

# Notice of Privacy

This notice describes our practices and those of:

- Any healthcare professional allowed to enter information into your chart,
- Any member of our volunteer program whom we allow to help you while you are here

## Notice of Privacy PDF on side

All of these people follow the terms of this notice. They may also share protected health information (“PHI”) with each other for treatment, payment or healthcare operations as described in this notice.

## Our Pledge Regarding Information

We are committed to protecting information about you and your health. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of our records.

## We are required by law to:

- maintain the privacy of your information,
- give you this notice of our legal duties and privacy practices related to your information, and
- follow the terms of the notice that is currently in effect.

## How We May Use and Disclose Information About You

**Treatment.** We may use and disclose PHI to treat or provide services to you. For example, a doctor treating you for a broken leg would need to know if you have diabetes because diabetes may slow the healing process.

**Payment.** We may use and disclose PHI so that we can bill and be paid for the treatment and services you receive from us. For example, we may need to give information about your surgery to your insurance company so they will pay for the surgery.

**Healthcare Operations.** We may use and disclose PHI as needed to carry out our organizational needs. For example, we may use or disclose PHI about you to improve our quality of care.

**Organized Healthcare Arrangement.** For certain activities, we may disclose information about you to other healthcare providers participating in an organized health care arrangement. As an example, we may share information with other health care providers in order to improve your care.

**Those Involved in Your Care.** We may release relevant PHI to a friend, family member or anyone else you designate who is involved in your care or payment related to your care. We may also disclose PHI to those assisting in disaster relief efforts so that your family can be notified about your condition, status and location.

**Directory.** We may include limited PHI about you in our directory. This information may include your name and location in the facility.

**We may also use or disclose PHI for the following purposes:**

- Appointment reminders
- Health-related products and services
- As required by law
- To avert a threat to health or safety
- Organ and tissue donation
- Workers' Compensation
- Public health activities
- Health oversight activities
- Lawsuits and disputes
- Government functions
- Custodial law enforcement
- Your Rights Regarding Your Information

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

**Right to Inspect and Copy.** You have the right to inspect and obtain a copy of the PHI contained in your medical record. You must submit your request in writing to the medical records department. In some cases, we may deny your request. There may be a fee for the costs of copying, mailing or supplies associated with your request.

**Right to Amend.** You have a right to request an amendment of your PHI. You must submit your request along with the reason for amendment in writing to:

St. Croix Regional Medical Center  
Attn: Privacy Officer  
235 State Street  
St. Croix Falls, WI 54024

**Right to Request Restrictions.** You have the right to request restrictions on the PHI we use or disclose about you as described in the sections above for Treatment, Payment, Healthcare Operations, Directory, and Those Involved in Your Care. In some cases, we may not agree to your request. You must submit your request for restrictions in writing.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you in a certain way or at a certain location. You must submit your request for confidential communications in writing. We will honor reasonable requests.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice at any time. To obtain a paper copy of this notice, contact our Privacy Officer or download and print. We reserve the right to change the terms of this notice, and apply any changes to all PHI that we maintain. We will post a current copy of this notice in our facilities and on our Web site.

#### **Other Uses & Disclosures of Information**

Other uses and disclosures of PHI not covered by this notice will be made only with your authorization. You may also revoke the authorization at any time by sending a written notice to the medical records department that initiated the release of PHI.

Questions about this notice?

Contact our Privacy Officer at 715-483-0409.

#### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services.

To file a complaint with us, contact the Patient Relations at 715-483-0282. You will not be penalized for filing a complaint.