

**Affiliated Health of Wisconsin, LTD.**  
**Physical Therapy, Pain Rehabilitation Associates,**  
**Drs. Gorelick, Tolentino, and Kelderman,**  
**Fibromyalgia Centers of Wisconsin, Radiology & Dental Imaging Centers**

PRIVACY POLICY

IN ACCORDANCE WITH THE UNITED STATES HEALTH & HUMAN SERVICES (HHS)  
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA, Title II) AND HITECH ACT 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.

## **Your Information ▪ Your Rights ▪ Our Responsibilities**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information and your rights to access and amend your Protected Health Information (PHI). **Please review it carefully.**

### **Your Rights**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

#### **Get a paper copy of your medical record**

- You can ask to see or get a paper copy of your medical record.
- We will provide a copy or a summary of your health information, usually within 30 days of your request.
- We may charge a reasonable, cost-based fee.
- You must make such a request in writing to Medical Records.
- We may deny your request in very limited situations. You may appeal such a denial and request a review by another professional.

#### **Ask us to amend your medical record**

- You can ask us to amend health information about you that you think is incorrect or incomplete.
- You must make such a request in writing to Medical Records.
- We may deny the request if the information was not created by us, maintained by us, or is accurate and complete. You may file a statement of disagreement where we deny an amendment.

#### **Request confidential communications**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- You may request that confidential communication be sent to your home or different address.
- You may request that communication of information is restricted to others.
- You may request to be contacted on your home phone, cell, or office phone.
- You must make such a request in writing to Medical Records.
- We may not be able to comply with the request in the event of an emergency treatment situation.

#### **Get a list of those with whom we’ve shared information**

- You have the right to request a list of instances in which we shared your health information.
- To request this list of disclosures, you must submit your request in writing to Medical Records.

#### **Get a copy of this privacy notice**

- You can ask for a paper copy of this notice at any time. We will provide you with a paper promptly.
- We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request.

#### **Request restriction to a Health Plan**

- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
- You must inform us of the health plan and which service date you wish to restrict.
- You must pay for this service in full. In the absence of your payment, we can revoke this restriction and submit your claim to your health plan.
- You must make such a request in writing to Medical Records.

#### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

#### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting Karien Bakker, Affiliated Health of Wisconsin Ltd., Physical Therapy, Pain Rehabilitation Associates, Drs Gorelick, Tolentino, and Kelderman, Fibromyalgia Centers of Wisconsin, Radiology & Dental Imaging Centers 2626 N. 76<sup>th</sup> Street, Wauwatosa, WI, 53213, phone 414-774-7794 or phone, 414-476-9400, or Email address- Karien@affiliatedhealthofwisconsin.com
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

### **Your Choices**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below.

In these cases, you have both the right and choice to tell us to:

- We may disclose health information about you to a family member, relative, or another person identified by you who is involved in your health care or payment for your health care only upon your signed consent.
- *However, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Sharing of psychotherapy note(s)

## Our Uses and Disclosures

### **How do we typically use or share your health information?**

We typically use or share your health information in the following ways:

- Treatment, health care operations, and billing of your services.
- We will contact you by phone and/or by mail for appointment reminder.
- We will provide you with information about treatment alternatives or health related benefits and services that may be of interest to you.

### **How else can we use or share your health information?**

- We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research.
- We have to meet many conditions in the law before we can share your information for these purposes.
- For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### **Conduct research**

- We can use or share your information for health research.

### **Comply with the law**

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

### **Respond to organ and tissue donation requests**

- We can share health information about you with organ procurement organizations.

### **Work with a medical examiner or funeral director**

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

### **Respond to lawsuits and legal actions**

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We will not share HIV test results to health oversight agencies without an authorization. We may disclose your mental health, alcohol or drug abuse or developmental disability related health information to the Department of Health and Family Services, to the county for coordination of human services and to a representative of the board on aging and long-term care. The remainder of your protected health information may be disclosed without your authorization to a state or federal agency.

- For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

### **Other Instructions for Notice**

- Effective date is October 28, 2013.
- To contact Medical Records call 414-771-2707 and ask for the Medical Records Supervisor.