

## PT CENTER FOR WOMEN NOTICE OF PROVIDER 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.**

PT Center for Women is required by law to maintain the privacy of your health information. PT Center for Women is also required to provide you with a notice that describes PT Center for Women's legal duties and privacy practices and your privacy rights with respect to your health information. We 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 PT Center for Women, please contact Women's Care Privacy Officer (920) 729-7105.

We reserve the right to change the privacy practices described in this notice in the event that the practices need to be changed to follow the law. We will make the new notice provisions effective for all the protected health information that we maintain. If we change our privacy practices, we will have them available upon request. This notice will also be posted at the location of service.

### **How PT Center for Women May Use or Disclose Your Health Information**

The following categories describe the ways that PT Center for Women may use and disclose your health information. For each type of use and disclosure, we will explain what we mean and present some examples.

**Treatment.** We may use or disclose your protected health information to provide treatment to you. For example, a doctor 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. Your medical record may be a combination of a paper medical record and an electronic medical record.

**Payment.** We may use or disclose your health care information to obtain payment for your health care services. For example, we may use your information to send a bill for your health care services to your insurer. You may be contacted by mail or telephone at any telephone number associated with you, including wireless numbers. Telephone calls may be made using pre-recorded or artificial voice messages and/or an automatic dialing device (an "auto dialer"). Messages may be left on answering machines or voicemail, including such message information required by law (including debt collection laws) and/or regarding amounts owed by you. Text messages or emails using any email addresses you provide may also be used in order to contact you.

**Health Care Operations.** We may use or disclose your health care information for activities relating to the evaluation of patient care, evaluating the performance of health care providers, business planning and compliance with the law. For example, we may use your information to determine the quality of care you received when you had your surgery. If the activities require disclosure outside of our health care organization, we will request your authorization before disclosing that information.

**Appointment reminders.** We may use your protected health information for appointment reminders. For example, we may look at your health information to determine the date and time of your next appointment with us, and then send you a written or phone call reminder to help you remember the appointment.

**Required by Law.** Sometimes we must report some of your protected health information to legal authorities, such as law enforcement officials in response to a court order, court officials, or government agencies. For example, we may have to report abuse, neglect, domestic violence or certain physical injuries, or to respond to a court order. We may also disclose your protected health information in the course of an administrative or judicial proceeding in response 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, aiding in the prevention or control of certain diseases and 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 health agencies authorized by law to conduct audits, investigations, inspections, licensure and other proceedings related to oversight of the health care system.

**Shared Medical Record/Health Information Exchange.** We participate in arrangements of health care organization, which have agreed to work with each other, to facilitate access to protected 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 protected 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 protected health information means better care for you. We store protected health information about our patients in a joint electronic medical record with other health care providers who participate in the arrangement. Each participant in the shared electronic medical record has implemented policies and procedures governing appropriate access to protected health information in the shared electronic medical record in accordance with state and federal law.

**Judicial and Administrative Proceedings.** We may disclose your health information in the course of 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 which must meet conditions for disclosure.

**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.

**Coroners and Medical Examiners.** We may disclose your health information to coroners and medical examiners. For example, this may be necessary to determine the cause of death.

**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 protected health information to the proper authorities so they may carry out their duties under the law.

**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 particular 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 health care information for military, national security, or law enforcement custodial situations.

**Workers' Compensation.** Both state and federal law 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.

### **When PT Center for Women is Required to Obtain an Authorization to Use or Disclose Your Health Information**

Except as described in this Notice of Privacy Practices, we will not use or disclose your health information without written authorization from you. For example, uses and disclosures made for the purpose of psychotherapy, marketing and the sale of protected health information require your authorization. If your provider intends to engage in fundraising, you have the right to opt out of receiving such communications. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization, though we will be unable to take back any disclosures we have already made with your permission.

### **Your Health Information Rights**

**Inspect and Copy Your Health Information.** You have the right to inspect and obtain a copy of your health care information. You have the right to request that the copy be provided in an electronic form or format (e.g., PDF, electronically through MyChart). If the form and format are not readily producible, then the organization 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 health care provider. This right of access does not apply to psychotherapy notes, which are maintained for the personal use of a mental health professional. Your request for inspection or access must be submitted in writing to Women's Care Medical Records, PO Box 7289, Appleton, WI 54912. In addition, we may charge you a reasonable fee to cover our expenses for copying your health information.

**Request to Correct Your Health Information.** You have a right to request that PT Center for Women amend your health information that you believe is incorrect or incomplete. For example, if you believe the date of your heart surgery is incorrect; you may request that the information be corrected. We are not required to change your health information and if your request is denied, we will provide you with information about our denial and how you can disagree with the denial. To request an amendment, you must make your request in writing to PT Center for Women Attn: Privacy Officer, PO Box 7289 Appleton, WI 54912. You must also provide a reason for 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 affects your treatment or our payment or health care operation activities. For example, if you are an employee in a clinic and you receive health care services in that clinic, you may request that your medical record not be stored with the other clinic records. However, we are not required to agree in all circumstances to your requested restrictions, except in the case of a restriction of disclosure to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and the protected health information pertains solely to a health care item or service for which you, or the person other than the health plan on your behalf, has paid PT Center for Women in full. If you would like to make a request for restrictions, you must submit your request in writing to PT Center for Women Attn: Privacy Officer, PO Box 7289 Appleton, WI 54912. A restriction cannot be applied to your health information that has already been disclosed.

**Receive Confidential Communications 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 reasonable requests. To request confidential communications, you must submit your request in writing to:  
PT Center for Women  
Attn: Privacy Officer  
PO Box 7289 Appleton, WI 54912

**Receive A Record of Disclosures of Your Health Information.** You have the right to request a list of the disclosures of your health information that we have made in compliance with federal and state law. 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 health care provider has made from your health care record in the past six months. To request this accounting of disclosures, you must submit your request in writing to PT Center for Women Attn: Privacy Officer, PO Box 7289 Appleton, WI 54912. We must comply with your request for a list within 60 days, unless you agree to a 30-day extension, and we may not charge you for the list, unless you request such list more than once per year.

**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. To obtain a paper copy of this Notice, send your written request to PT Center for Women Attn: Privacy Officer, PO Box 7289 Appleton, WI 54912.

**Notified of a Breach.** Your provider is required by law to maintain the privacy of protected health information and provide you with notice of its legal duties and privacy practices with respect to protected health information and to notify you following a breach of unsecured protected health information that qualifies under the federal healthcare privacy rules.

**Complaint.** If you believe your privacy rights have been violated, you may file a complaint with PT Center for Women Attn: Privacy Officer, PO Box 7289 Appleton, WI 54912 that 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 (DHHS). 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.

If you have any questions or concerns regarding your privacy rights or the information in this notice, please contact:

PT Center for Women  
Attn: Privacy Officer  
PO Box 7289 Appleton, WI 54912  
Or (920) 729-7105

**Effective Date of This Notice: 1/1/2022**