



Joint Notice of Privacy Practices

This Joint 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.

If you have any questions about this Joint Notice please contact the applicable Privacy Officer:

Beloit Memorial Hospital Privacy Officer at (608) 364-5128
Beloit Clinic Privacy Officer at (608) 364-2422

This Joint Notice of Privacy Practices applies to services provided at the NorthPointe Health and Wellness Center by Beloit Memorial Hospital, Beloit Clinic and all of their respective representatives including:

- All health care professionals authorized to enter information into your health records.
- All employees, volunteers, students and other individuals who perform tasks at the NorthPointe Health and Wellness Center on behalf of either Beloit Memorial Hospital or Beloit Clinic or are under the direct control of either entity.

We are required by law to maintain the privacy of your protected health information and to provide you with a notice of our legal duties and privacy practices with respect to your health information. Beloit Memorial, Beloit Clinic and all of the individuals subject to this Joint Notice will share health information with one another as appropriate to carry out treatment, payment and health care operations relating to services provided at the NorthPointe Health and Wellness Center. This integrated arrangement allows us to more effectively and efficiently coordinate the care provided to you at the NorthPointe Health and Wellness Center. Beloit Memorial Hospital and Beloit Clinic are not providing joint health care services and are not providing services on each other's behalf. We are and will remain separate health care providers and each organization is individually responsible for its own activities, including compliance with privacy laws and for all of the services it provides. The organizations are entering into this Joint Notice solely for the purpose of complying with federal privacy laws and regulations and do not intend to create any other joint obligations or responsibilities.

Beloit Memorial Hospital and Beloit Clinic will each maintain a separate health record of services provided to you and will maintain their own separate policies and procedures regarding the use and disclosure of health information created and maintained about you. Additionally, while each entity will use this Joint Notice for the services provided at the NorthPointe Health and Wellness Center, Beloit Memorial Hospital and Beloit Clinic each have their own Notice

of Privacy Practices for health information generated at other service delivery sites.

Understanding Your Health Record/Information

Each time you visit NorthPointe Health and Wellness Center, a record of your visit or care is made by the entity or entities providing care to you. This information is shared within and among our organizations and disclosed to others as appropriate to carry out treatment, payment, and health care operations of Beloit Memorial Hospital and Beloit Clinic and to facilitate the delivery of coordinated and integrated health care services to you. Typically, your records contain specific information such as your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information is often referred to as your health or medical record.

Your Health Information Rights

You are able to exercise the rights specified below. You will be required to complete a form provided by Beloit Memorial Hospital or Beloit Clinic to exercise your rights. The forms can be obtained by contacting the applicable Privacy Officer(s) listed above. If you have received services from both Beloit Memorial Hospital and Beloit Clinic you must request the information noted above from each entity separately.

You have the right to:

- *Request a restriction on certain uses and disclosures of your health care information* such as for treatment, payment, or health care operations. We are not required to agree to your request. If we do agree, we will notify you in writing and will abide by our agreement (except in emergencies or as required or authorized by law) unless and until we notify you in writing that we are terminating our agreement to the restriction.
- *Obtain a paper copy of our Notices of Privacy Practices* upon request.
- *Inspect and receive a copy of your health record.* We may deny your request to inspect and copy in limited circumstances. We may charge you a reasonable, cost-based fee for copying your health record and/or

for mailing the copy to you. Upon your request, we will provide you with information, in advance, about the fees that will be charged.

- *Request an amendment of your health record.* We may deny your request only in limited circumstances. If we deny your request, we will provide you with a written explanation of our reason for the denial. If we accept your request, we will make your amendment part of your health care record and make reasonable efforts to inform others of the amendment in compliance with applicable law.
- *Obtain an accounting of disclosures of your health information made after April 13, 2003.* We are not required to account for all disclosures. For example, we are not required to account for disclosures made to you; for treatment, payment or health care operations; as authorized by you; or for certain other activities. We are not required to account for a disclosure that occurred more than 6 years before the date of your request. If you request an accounting of disclosures more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to your additional requests.
- *Request confidential communications.* You may request that we communicate with you about your health care in a certain way or at a certain location. We will accommodate reasonable requests.
- *Revoke your authorization to disclose health information* **except** to the extent that action has already been taken in reliance upon your authorization.

Our Responsibilities

We are required to:

- Maintain the privacy of your health information.
- Provide you with a notice as to our respective legal duties and privacy practices with respect to information collected and maintained about you.
- Abide by the terms of the current Notice of Privacy Practices. We will post and maintain the current Notice of Privacy Practices on our website
- Notify you if we are unable to agree to a requested restriction.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we already have as well as for information we create or receive after the change. Should our practices change, we will post the revised notice on our website and in our facilities.

For More Information or to Report a Problem

If you have questions about this Joint Notice or if you want more information about the privacy practices of either Beloit Memorial Hospital or Beloit Clinic, please contact the applicable Privacy Officer listed at the top of this Joint Notice.

Complaints

If you believe your privacy rights have been violated, you can initiate a complaint by calling applicable Privacy Officer(s) at the number noted above. The Privacy Officer will provide you with the appropriate form upon which to submit your complaint in writing. You can also file a written complaint with the Secretary of Health and Human Services at Region V, Office for Civil Rights, 233 N. Michigan Avenue, Suite 240, Chicago, Illinois 60601. There will be no penalty or other retaliation against you for filing a complaint.

Scope of Uses and Disclosures

The following categories describe different ways that we may use and disclose health information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose health information will fall within one of the categories.

Examples of Disclosures for Treatment, Payment and Health Operations

We will use your health information for treatment

For example: We may use health information about you to provide you with medical treatment or services. We may disclose your health information without your permission to doctors, nurses, technicians, or other individuals who are involved in providing health care services to you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process.

We will also provide your physician or a subsequent health care provider with copies of various reports to assist him or her in treating you

We will use your health information for payment

For example: We may use and disclose your health information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company, or another third party. For example, we may need to give your health plan information about an examination performed by one of our health care providers so that your health plan will pay us or reimburse you for the services. We may also tell your health plan about a treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover the treatment.

We will use your health information for health care operations

We may use and disclose health information about you to assist us in running our individual and permitted joint health care operations, which may include education and training, accounting, risk management, legal advice, quality improvement, competence evaluations, customer service, management, planning and the like.

For example: Members of the medical staff, the risk or quality improvement director, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and services we provide.

Other Permitted Uses and Disclosures

Business Associates: Some services are provided in our organization through contracts with business associates. Examples may include the individual who transcribes your health record, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do. We also use business associates to address our needs for audits, legal services, consulting and the like and may need to use or disclose health information in connection with these functions. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your location, and general condition.

Communication with Family: Health professionals, using their best judgment, may disclose to a family member, other relative, close

personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Appointments: We may use and disclose health information to contact you or to provide appointment reminders.

Health-Related Benefits and Service: We may use and disclose health information to tell you health related benefits and services that may be of interest to you.

Treatment Alternatives: We may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest for you.

Fundraising: Beloit Memorial Hospital may use your health information to contact you about fundraising efforts related to operation of the hospital and related facilities. If you do not want Beloit Memorial Hospital to contact you for fundraising purposes, you must notify our Privacy Officer in writing at the address listed below. Beloit Clinic does not use your health information for any fundraising purposes.

As Required by Law: We will disclose your health records when required to do so by federal, state, or local law.

To Avert a Serious Threat to Health or Safety: We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established procedures to ensure the privacy of your health information.

Coroners and Medical Examiners: We may disclose health information to coroners or medical examiners.

Organ procurement Organizations: If you are an organ donor, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Military and Veterans: If you are a member of the armed forces, we may release health information about you as required by military command authorities when authorized by law.

Workers' Compensation: We may disclose health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health: We may disclose information about you for public health activities. These activities generally include the following: prevention or control of disease, injury or disability; reporting of births and deaths; reporting child abuse or neglect; reporting reactions to medications or problems with products; notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; notifying the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.

Health Oversight Activities: We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include 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 and Disputes: If you are involved in a lawsuit or a dispute, we may disclose information about you in response to a lawful order of a

court of record or as otherwise permitted by state and federal law.

Correctional Institution: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose to the institution or its agents health information necessary for your health and the health and safety of other individuals.

Law Enforcement: We may disclose health information for law enforcement purposes as required or permitted by law or in response to a court order.

National Security and Intelligence Activities: We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others: We may disclose health care 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.

Disaster Relief: Unless you notify us that you object, in the event of a disaster, we may disclose health information to disaster relief entities for notification purposes.

Other uses and disclosures of health information not covered by this Joint Notice or permitted or required by the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health 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 health information about you for the reasons covered by your written authorization, except when we have relied upon your permission in undertaking an action (such as including your picture in a brochure). 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.

Any written communications related to this Joint Notice should be sent to:

Beloit Memorial Hospital, Inc.
Attention: Privacy Officer
1969 West Hart Road
Beloit, WI 53511

Beloit Clinic, S.C.
Attention Privacy Officer
1905 Huebbe Parkway
Beloit, WI 53511

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