

Notice of Privacy Practices

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

Effective Date: April 14, 2003

Purpose: Federal law requires to Clinic of Urology inform its patients about the ways that Clinic of Urology may use and disclose your protected health information. In addition, federal law requires Clinic of Urology to inform patients of your rights regarding disclosures of your health information.

It is the policy of Clinic of Urology to keep medical information confidential and not disclose patient protected health information without your consent, authorization or as specifically allowed by the federal privacy law or other federal or state law as described in this notice. We are required to abide by the terms of our Privacy Notice that is currently in effect.

All Clinic of Urology patients have a right to read this notice. Any question about Clinic of Urology's privacy practices or questions you may have regarding possible violations of your privacy may be directed to Clinic of Urology clinic personnel. To facilitate complaints, Clinic of Urology requests that you use our complaint form available at the clinic reception desk. This form will be sent to the Clinic of Urology Privacy Officer who will address any concerns. No patient will be retaliated against for filing a complaint.

All forms and policies referred to in this document are available to you through Clinic of Urology Reception and through the Clinic of Urology Privacy Officer.

The Clinic of Urology Privacy Officer can be reached at:

Clinic of Urology
Attn: Privacy Officer
2801 W Kinnickinnic River Pkwy #370
Milwaukee, WI 53215
414-672-6006

In addition to filing a complaint at Clinic of Urology, any patient may also contact the federal government directly, specifically the Department of Health and Human Services at the contact information below:

The U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
(202) 619-0257
Toll Free: 1-877-696-6775

Email: hhsmail@os.dhhs.gov

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

Clinic of Urology may use and disclose protected health care information without your consent or authorization in certain circumstances. For purposes of treatment, payment and health care operations, Clinic of Urology may make use of or disclose your information once you have signed our ***Consent to Use Protected Health Information*** form. State and federal law allow Clinic of Urology to use/disclose your protected health information in other defined circumstances as well. Except in treatment circumstances, Clinic of Urology will make efforts to limit the information used or disclosed to that which is minimally necessary. Following are a listing of these circumstances and examples of uses and disclosures to assist your understanding of our privacy practices.

1. **Treatment:** Once you sign a consent, Clinic of Urology will use your protected health information in order to treat you in the Clinic of Urology, to facilitate appropriate transfer of information to consulting specialists or referral center of health care (e.g., the hospital or surgical centers), and to ensure continuity of care and coordinate your health care through case management.

Examples of this type of disclosure follow. Clinic of Urology doctors and nursing staff will need to access your health information regarding medications and ongoing medical problems to best manage your care at Clinic of Urology. In addition, we may need to send selective information to specialists. For example, we might send EKG or cholesterol results to a cardiologist to consult him or her. To ensure optimal continuity of care, Clinic of Urology will send pertinent copies of X-rays and labs to a hospital so as to avoid repeating tests and to prepare the health care providers at the hospital for your arrival.

2. **Payment:** Clinic of Urology will use and disclose your health information to send bills and to collect payment from you, your insurance company and other third-parties for services you have received at Clinic Of Urology.
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4. Examples of this type of disclosure include sending health information about dates of service and type of service/procedures performed to your health insurance company in order to receive reimbursement. In addition, some health insurance companies require pre- certification for some procedures and Clinic of Urology may have to disclose the type of procedure to be performed and the diagnosis justifying the procedure.

5. **Health Care Operations:** In order to ensure quality care for our patients, Clinic of Urology engages in numerous health care operations. These health care operations include, but are not limited to:

- Care management and case coordination
- Guideline and protocol development
- Administrative and business management activities
- Business planning and development
- Training, accreditation, certification, licensing or credentialing
- Health care improvement and quality management programs
- Health care cost-reduction programs
- Staff competence and provider reviews
- Legal and accounting services
- Medical review and auditing
- Investigating and resolving internal grievances

Some specific examples of how Clinic of Urology would use your protected health information in its health care operations include the following:

- Removal of personal identifying information from your record so that it can be used to help evaluate guideline use for chronic health problems like back pain, depression, asthma or hyperlipidemia.
- Evaluation of medications you have been issued from a pharmacy to decide which medications are most cost effective.
- Conducting patient satisfaction surveys each year. Clinic of Urology may reference your chart if you comment in the survey that you were not satisfied with the care you received.
- Presenting patient cases to national review and certification boards as part of ongoing training. If your information is used in a case presentation it would be de-identified.
- Using and disclosing your medical information to recommend treatment options that may be of interest to you.

6. **Federal, State or Local Law:** Clinic of Urology will disclose your protected health information when required to do so by state, federal or local law.

For example, Clinic of Urology will report gunshot wound information and information about suspicious burns to the local police or sheriff.

7. **Public Health Policy:** Clinic of Urology will disclose your health information to public health departments and agencies if required to do so by law.

For example, diseases such as hepatitis, TB and certain sexually transmitted diseases are reported to public health departments. Additionally, some adverse side effects are reported to the FDA.

8. **Organ and tissue donation:** If needed, Clinic of Urology may disclose protected health information to relevant organization to facilitate organ and tissue donation and transplantation.
9. **Research:** Clinic of Urology sometimes participates in research studies for new treatments and would share protected health information with the research organization. In these circumstances, any Clinic of Urology patient participating in the research study would sign a separate consent to be in the study and to share specific health information.
10. **Circumstances of Serious and Imminent Threat to Health or Safety:** If there is a serious and imminent threat to your health or safety or the health or safety of the public or another person, Clinic of Urology may disclose your protected health information.
11. **Victims of Abuse or Neglect:** Clinic of Urology will notify the appropriate government authority if Clinic of Urology believes a patient has been the victim of abuse or neglect.

For example, Clinic of Urology will contact Child Protective Services in cases of suspected or alleged child abuse.

12. **Coroners and Medical Examiners:** Clinic of Urology may disclose information to a coroner or medical examiner to assist with determining the cause of a death.

For example, if a patient dies and their death is investigated by the medical examiner, the medical examiner may contact Clinic of Urology to determine what health problems the patient may have had and what medications the patient was taking prior to his/her death.

13. **Health Oversight Activities:** Clinic of Urology may disclose protected health information to certain health oversight activities authorized by law including audits, investigations, accreditations, licensure or disciplinary activities.

For example, the Department of Health and Human Services is authorized to access protected health information to investigate violations of the HIPAA Privacy Rule.

14. **Worker's Compensation:** Clinic of Urology may disclose your medical records to worker's compensation departments for the benefit of treatment and case management of work-related injuries.

For example, if you injure your back at work, Clinic of Urology may release recommendations on your diagnosis, treatment, work modification/time off and expected length of illness to the worker's compensation department.

15. **Government Functions:** In some circumstances, Clinic of Urology can disclose your protected health information for specific government activities. Examples of these include:

- **Inmates and Law Enforcement Custody:** If you are an inmate, Clinic of Urology may disclose medical information to the correctional institute or law enforcement as necessary.
- **Medical Suitability Determinations:** Clinic of Urology may disclose your protected health information to the Department of State for use in making medical suitability determinations.
- **Military and Veterans:** If you are a member of the armed forces, Clinic of Urology may disclose your protected health information to the government to facilitate military missions.
- **National Security and Intelligence:** If authorized by law, Clinic of Urology may disclose your protected health information for intelligence, counter-terrorism and national security activities.
- **Protective Services for the President and Others:** In order to provide protection to the president or foreign heads of state, Clinic of Urology may need to disclose your protected health information, only if authorized by law.

16. **Judicial Proceedings:** Clinic of Urology may release protected health information in response to a court order.

Examples of these kinds of disclosures include:

- In response to a subpoena, court order, warrant or summons.
- Identification or location procedures of suspects, fugitives, material witnesses or missing persons.
- Release of information concerning the victim of a crime (only in circumstances where efforts have been made to inform you about the request or efforts have been made to protect the information requested).
- Information about a death Clinic of Urology believes may be the result of criminal activity.
- Information about criminal activities that occur at Clinic of Urology. In emergency circumstances to report a crime, the location of a crime or victims, or the identity, description or location of the person who committed the crime.

DISCLOSURES THAT YOU MAY OBJECT TO

Unless you object, Clinic of Urology may also use or disclose limited medical information in the following situations:

1. Clinic of Urology may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.
2. Clinic of Urology currently does not use your health information for fundraising purposes. If Clinic of Urology chose to use your information for fundraising, Clinic of

Urology would get your approval for this disclosure prior to any release of information.

3. Clinic of Urology currently does not use your information for external marketing purposes and will not use any health information for marketing unless you have given specific consent for this disclosure. Please see the ***Marketing Policy*** for full details.
4. Clinic of Urology will release medical information to a family member or friend regarding your condition only as you specifically designate and have consented to. This is fully detailed in the ***Facility Directory Policy***.

Any other uses or disclosures will be made only with your written authorization and you may revoke this authorization in writing at any time. Clinic of Urology requests that you use our ***Authorization for Release of Medical Information*** and our ***Revocation of Authorization to Release Medical Information*** forms for these purposes.

Patient Rights Regarding Protected Health Information

As a patient, you have numerous rights regarding how your protected health information is used. Your rights include the following:

1. You have a right to request that we restrict our uses and disclosures of protected health information. For example, Clinic of Urology will permit a patient to request that it restrict uses or disclosures of protected health information about the patient to carry out treatment, payment or health care operations; disclosures of protected health information directly relevant to the involvement of a family member, personal representative or another person responsible for the care of the patient; or to entities involved in disaster relief purposes. The circumstances in which you can request restrictions are detailed in the ***Policy for Requesting Restrictions of Protected Health Care Information***. It is important to understand that Clinic of Urology is not required to agree to requests for restrictions.
2. You have a right to receive communications that contain protected health information at alternative locations or by alternative means. For example, patients may request that Clinic of Urology contact them at work for appointment reminders rather than at home provided that the patient provides Clinic of Urology with his or her work contact number. However, Clinic of Urology will not honor a request for alternative contact methods unless the patient provides sufficient alternative address or contact information. These are detailed in the ***Policy for Requesting Restrictions of Protected Health Care Information***.
3. You have the right to inspect and copy your protected health information. Clinic of Urology requests that you use the ***Authorization for Release of Medical Information*** form when exercising this right. Clinic of Urology may charge a reasonable fee for the costs of copying, mailing or preparing summary information that responds to your request. You should know that in certain limited circumstances, the law allows Clinic of Urology to deny your request to inspect and copy your records. The full policy and procedures regarding this are detailed in the ***Policy on Individual Access to Protected Health Information***.

4. You have the right to have changes made to your protected health information if you feel it is inaccurate. Clinic of Urology requests that you use our ***Request for Amendment of Health Information*** form to request these changes. Clinic of Urology will review your request and make the changes if we believe they are appropriate. Clinic of Urology will also distribute these changes to health care providers that you ask be made aware of the change or to others we believe should know of the change. Under some circumstances, Clinic of Urology may deny your request for an amendment to your protected health information. Clinic of Urology will provide a written response to your request for an amendment and in this response will provide detailed information on how you may review the changes or appeal the denial. Your right to amend health care information is fully detailed in the ***Patient Request To Amend Medical Records Policy***.
5. You have a right to receive an accounting of our disclosures of your protected health information by Clinic of Urology. This accounting will not include disclosures of your health information made for treatment, payment or health care operations. Clinic of Urology requests that you use the ***Request for Accounting of Protected Health Information*** form to receive this log. Your request must specify a time period for the accounting, which may be no longer than six years. Clinic of Urology will provide the first accounting to you in any 12-month period free-of-charge. After this, Clinic of Urology may charge a fee but we will notify you of the fee before we process the request. You have the right to withdraw your request once you have learned that your request will require you to pay a fee. The full details of our policy and procedures for receiving a log of disclosures of your protected health information and the circumstances in which disclosures will not be provided in the accounting is described in the ***Policy on Accounting of Disclosures of Protected Health Information***.
6. You have a right to receive a paper copy of this Privacy Notice at any time. If you have received an electronic version of this Privacy Notice you may also request a paper copy. Paper copies are available through Reception or may be printed from our web site. You may call or write Reception at:

Clinic of Urology
2801 W Kinnickinnic River Pkwy #370
Milwaukee, WI 53132
414-672-6006

Distribution and Revision of the Privacy Notice

Clinic of Urology is required by federal law to maintain the privacy of protected health information and to provide patients with notice of its legal duties and to abide by the terms of this Privacy Notice. Clinic of Urology will distribute this privacy notice to all clinic patients who will be seen on or after the effective date. Clinic of Urology will post the notice in a clear and prominent location in all of its clinics and on its web site. Clinic of Urology will provide the Privacy Notice via email to any requesting patient who agrees to an electronic notice. Clinic of

Urology patients may, at any point, withdraw their agreement to an electronic Privacy Notice. Any patient who receives an electronic Privacy Notice may also obtain a paper copy if requested.

Clinic of Urology is allowed to make revisions to the Privacy Notice. If revisions are made, the notice of these revisions will be distributed to current patients of Clinic of Urology within 60 days of a revision as well as information on how to obtain a copy of the revised Privacy Notice.

Other:

All forms and policies referred to in this Privacy Notice are available for you at Clinic of Urology Reception or through the Clinic of Urology Privacy Officer.