



**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.**

The Richland Hospital, Inc., its divisions, the Richland Hospital Clinic, the Muscoda Health Center, Spring Green Medical Center (collectively referred to herein as "Hospital") and the entity the Richland Free Clinic, are required by law to maintain the privacy of your health information. The Hospital is also required to provide you with a Notice of Privacy Practices ("Notice") that describes the Hospital'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 the Hospital, please contact:

**Director of Health Information Management  
The Richland Hospital, Inc.  
333 East Second St.  
Richland Center, WI 53581  
(608) 647-6321, Ext. 2035  
Email: [HIM@richlandhospital.com](mailto:HIM@richlandhospital.com)**

We reserve the right to change the privacy practices described in this Notice. In the event that this Notice is revised, we will make the new Notice provisions effective for all the protected health information that we maintain, as well as any health information we receive in the future. The revised Notice will be posted at each Hospital service location and copies will be available upon request. It will also be posted on the Hospital's website at [RichlandHospital.com](http://RichlandHospital.com).

**How the Hospital May Use or Disclose Your Health Information for Treatment, Payment or Health Care Operations**

The following categories describe the ways that the Hospital may use and disclose your health information for treatment, payment, or health care operations. For each type of use and disclosure, we will explain what we mean and present some examples.



## **TREATMENT**

We may use or disclose your health information in the provision, coordination, or management of your health care. For example we may use your information to call and remind you of an appointment or to refer your care to another physician. Our communications to you may be by telephone, cell phone, secure email, patient portal, or by mail, unless agreed otherwise. 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 to the extent required by law.

## **HEALTH INFORMATION EXCHANGE PARTICIPATION**

The Hospital participates in an automated electronic exchange of health information with other health care organizations and providers who 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 another hospital, the Hospital can electronically exchange your health information with the other hospital so that they have the information needed to treat you. Your information will be included in the electronic health information exchange unless you have notified the Hospital's Health Information management Department in writing of your desire to opt out of the electronic health information exchange.

## **PAYMENT**

We may use or disclose your health information to obtain payment for the health care services we provide to you. For example, we may disclose your health information to your insurer to obtain reimbursement for health care services we provide to you.

## **HEALTH CARE OPERATIONS**

We may use or disclose your health care information to conduct certain of our business activities, known as health care operations. For example, we may use and disclose your health information for activities relating to business planning, to evaluate the performance of health care providers, and to determine the quality of care you received at the Hospital and to determine how to improve that quality of care. Further, we may disclose your health information to third party "business associates" that perform various services on our behalf, such as transcription, billing, and collection services. In these cases, we will enter into a written agreement with the business associates to ensure they protect the privacy of your health information.

## **How the Hospital May Use or Disclose Your Health Information Without Your Written Authorization**

The following categories describe the ways that the Hospital may use and disclose your health information without your authorization, in addition to treatment, payment, and health care operations purposes, as discussed above. For each type of use and disclosure, we will explain what we mean and present some examples.

- 1. Required by Law.** We may use and disclose your health information when that use or disclosure is required by law. For example, we may disclose health information to report child abuse or to respond to a court order.



- 2. Public Health.** We may disclose 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, for example.
- 3. Victims of Abuse, Neglect or Violence.** We may disclose your health information to an appropriate government authority if we believe you have been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when we are required or authorized by law to make the disclosure.
- 4. 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, government programs, and civil rights laws.
- 5. 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, your authorization will be obtained before disclosure is permitted.
- 6. Law Enforcement.** We may disclose your health information to a law enforcement official for certain specific law enforcement purposes, such as reporting certain types of injuries. Under some limited circumstances we will request your authorization prior to permitting disclosure.
- 7. Coroners and Medical Examiners.** We may disclose your health information to organizations involved in procuring organs and tissues for transplantation or banking.
- 8. Cadaveric, Organ, Eye or Tissue Donation.** We may disclose your health information to organizations involved in procuring organs and tissues for transplantation or banking.
- 9. Research.** Under certain circumstances, and generally only after a special approval process, we may use and disclose your health information to help conduct medical research. This research, for example, 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.
- 10. 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.
- 11. Specialized Government Functions.** Under certain limited circumstances, we may disclose your health information for military, national security, or other specialized government functions, or for law enforcement custodial situations.
- 12. Workers' Compensation.** Both state and federal law allow the disclosure of your health information that is reasonably related to a workers' compensation injury to be disclosed without your authorization. These disclosures may assist you to obtain benefits for work-related injuries or illness.



**13. Hospital Directory.** Unless you object, we may disclose your location in our facility and your general health condition (e.g., “stable,” or “unstable”) to anyone who asks for you by name. We may also disclose that information, and your religious affiliation, to members of the clergy.

**14. Family and Friends Involved in Your Care.** If you verbally agree to the use or disclosure and in certain other situations, we are permitted to disclose your information under the following circumstances:

- a. To individuals involved in your care – we may release your health information to a family member, other relative, friend or other person who you have identified to be involved in your health care or the payment of your health care. The health information we disclose would be limited to the health information that is relevant to that person’s involvement in your care or payment for your care. We may also make these disclosures after your death unless doing so is inconsistent with any prior expressed preference. We may use or disclose your information to notify or assist in notifying a family member, personal representative, or any other person responsible for your care regarding your location, general condition, or death.
- b. To disaster relief agencies – we may release your health information to an agency authorized by law to assist in disaster relief activities so that your family or other persons responsible for your care can be notified about your condition, status, and location.

**Please be aware that state and other federal laws may have additional requirements that we must follow or may be more restrictive than HIPAA on how we use and disclose your health information. If there are specific more restrictive requirements, even for some of the purposes listed above, we may not disclose your health information without your written permission as required by such laws. For example, we will not disclose your HIV test results without obtaining your written permission, except as permitted by state law. We may also be required by law to obtain your written permission to use and disclose your information related to treatment for a mental illness, developmental disability, or alcohol or drug abuse.**

### **When the Hospital is Required to Obtain an Authorization to Use or Disclose Your Health Information**

Except as described in this Notice, we will not use or disclose your health information without your written authorization. For example, uses and disclosures for marketing purposes, and uses and disclosures that constitute the sale of protected health information will require your authorization except as provided by law. If you do authorize us to use or disclose your health information, you may revoke your authorization in writing at any time. However, your decision to revoke the authorization will not affect or undo any use or disclosure of your health information that occurred before you notified us of your decision, or any actions that we have taken based upon your authorization. To revoke an authorization, you must notify us in writing at Director of HIM, 333 E. Second St., Richland Center, WI 53581.



## Your Health Information Rights

- 1. Inspect and Copy Your Health Information.** You have the right to inspect and obtain a copy of your health information. For example, you may request a copy of your immunization record from your health care provider. We may charge you a reasonable fee as authorized by law to meet your request. You have the right to request that the copy be provided in an electronic form or format. If the form and format are not readily producible, then we will work with you to provide your health information in a reasonable electronic form or format. Further, you may request in writing that we transmit such a copy to any person or entity you designate. Your written, signed request must clearly identify such designated person or entity and where you would like us to send the copy. Your request for inspection or access must be submitted in writing to the Director of HIM, 333 E. Second St., Richland Center, WI 53581.
- 2. Request to Correct Your Health Information.** You have a right to request that the Hospital 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. Under certain circumstances we are not required to amend 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 Director of HIM, 333 E. Second St., Richland Center, WI 53581. You must also provide a reason for your request.
- 3. 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 for treatment, payment, or health care operation activities. However, we are not required to agree to your requested restrictions, unless that restriction is regarding disclosure to a health plan 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 a person other than the health plan on your behalf, has paid for in full. If you would like to make a request for restrictions, you must submit your request in writing to Director of HIM, 333 E. Second St., Richland Center, WI 53581.
- 4. Receive Confidential Communications of Health Information.** You have the right to request that we communicate your health information to you in certain 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. We will not ask you the reason for your request. To request confidential communications, you must submit your request in writing to Director of HIM, 333 E. Second St., Richland Center, WI 53581.
- 5. Receive a Record of Disclosures of Your Health Information.** You have the right to request a list of certain disclosures of your health information that we have made in compliance with federal and state law. 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. Please note that certain disclosures need not be included in the accounting we provide to you. This list of disclosures we provide 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.



- 5. (Cont.) Receive a Record of Disclosures of Your Health Information.** To request this accounting of disclosures, you must submit your request in writing to Director of HIM, 333 E. Second St., Richland Center, WI 53581. Your request must state a time period which may not go back further than six years. We may not charge you for the list, unless you request such list more than once per year. We will notify you of the costs involved and give you an opportunity to withdraw or modify your request before any costs have been incurred.
- 6. 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 Director of HIM, 333 E. Second St., Richland Center, WI 53581. This Notice is also available on the Hospital's website at [RichlandHospital.com](http://RichlandHospital.com).
- 7. Notified of a Breach.** The Hospital will notify you following a breach of your unsecured protected health information.
- 8. Complaint.** If you believe your privacy rights have been violated, you may file a complaint with Director of HIM, 333 E. Second St., Richland Center, WI 53581, 608.647.6321, ext. 2035. 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. You will not be retaliated against in any way for filing a complaint.

**Effective Date of this Notice: 07/02/2020**

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**The Richland Hospital and Clinics**

333 East Second Street  
Richland Center, WI 53581  
608.647.6321 or 888.467.7485

**Muscoda Health Center**

1075 North Wisconsin Avenue  
PO Box 657, Muscoda, WI 53573  
608.739.3113

**Spring Green Medical Center**

150 East Jefferson Street  
PO Box 10, Spring Green, WI 53588  
608.588.7413



## Acknowledgement Notice of Privacy Practices

I, \_\_\_\_\_ acknowledge that I have received the written  
Notice of Privacy Practices from The Richland Hospital, Inc.

\_\_\_\_\_  
(Patient or personal representative signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
If personal representative, describe relationship

The patient's condition prohibits the individual from signing an acknowledgment at this time. It will be  
obtained as reasonably practicable after the patient's condition improves.

Acknowledgement was unable to be obtained.

Reason: \_\_\_\_\_

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

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