE OR DISCLOSE YOUR PHI

Uses and disclosures made for psychotherapy, marketing and the sale of PHI require your authorization.

If your provider intends to engage in fundraising, you have the right to opt out of receiving such communications.

YOUR HEALTH INFORMATION RIGHTS

Inspect and copy your health information You have the right to inspect and obtain a copy of your healthcare information. You have the right to request that the copy be provided in an electronic form or format (ex: PDF saved onto CD). If the form and format are not readily-producible, then we will work with you to provide it in a reasonable electronic form or format. For example, you may request a copy of your immunization record from your healthcare provider. However, this right of access does not apply to psychotherapy notes. Your request for inspection or access must be submitted in writing to MBMC's Health Information Department at 1050 Division Street; Mauston, WI 59348. In addition, we may charge you a reasonable fee to cover our expenses for copying your health information.

Request to amend/correct your health information You have a right to request that MBMC amend your health information that you believe is incorrect or incomplete. For example, if you believe the date of your knee surgery is incorrect; you may request that the information be corrected. We are not required to change your health information. If your request is denied, we will provide you with information about our denial and how you can disagree with the denial. You have the right to request an amendment for as long as the information is kept by our facility. To request an amendment, your request must be made in writing to MBMC's Health Information Department at 1050 Division Street; Mauston, WI 53948. In addition, you must provide a reason that supports your request.

Request restrictions on certain uses and disclosures You have the right to request restrictions on how your health information is used, or to whom your information is disclosed, even if the restriction impacts your treatment or our payment or healthcare operation activities. For example, you could ask that we not use or disclose information about a surgery you had. However, we are not required to agree in all circumstances to your requested restrictions, except in the case of a disclosure restricted to a health plan if the disclosure is for the purpose of carrying out payment or healthcare operations and is not otherwise required by law; and the PHI pertains solely to a healthcare item or service for which you – or the person (other than the health plan) on your behalf – has paid the covered entity in full. To make a request for restrictions, your request must be made in writing to MBMC's Health Information Department at 1050 Division Street; Mauston, WI 53948. A restriction cannot be applied to your health information that has already been disclosed.

Receive confidential communication of health information You have the right to request that we communicate your health information to you in different ways or places. For example, you may wish to receive information about your health status in a special, private room or through a written letter sent to a private address. We must accommodate all reasonable requests. To request confidential communications, you must submit your requests in writing to MBMC's Health Information Department at 1050 Division Street; Mauston, WI 53948.

Receive a record of disclosures of your health information In some limited instances, you have the right to request a list of the disclosures of your health information that apply to disclosures – that are not otherwise permitted under the notice of privacy – we have made during the previous six years. This list will include the date of each disclosure, who received the disclosed health information, a brief description of the health information disclosed, and why the disclosure was made. For some types of disclosures, the list will also include the date and time the request for disclosure was received, and the date and time the disclosure was made. For example, you may request a list that indicates all the disclosures your healthcare provider has made from your healthcare record in the past six months. We must comply with your request for a list within 60 days, unless you agree to a 30-day extension. We may not charge you for the list, unless you request such lists more than once per year. We will not include in the list, disclosures made to you or for purposes of treatment, payment, healthcare operations, our directory, and certain health oversight activities. You must submit your request in writing to MBMC's Health Information Department at 1050 Division Street; Mauston, WI 53948.

Obtain a paper copy of this notice Upon your request, you have a right to a paper copy of this notice, even if you earlier agreed to receive this notice electronically. You may also access this notice at www.milebluff.com. To obtain a paper copy of this notice, send your written request to MBMC's Health Information Department at 1050 Division Street; Mauston, WI 53948.

Notification of a breach MBMC is required by law to maintain the privacy of PHI, and to provide you with notice of its legal duties and privacy practices with respect to PHI, and to notify you following a breach of unsecured PHI.

Complaint If you believe your privacy rights have been violated, you may file a complaint with MBMC's privacy officer who will provide you with any needed assistance. We request that you file your complaint in writing so that we may better assist in the investigation of your complaint. You may also file a complaint with the Secretary of the Department of Health and Human Services. If your complaint relates to your privacy rights while you were receiving treatment for mental illness, alcohol or drug abuse, or a developmental disability, you may also file a complaint with the staff or administrator of the treatment facility or community mental health program. There will be no retaliation against you in any way for filing a complaint. Please send any written complaints to MBMC's privacy officer at 1050 Division Street; Mauston, WI 53948.

If you have any questions or concerns regarding your privacy rights or the information in this notice, please contact MBMC's privacy officer at 608-847-6161.

Revised Date: June 1, 2022