

■ **Coroners and Medical Examiners.** 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.

■ **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 to conduct special investigations.

■ **Inmates.** If you are an inmate or under the custody of a correctional institution, we may release medical information about you to the medical staff or intake staff of the correctional institution or Department of Corrections when authorized by law.

## 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.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to our Privacy Officer. 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. A licensed health care professional chosen by BAMC 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 BAMC.

To request an amendment, you must submit a fully completed Request for Amendment form to the Privacy Officer. Your form 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 BAMC, 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 BAMC;

- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

■ **Right to 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 other than certain disclosures that are not required to be included in the accounting, such as disclosures made for the purposes of treatment, payment or health care operations or pursuant to your authorization.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request must: (1) be made on the appropriate form; (2) specify the facility from which the accounting is to be provided; (3) be directed to the location where the record was created; and (4) 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, electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs 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.** 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 our Privacy Officer. 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 our Privacy Officer. 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 of this notice.

You may obtain a copy of this notice at our website, [www.bamc.org](http://www.bamc.org). To obtain a paper copy of this notice, contact our Privacy Officer.

## 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 paper copy of the current notice at each of BAMC's facilities. The notice will contain on the first page, in the top right-hand corner, the effective date.

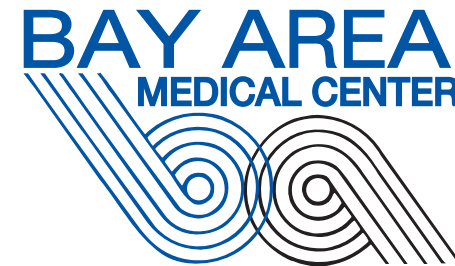
## COMPLAINTS.

If you believe your privacy rights have been violated, you may file a complaint with BAMC or with the Department of Health and Human Services. To file a complaint or exercise any of the rights listed above with BAMC, write to our Privacy Officer at 3100 Shore Drive, Marinette, WI 54143. Complaints to the Office of Civil Rights should be sent to the U.S. Department of Health & Human Services, 233 N. Michigan Avenue, Suite 240, Chicago, IL 60601. All complaints must be submitted in writing.

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 authorization. If you grant us authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, 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 authorization, and that we are required to retain our records of the care that we provided to you.



Bay Area Medical Center's

# NOTICE OF PRIVACY PRACTICES

*Effective Date: 4-14-03;  
Updated 1-15-05*

**THIS NOTICE DESCRIBES  
HOW MEDICAL INFORMATION  
ABOUT YOU MAY BE USED  
AND DISCLOSED AND HOW  
YOU CAN GET ACCESS TO  
THIS INFORMATION.**

**PLEASE REVIEW THIS  
PAMPHLET CAREFULLY.**

*If you have any questions about  
this Notice of Privacy Practices,  
please contact our Privacy Officer  
at 715-735-4200,  
extension 3200.*



3100 Shore Drive  
Marinette, WI 54143

[www.bamc.org](http://www.bamc.org)

## WHO WILL FOLLOW THIS NOTICE.

This notice describes our hospital practices and that of any health care professional authorized to enter information obtained in the hospital setting or Cancer Care Center into your medical record at BAMC (as defined below):

- All departments and units of BAMC.
- Any member of a volunteer group we allow to help you while you are receiving services from BAMC.
- All employees, employed physicians, trainees, staff and other members of BAMC's workforce.
- All employees and employed physicians, staff and members of the workforce of our employed physician offices, as well as Cancer Care Center, our outpatient rehab facilities, and retail pharmacies. All these entities, sites and locations follow the terms of this notice and are included when the term "BAMC" is used. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or health care operations purposes and with others performing these activities for us or on our behalf.

## OUR PLEDGE REGARDING 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 through BAMC. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by or through BAMC, whether made by our workforce or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic. If your personal doctor is employed by BAMC, he or she will follow the practices described in this notice.

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 are currently in effect.

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

The following categories describe different ways 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, students (nursing, radiology technicians, etc.), or other individuals who are involved in taking care of you through BAMC. 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 BAMC 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 BAMC who may be involved in your medical care during your stay or after you leave BAMC, such as home health nurses or others we use to provide services that are part of your care. We may also provide telephone or written notice of lab results if your physician indicates on an order to call you with the results.

■ **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at BAMC 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 treating physician information so they can bill for payment, or we may need to give your health plan information about surgery you received at BAMC 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 health care operations. These uses and disclosures are necessary to run BAMC 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 patients to decide what additional services BAMC should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, students, and members of BAMC's workforce for review and learning purposes. We may also combine the medical information we have with medical information from other hospitals to compare how we are doing and see where we can make improvements in the care and services we offer. In using your information for purposes of evaluation and improvement of our services, we may remove information that identifies you from this set of medical information so it can be used to study health care and health care delivery without learning who the specific patients are. We also may disclose information to others we hire to assist with our health care operations, such as accountants or consultants.

■ **Appointment Reminders.** We may use and disclose medical information to contact you as a reminder (either in writing or by telephone) that you have an appointment for treatment or medical care through BAMC.

■ **Treatment Alternatives.** We may use and disclose medical information to 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.

■ **Fundraising Activities.** BAMC's Foundation raises funds to support many projects and patient services at the hospital that could otherwise not be funded. BAMC may use certain demographic information (name, address, other contact information such as telephone number or e-mail, gender, date of service, insurance status) in our Foundation Office for fundraising purposes.

■ **Hospital Directory.** We may include certain limited information about you in BAMC's directory while you are a patient of BAMC. This information may include your name, location in our facilities, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may 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 facility and generally know how you are doing. If you do not want BAMC to include your information in the BAMC directory, you must notify the Register at the time of admission.

■ **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. We may also tell your family or friends your condition and that you are at BAMC. 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. If you do not want BAMC to disclose information about you in these situations, you must notify our Privacy Officer in writing.

■ **Research.** Under certain circumstances, we may use and disclose medical information about you 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 information, trying to balance the research needs with the patients' need for privacy of their medical information.

■ **As Required By Law.** We will disclose medical information about you when required to do so by federal or state law.

■ **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.

## SPECIAL SITUATIONS.

■ **Organ and Tissue Donation.** 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.

■ **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 when authorized by law.

■ **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

■ **Public Health Activities.** 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 or elder abuse or neglect;
- to report reactions to medication 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 communicable disease or may be at risk for contracting or spreading a disease or condition;
- to report specified health care data to the Office of Health Care Information;
- to notify the appropriate government authority if we believe a patient has been the victim of caregiver abuse, neglect or misappropriation of property; and
- to an employer to facilitate workplace medical surveillance as required 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 order or federal grand jury subpoena. We may also disclose medical information about you in response to a discovery request or other lawful process by someone else involved in the dispute, but only if we have obtained your permission or were unsuccessful in our efforts to obtain an order protecting the information requested.

■ **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:

- In response to a court order or federal subpoena as required by law;
- About criminal conduct at BAMC; and
- About certain deaths specified by law.