



3100 Shore Drive
Marinette, WI 54143

NOTICE OF PRIVACY PRACTICES

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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.

Bay Area Cancer Care Center (BACCC) understands the sensitive nature of your personal health information and has always worked to protect it. For many years, various state laws have protected your health information. Now, in addition, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) provides additional protection of your health information. BACCC is required to follow these laws and to provide you with this notice describing our legal duties and privacy practices concerning your personal health information. These privacy practices are designed to assist us in protecting your personal health information.

Each time you visit BACCC for health care, information is documented both electronically and on paper. The information we document includes identification and financial information as well as medical information such as your symptoms, diagnoses, test results, physical examination, and information about your treatment. This information serves many purposes, such as:

- To plan for your care and treatment;
- To communicate information among your health care professionals;
- To legally record the care you received;
- To verify to you or your insurance company what services were actually provided;
- To help clinic staff and physicians evaluate and improve the care they provide and the outcomes they achieve;
- To provide a source of information for important health related research;
- To educate health professionals and students; and
- To provide a source of information for the clinic's planning and operations.

BACCC and the physicians of Radiation Oncology Specialists (ROS) work together in an organized health care arrangement (OHCA). As part of this arrangement, we share your health care information with each other as necessary for your treatment, to get paid for services, and to carry out other operational activities of the OHCA such as quality assessment and improvement.

This joint notice describes how BACCC and ROS use and disclose health information we obtain from you when you receive services at BACCC. Both parties agree to abide by the terms of the current notice.

Changes in our Privacy Practices: BACCC reserves the right to change the privacy practices described in this notice. Changes to our privacy practices would apply to all health information maintained by us. A current copy of our notice can be obtained at any time from our registration desk, on the internet at www.stvincenthospital.org/cancer/bayarea.shtml, or www.bamc.org, or by contacting the Privacy Officer at (920) 433-8513.

By law, we are able to use or disclose your health information without your authorization for the following purposes:

1. **Treatment.** In order to provide high quality medical treatment or services to you, we need to use your health information. We may disclose medical information about you to physicians, nurses, technicians, or other personnel who are involved in your care or treatment. For example, a physician may use the information in your medical record to determine which treatment option, such as radiation therapy, chemotherapy, or surgery best addresses your health needs. This information is documented in your medical record and communicated to others to carry out the treatment or to provide them with information they need to make other decisions about your care. We may also share your health information in person, or by phone, mail, fax, or electronically to people outside the organization who are involved in your current medical care or who will be providing care to you later, such as your primary or referring physician, a long-term care facility, home health agency, or others we work with to provide treatment or services to you. Information disclosed for treatment purposes may be done without your authorization except for mental health treatment records or HIV results, which require your authorization under Wisconsin law.
2. **Payment.** Your health information may be used or disclosed so that we may bill and collect payment from you, your insurance company or other party responsible for payment of the treatment or services provided. For example, we may disclose your diagnosis, treatment plan, results, and/or treatment progress to your health insurer to determine whether they will pay for your treatment. This information is also disclosed when we bill your health insurer. If your insurer requires additional information in order to pay your bill, we will give them the information necessary, which may include copies of your medical records. We contract with a reputable billing service to perform our billing functions. This service has also agreed to maintain confidentiality of your health information. Information disclosed for payment purposes may be done without your authorization except for mental health treatment records or HIV results, which require your authorization under Wisconsin law.

In addition, a billing statement may be sent to you at the address you provided.

3. **Health Care Operations.** BACCC is jointly owned and operated by St. Vincent Hospital and Bay Area Medical Center. As such, some health information is shared within these organizations for the purpose of coordinating and managing the health care operations of the cancer center. For example, we may use your health information to perform certain activities that improve the quality or reduce the cost of care we provide. These activities may include evaluating the care provided by your physicians, nurses and other health care professionals, or comparing the treatment we provided you, and your response to that treatment, to other patients in similar situations.

In addition, the cancer registry located at St. Vincent Hospital maintains information on all patients with cancer diagnosed or receiving treatment at St. Vincent Hospital, St. Mary's Hospital or Bellin Hospital in Green Bay. The registry gathers information from other health care providers for the lifetime of the patient and uses this information for research purposes, to improve the quality of cancer care at the hospital and to support national efforts to study and improve cancer treatments. As an affiliated entity of St. Vincent Hospital, BACCC provides follow-up treatment information to the cancer registry on patients who have already been entered into the registry. The registry maintains the confidentiality of all information it gathers. Any use of the information for research purposes is done without disclosing the patient's identity.

We also use your health information to educate students preparing for health-related careers and to further educate our current employees. Your information may be disclosed to organizations that review the quality of our services for accreditation, certification or licensing purposes. We may use your demographic information (name, address, etc.) to contact you for our own fundraising purposes.

4. **Notification and Communication with Family and Friends.** We may disclose limited information about you to people you named as being involved in your care or helping pay your medical bills. If you are present and able, we will give you the opportunity to agree or object before disclosing your information in these situations. If you are unable or unavailable to agree or object to this disclosure, or in cases of emergency, our health care professionals will use their best judgment in communicating with your family and others. In emergencies, your health information may be disclosed to notify a family member, your personal representative or other person responsible for your care, of your location, general condition, or death. In disaster situations, this information may be provided to disaster relief agencies that coordinate these notifications.

5. **Communications to you.** We may use your information to help us communicate with you to provide appointments reminders, or to communicate test results or treatment information. These communications may be by phone or mail or other means that you request. We also may contact you with information about treatments or services we offer that may be of interest to you or that can improve your health. For example, we may notify patients of new cancer services or educational offerings that may be of benefit or interest. We also may mail you a survey, in conjunction with our affiliated hospital organization(s), to learn how satisfied you were with our services. You have a right to decline to participate in the survey by not responding; however, we strongly encourage you to participate in order to help us improve our services.
6. **Required or permitted by law.** In certain circumstances, we may report some of your health information to legal entities, such as law enforcement officials or government agencies. Examples of such circumstances may be to report suspected elder abuse, or certain wounds or physical injuries that appear to be related to a crime. We may disclose your information in response to a court order or for certain types of administrative proceedings where the law permits or requires us to disclose information.
7. **Public health activities.** We may be required to report your health information to authorities to help prevent or control diseases, injuries, or disabilities. For example, we are required to report certain diseases, injuries, and death information to the appropriate agencies. We may report information to parties in order to comply with Food and Drug Administration requirements for monitoring the quality and safety of certain products.
8. **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 licensures. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights.
9. **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.
10. **Organ, eye or 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.
11. **For research.** Under certain circumstances, and only after a special approval process, we may use and disclose your health information to help conduct research. For example, the research may be to determine the effectiveness of a certain treatment for specific forms of cancer.
12. **To avoid a serious threat to health or safety.** As required by law and standards of ethical conduct, we may use or disclose your health information to the necessary authorities if we believe, in good faith, that such use or disclosure is necessary to prevent or minimize a serious and imminent threat to you or the public's health or safety.
13. **Specialized functions of government agencies.** We may disclose your health information to certain federal or state government agencies if necessary to carry out certain authorized functions, for example, national security or intelligence activities. If you are in the custody of law enforcement officials or an inmate in a correctional institution, we may disclose your health information to the proper authorities so they may carry out certain duties under the law.
14. **For worker's compensation.** While the BACCC generally does not have medical information about work related injuries, if pertinent and necessary, we are able to disclose your health information to the appropriate persons in compliance with Workers' Compensation laws. For example, your employer or worker's compensation insurer may be provided with information about your work related injury upon request.

Other Uses of Your Health Information. Except for the types of situations noted above, we will ask for your written authorization before using or disclosing information about you. If you choose to authorize

disclosure of information about yourself, you can later revoke that authorization by notifying us in writing. Your notice to revoke an authorization should be sent to the Bay Area Cancer Care Center, Attention: Clinic Supervisor. A revocation form is available upon request.

Your Health Information Rights. You have several rights with regard to your health information. Specifically, you have the right to:

1. **Inspect and obtain a copy of your health information.** With a few exceptions, you have the right to inspect and obtain a copy of your health information. If you request copies of your health information, we may charge a fee for the cost of copying, mailing and other related supplies. In the rare event that we deny your request to review or obtain a copy of your health information, you may have a right to submit a written request for a review of that decision. Requests to inspect or obtain a copy of your health information, should be put in writing and directed to the Clinic Supervisor.
2. **Request an amendment of your health information.** If you believe your health information is incorrect or incomplete, you may request that it be amended. BACCC will review the request and make a determination as to whether or not an amendment will be made. If we did not create the information that you feel is incorrect or incomplete, or if we disagree with you, we may deny your request. BACCC will notify you in writing of the final decision on your request. If we deny your request, we will provide information on how you may appeal the decision. Requests to amend your health information should be put in writing and directed to the Clinic Supervisor. All requests for amendment will be reviewed by the Privacy Officer. A form is available upon request from our clinic office staff.
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 any of the following situations: treatment, payment, healthcare operations, notification or communications to family and friends, or disclosure to disaster relief agencies. While we will consider your request to restrict information, we are not required to agree in all circumstances. Because of the complexity of our operations and the nature of services we provide, a number of people need access to your health information in order to provide quality services. Any requests for restrictions on how your health information is used or disclosed should be put in writing and directed to the Clinic Supervisor. All requests for restrictions will be reviewed by the Privacy Officer. A form is available upon request from our clinic office staff.
4. **Request to receive confidential communications of health information.** You have the right to receive your health information through a reasonable alternative method or at an alternative location to protect your confidentiality. For example, you may request that we only call you at a work phone number. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests. Any requests for confidential communications must be put in writing and directed to the Clinic Supervisor. All requests will be reviewed by the Privacy Officer. A form is available upon request from our clinic office staff.
5. **Receive a list or accounting of disclosures of your health information.** You have a right to request an accounting of certain types of disclosures of your health information. Certain disclosures may be excluded from this accounting, for example, verbal information provided to family or friends you specified as being involved in your care, disclosures for treatment, payment or health care operations, or disclosures made prior to April 14, 2003. We must comply with your request within 60 days unless we notify you of our need for a 30-day extension. The first accounting in a 12-month period is free; other requests may be charged according to our cost for producing the information. A *Request for Accounting of Disclosures* form must be completed and sent to the Clinic Supervisor. All requests for will be reviewed by the Privacy Officer. A form is available upon request from our clinic office staff.
6. **Obtain a paper copy of this Notice.** This Notice of Privacy Practices is available at St. Vincent Hospital's website, www.stvincenthospital.org/cancer/bayarea.shtml or Bay Area Medical Center's website, www.bamc.org. You may at any time, request and receive a paper copy of this notice from BACCC office staff or from the Privacy Officer. If you have any questions regarding the information in this notice or would like a more detailed explanation of your rights regarding your health

information, you may contact the Privacy Officer for BACCC at 920-433-8513, or in writing at the address below.

7. **File a complaint.** If you are concerned that your privacy rights may have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. Your complaint will not affect the care and services we provide you in the present or in the future. To file a complaint with either Bay Area Cancer Care Center or the Department of Health and Human Services, contact the Privacy Officer, who will provide you with the necessary assistance.

Privacy Officer
Health Information Management Department
St. Vincent Hospital
P.O. Box 13508
Green Bay, WI 54307-3508

This Notice of Privacy Practices is effective: 5/5/03

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