



## NOTICE OF PRIVACY PRACTICES SUMMARY

This is a brief summary of how medical information about you may be used and disclosed and how you may access that information. For more information, please refer to the attached NOTICE OF PRIVACY PRACTICES.

### PLEDGE

We understand that medical information about you and your health is personal and we are committed to protecting that information. We create a record of the care and services you receive here. We need this record to provide you with quality care, to comply with certain legal requirements, and to substantiate claims. This notice applies to all of the records of your care generated at this health care facility, whether made by this facility's personnel or your personal doctor. Other health care providers may have different policies or notices regarding the use and disclosure of your medical information created in that health care provider's office or clinic.

We are required by law to:

- Make sure that medical information that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to medical information about you.
- Follow the terms of the notice that is currently in effect.

### WHO WILL FOLLOW THIS NOTICE

- Any health care professional authorized to enter information into your medical chart.
- All departments and units of this health care facility.
- Any member of a volunteer group we allow to help you while you are under our treatment.
- All employees, staff and other personnel we employ.
- Radiology Associates of Wausau, SC, including its affiliated entities, sites, and locations.

### HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories are different ways that we use and disclose medical information:

For treatment, payment, health care operations, appointment reminders and treatment alternatives, health-related benefits and services, hospital directory, individuals involved in your care or payment for your care, fundraising activities, as required by law, public health risks, health oversight activities, lawsuits and disputes, law enforcement, coroners, medical examiners and funeral directors, research, to avert a serious threat to health or safety, organ and tissue donation, military and veterans, workers' compensation, national security and intelligence activities, and protective services for the President and others.

Radiology Associates of Wausau, SC participates in one or more Organized Health Care Arrangements. Members of the Single Affiliated Covered Entities and the Organized Health Care Arrangements may share medical information with each other for treatment, payment, or health care operation purposes described in this notice.

### YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

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

Right to inspect and copy, right to amend, right to an accounting of disclosures, right to request restrictions, right to request confidential communications, and right to a paper copy of the Notice of Privacy Practices.

### CHANGES TO THE NOTICE OF PRIVACY PRACTICES

We reserve the right to change this notice, and will post a copy of the current notice in this health care facility and on our Web site at [radiologyassociatesofwausau.com](http://radiologyassociatesofwausau.com).



NOTICE OF PRIVACY PRACTICES  
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## NOTICE OF PRIVACY PRACTICES

Effective Date: May 24, 2015

**PURPOSE:** 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.

### OUR PLEDGE REGARDING YOUR MEDICAL INFORMATION:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive here. We need this record to provide you with quality care and to comply with certain legal requirements and to substantiate claims. This notice applies to all of the records of your care generated by this health care facility, whether made by this health care facility's personnel or your personal doctor. Other health care providers may have different policies or notices regarding the use and disclosure of your medical information created in the health care provider's office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

### WHO WILL FOLLOW THIS NOTICE.

This notice describes our practices and that of:

- Any health care professional authorized to enter information into your medical chart.
- All departments and units of this health care facility.
- Any member of a volunteer group we allow to help you while you are under our treatment.
- All employees, staff, and other personnel we employ.
- Radiology Associates of Wausau, SC, including its affiliated entities, sites, and locations.



## HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.

Radiology Associates of Wausau, SC participates in one or more Organized Health Care Arrangements. Members of the Single Affiliated Covered Entities and the Organized Health Care Arrangements may share medical information with each other for treatment, payment, or health care operation purposes described in this notice.

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- For Treatment. We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other health care personnel who are involved in taking care of you at this health care facility. 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. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of this health care facility also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work, and x-rays. We also may disclose medical information about you to people outside this health care facility who may be involved in your medical care, such as family members, clergy, or others we use to provide services that are part of your care.
- For Payment. We may use and disclose medical information about you so that the treatment and services you receive at this health care facility may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about surgery you received so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- For Health Care Operations. We may use and disclose medical information about you for this health care facility's health care operations. These uses and disclosures are necessary to operate this health care facility and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many of our patients to decide what additional services this health care facility should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and our other health care personnel for review and learning purposes. We may also combine the medical information we have with medical information from other health care facilities to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.
- Appointment Reminders and Treatment Alternatives. We may use and disclose medical information to provide you with appointment reminders or tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- Health-Related Benefits and Services. We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.



We may also use and disclose limited medical information about you for certain directory, decision-making, and fundraising activities purposes, subject to your right to object to these uses or disclosures.

- Hospital Directory (for hospital patients only). We may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.), and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends, and clergy can visit you in the hospital and generally know how you are doing.
- Individuals Involved in Your Care or Payment for Your Care. We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. If you are hospitalized, we may also tell your family or friends your condition and that you are in the hospital. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- Fundraising Activities. We may use contact information (name, address, other contact information, age, gender, date of birth, the dates you received treatment or services, department you received service from, your treating physician, outcome information, and health insurance status) from your medical record to contact you for certain fundraising purposes, and may disclose this contact information to an Aspirus Foundation for fundraising purposes. You may opt out of receiving fundraising communications by contacting the appropriate entity upon receipt of the communication.

The Privacy Rules and State law allow us to use or disclose your medical records without your consent or authorization for a number of functions and activities, discussed below.

- As Required By Law. We will disclose medical information about you when required to do so by federal, state, or local law.
- Public Health Risks. We may disclose medical information about you for public health activities. These activities generally include the following:
  - To prevent or control disease, injury or disability;
  - To report births and deaths;
  - To report child abuse or neglect;
  - To report reactions to medications or problems with products;
  - To notify people of recalls of products they may be using;
  - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and
  - To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- Health Oversight Activities. We may disclose medical information to a health oversight agency for activities





authorized by law. These oversight activities include, for example, 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 medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a lawful process by someone else involved in the dispute as required by federal, state, or local law.
- Law Enforcement. We may release medical information if asked to do so by a law enforcement official:
  - In response to a court order, subpoena, warrant, summons, or similar process;
  - To identify or locate a suspect, fugitive, material witness, or missing person;
  - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
  - About a death we believe may be the result of criminal conduct;
  - About criminal conduct at this health care facility; and
  - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description, or location of the person who committed the crime.
- Coroners, Medical Examiners, and Funeral Directors. We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients in the hospital to funeral directors as necessary to carry out their duties.
- Research. Under certain circumstances, we may use and disclose your medical records for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical records, trying to balance the research needs with patients' need for privacy of their medical records. Before we use or disclose medical records for research, the project will have been approved through this research approval process. We may, however, disclose your medical records to people preparing to conduct a research project; for example, to help them look for patients with specific medical needs, so long as the medical records they review do not leave this facility. We will almost always ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care at this facility.
- To Avert a Serious Threat to Health or Safety. We may use and disclose medical 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.
- Organ and Tissue Donation (for hospital patients only). If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation, or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.



In certain circumstances, the Privacy Rules authorize us to use or disclose your medical records to facilitate specified government functions.

- Military and Veterans. If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- Worker's Compensation. We may release medical information about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- National Security and Intelligence Activities. We may release medical 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 medical 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.
- Inmates and Law Enforcement Custody. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

#### YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.

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

- Right to Inspect and Copy. You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. You have the right to obtain electronic copies of those records that are stored in an electronic format.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Radiology Associates of Wausau, SC. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by this health care facility will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.



- Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for this health care facility.

To request an amendment, your request must be made in writing and submitted to Radiology Associates of Wausau, SC, 333 Pine Ridge Boulevard, Wausau, WI 54401. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request.

In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
  - Is not part of the medical information kept by or for this health care facility;
  - Is not part of the information which you would be permitted to inspect and copy; or
  - Is accurate and complete.
- Right to Receive an Accounting of Disclosures. You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you.

To request this list or accounting of disclosures, you must submit your request in writing to Radiology Associates of Wausau, SC. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example: on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request, unless you have paid out of pocket in full for the treatment and request that the medical information not be disclosed to a health plan for payment or health care operations. It may be disclosed for carrying out treatment. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to Radiology Associates of Wausau, SC, 333 Pine Ridge Boulevard, Wausau, WI 54401. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.





- Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to Radiology Associates of Wausau, SC, 333 Pine Ridge Boulevard, Wausau, WI 54401. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy.

To obtain a paper copy of this notice, please visit our Website at [www.radiologyassociatesofwausau.com](http://www.radiologyassociatesofwausau.com) or submit your request in writing to Radiology Associates of Wausau, SC, 333 Pine Ridge Boulevard, Wausau, WI 54401.

NOTIFICATION OF BREACHES: You may receive notification of breaches involving your unsecured protected health information.

#### CHANGES TO THIS NOTICE.

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you, as well as any information we receive in the future. We will post a copy of the current notice in this health care facility. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at or are admitted for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

#### COMPLAINTS.

If you believe your privacy rights have been violated, you may file a complaint with this health care facility or with the Secretary of the Department of Health and Human Services. To file a complaint with this health care facility, please submit your complaint in writing to Radiology Associates of Wausau, SC, 333 Pine Ridge Boulevard, Wausau, WI 54401. All complaints must be submitted in writing. If you require further information, you may contact the Radiology Associates of Wausau Representative at 715-847-2283.

You will not be penalized for filing a complaint.

#### OTHER USES OF MEDICAL INFORMATION.

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical 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 medical information about you for the reasons covered by your written authorization. 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.