



**Right to inspect and copy.** With few exceptions, you have the right to inspect and receive a copy of your health information. However, there may be a charge for copying this information. Certain information such as psychotherapy notes or information from judicial proceedings is not available to you.

**Right to request restrictions.** You have the right to request a restriction or limitation on the health 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 health information we disclose about you to someone who is involved in your care or the payment for your care (a family member or friend). For example, you could ask that we not use or disclose information about a particular treatment you received.

We are not required to agree to your request and we may not be able to comply with your request. If we do agree, we will comply with your request except that we shall not comply, even with a written request, if the information is excepted from the consent requirement or we are otherwise required to disclose the information by law.

**Request to correct your health information.** If you believe your health information is incorrect, you may request for us to correct the information. You may 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 did not create the health information that you believe is incorrect, or if we disagree with you and believe your health information is correct, we may deny your request.

**As applicable, receive confidential communication of health information.** You have the right to ask that we communicate your health information to you in different 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.

**Receive a record of disclosures of your health information.** In some limited instances, you have the right to ask for a list of the disclosures of your health information

we have made during the previous six years, but the request cannot include dates before April 14, 2003. This list must 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. We must comply with your request for a list within 60 days, unless you agree to a 30-day extension, and we may not charge you for the list, unless you request such list more than once per year. In addition, we will not include in the list disclosures made to you, or disclosures for purposes of treatment, payment, health care operations, disclosure for national security or intelligence purposes, disclosure to correctional institutions or law enforcement officials.

**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.

**Filing a complaint.** 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. We will not retaliate against you for filing such a complaint.

To file a complaint please contact: Privacy Officer, Eau Claire GI Associates S.C.,  
2125 Heights Dr. Ste 3E, Eau Claire WI 54701. All complaints must be submitted in writing.

If you have any questions or concerns regarding your privacy rights or the information in the notice, Please contact the Clinic's Privacy Officer at 715-552-7303

**This notice of Medical Information Privacy is effective  
April 14, 2003**

## **Eau Claire GI Associates, S. C.**

### **PRIVACY PRACTICES NOTICE**

This notice describes how personal medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

**Eau Claire G I Associates, S.C** is required by law to protect the privacy of your personal health information. This notice describes our legal obligations and our privacy policies concerning your personal health information. When we release your health information, we will release only the minimum amount of information necessary to achieve the purpose of the use or disclosure. However, all of your personal health information is available to be released to you upon request. Likewise, your personal information will be made available to providers regarding your treatment, for purposes of payment and for hospital operations or due to a legal requirement.

**When we may use and disclose your health information with your written authorization.**

**Use or Disclosure with Your Authorization.** For any purpose other than the ones described below, we may only use or disclose your health information when you give us your written authorization to do so. For example, you will need to sign an authorization form before we can send your health information to your life insurance company.

**II. When we may use and disclose your health information without your written authorization**

**Payment:** In order for an insurance company to pay for your treatment, a bill is submitted that identifies your personal health information, including a diagnosis and treatment received.

**Treatment:** Your personal health information is documented in your medical record and is available to other health care professionals to assist them in making informed decisions about your care. We may also disclose medical information about you to people or agencies outside the clinic who may be involved in your medical care after you leave. This may include your family members or other personal representative(s) authorized by you or by a legal mandate.

**Health Care Operations:** We may need to use your health information to improve the quality or cost of care we deliver. These quality and cost improvement activities may include using your health information to evaluate the quality of our health care services or sharing your health information with our patient Advocates to ensure that you have a comfortable visit with us. We may also disclose your health information to another health care provider or health plan that has or had a relationship with you for their health care operational activities such as for the other health care provider or health plan to evaluate the performance of your doctors, nurses and other health care professionals.

**Shared Medical Record:** We participate in a regional arrangement of health care organizations, 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 a hospital on an emergency basis and cannot provide important information about your health condition, this regional arrangement will allow us to make your health information from other participants available to those who need it to treat you at the hospital. When it is needed, ready access to your health information means better care for you.

**Disclosure to Business Associates.** In order for us to carry out treatment, payment or health care operation, we may disclose your health information to persons or organizations who perform a service for or on our behalf that requires the use or disclosure of individually identifiable health information. Such persons or organizations are our business associates. For example, we may disclose your health information to an agency that accredits health care

organizations or to a collection agency to collect payment of medical bills.

**Disclosure to Relatives, Close Friends and Other Caregivers.**

In certain limited situations, we may disclose important health information to people such as family members, relatives, or close friends who are helping care for you or helping you pay your medical bills. The information disclosed may include information that we believe is directly relevant to their involvement in your care or payment for your medical bills, and may include your location, general condition or death. We will ask you if you agree to such a disclosure, unless you are unable to function or there is an emergency. If you are unable to function or there is an emergency, we will disclose your health information if we determine it would be in your best interest. In addition, we may disclose your health information to organizations authorized to handle disaster relief efforts so those who care for you can receive information about your location or health status.

**To avert a serious threat to health or safety:** The clinic may use and disclose health information about you to the proper authorities, as required by law, if we believe in good faith that it is necessary to do so in order to prevent or minimize a serious and approaching threat to you or public health or safety.

**Public health risks:** Law or public policy may require us to disclose Health information about you for public health activities to prevent or control disease, injury or disability. To report births and deaths, child abuse or neglect, reactions to medications or problems with products or recalls of products (Food and Drug Administration information).

**Workers Compensation:** We may release health information about you for workers compensation or similar programs and so that your workplace can monitor its work environment.

**Organ and Tissue Donation:** We may disclose your health information to organizations that facilitate organ, eye or tissue donation, banking or transplantation

**Law Enforcement Officials:** We may disclose your health information to the police or other law enforcement officials as required or allowed by law.

**Coroners, Medical Examiners and Funeral Directors.** We may disclose your health information to a coroner, medical examiner or funeral director as required or allowed by law.

**Health or Safety:** We may use or disclose your health information to prevent or lessen a serious and imminent threat to the health or safety of a person or the general public.

**Specialized Government Functions:** We may use and disclose your health information for authorized national security activities or to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances.

**Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your health information to the correctional institution or law enforcement official for certain purposes. For example, we may disclose your health information to a correctional institution to provide you with health care.

**To comply With the Law:** We may use and disclose your health information when required to do so by any other law not already referred to in this section.

**Written Authorization:** Any use or disclosure of health information not listed above requires that the clinic obtain written authorization. If you choose to cancel your authorization, you may do it at any time in writing.

This request may be submitted to:  
Eau Claire G I Associates, S.C. Privacy Officer  
Karyl Loibl, 2125 Heights Dr. Ste 3E  
Eau Claire WI 54701

### III. Your Rights Regarding Your Health Information