



112 Helen Street Sauk City, WI 53583 608-643-3351

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Prairie Clinic, SC must maintain the privacy of your personal health information and give you this notice that describes our legal duties and privacy practices concerning your personal health information. In general, when we release your health information, we must release only the information we need to achieve the purpose of the use or disclosure. However, any and all of your personal health information will be available for release if you sign an authorization form, if you request the information for yourself, to a provider regarding your treatment, or due to a legal requirement. We must follow the privacy practices described in this notice.

Your Health Information Rights

You have specific rights with regard to your health information. If you wish to exercise any of these rights or have any questions regarding them, please contact our Privacy Officer.

1. Right to inspect and copy your health information. With a few exceptions, you have the right to inspect and obtain a copy of information in your clinic record. However, this right does not apply to psychotherapy notes or information gathered for judicial proceedings. In addition, we may charge you a reasonable fee if you want a copy of your health information.
2. Right to request a correction to your health information. If you believe your health information is incorrect, you may ask us to correct the information. You will be asked to make such requests in writing and to give a reason as to why your health information should be changed. However, if we disagree with you and believe your health information is correct, your request may be denied.
3. Right to request restrictions on certain uses and disclosures. You have the right to ask for 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. However, we are not required to agree in all circumstances to your requested restriction.
4. Right to receive confidential communication of health information. You have the right to ask that we communicate your health information to you in different ways such as a specific mailing address or phone number.
5. Right to receive a record of disclosures of your health information. In some instances, you have the right to ask for a list of the disclosures of your health information we have made after April 14, 2003 or the most recent six years. This information will include the date of each disclosure, who received the information, what information was disclosed and the reason for the disclosure.
6. Right to obtain a paper copy of this notice. At any time, you may request a paper copy of this notice.
7. Right to complain. If you believe your privacy rights have been violated, you may file a complaint with us and with the federal Department of Health and Human Services, within 180 days of the violation. To file a complaint with either entity, please contact the Prairie Clinic Privacy Officer who will provide you with the required paperwork.

Without your written authorization, we can use your health information for the following purposes:

1. Treatment. A doctor or therapist may use the information in your record to determine which treatment option best addresses your health needs. This information may be shared with any provider who participates in your care.
2. Payment. In order for an insurance company to pay for your treatment, we must submit a bill that identifies you, your diagnoses, and the dates and types of services received. As a result, we will pass this information on to an insurer in order to receive payment for your treatment.
3. Routine Clinic Operations. Your information may be used in the course of evaluating the performance of health care providers, auditing the efficiency of patient care services, or other quality assurance type activities.
3. As required or permitted by law. Sometimes we must report some of your health information to legal authorities, such as law enforcement officials, 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.
4. For public health activities. We may be required to report certain information to authorities. This may include using your clinic record to report death information or information related to child abuse or neglect.
5. To avoid a serious threat to health or safety. As required by law and standards of ethical conduct, we may release your health information to the proper authorities if we believe, in good faith, that such release is necessary to prevent or minimize a serious and approaching threat to you or the public's health or safety.
6. For worker's compensation. We may disclose your health information to the appropriate persons in order to comply with the laws related to workers' compensation or other similar programs. These programs may provide benefits for work-related injuries or illness.

NOTE: Except for the situations listed above, we must obtain your specific written authorization for any other release of your health information.

If you sign an authorization form, you may withdraw your authorization at any time. If you wish to withdraw your authorization, please submit your withdrawal in writing to the office manager.

Prairie Clinic, SC reserves the right to change the privacy practices describes in this notice, in accordance with the law. If we change our privacy practices, the new copy will be posted in our waiting rooms, and available to you upon request.

Any questions or concerns regarding your privacy rights or the information in this notice should be directed to the Prairie Clinic Privacy Officer at 608-643-3351.

This Notice of Privacy Practices is effective November 1, 2007 and replaces the original version dated April 14, 2003.