



Patient Privacy Notice

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.

Patient Privacy Policy

We, at Western Wisconsin Urology, understand that health information is personal and we are committed to fulfilling our legal obligation to protect the privacy of your health information. This Notice describes our legal duties and privacy practices concerning your health information. We must follow the privacy practices described in this Notice.

However, we reserve the right to change the privacy practices described in this notice, in accordance with the law. Changes to our privacy practices would apply to all health information we maintain. If we change our privacy practices, a revised copy of the privacy notice is posted on the Western Wisconsin Urology website at www.eauclaurology.com and in designated patient areas in our clinic.

Who follows this Notice and where does it apply?

This Notice applies only to your health information created or obtained in connection with care provided to you at a patient at Western Wisconsin Urology by the physicians and members of the clinic's staff (collectively "we" or "us").

Use and disclosure of your health information without your written authorization.

The following items describe different categories of uses and disclosure of your health information, via paper or electronic media, which we may make without your written authorization. We have provided an example for each category, but have not listed every kind of use or disclosure within the category. We will ask your written authorization for certain other categories of uses and disclosures of your health information, which are described under the section entitled "Other Uses and Disclosures of Health Information."

1. **Treatment.** We may use or disclose your health care information in the provision, coordination or management of your health care.

Example: Our communications to you may be by telephone, cell phone, e-mail, or by mail. For example, we may use your information to call and remind you of an appointment or to refer you to another physician.

Example: Your health information may also be disclosed from one of our physicians to another medical provider if they are mutually involved with your care and treatment. If another provider requests your health information and they have not been mutually involved with your care and treatment, we will request an authorization from you before providing your health information to them.

Example: Your health information may be disclosed to pharmacies and other prescription suppliers via paper or electronic media as needed for initial medication prescriptions or refills and renewals. Special circumstances may require disclosure of additional health information when proof of medical necessity is required for authorization.

2. **Payment.** We may use or disclose your health care information to receive payment for medical services provided to you.

Example: In order for an insurance company, Medicare or another government health care program to pay for your, we must submit a bill that identifies you, your diagnosis, and the treatment provided to you. As a result, we will pass such health information onto an insurer in order to help receive payment for your medical bills. Special circumstances may necessitate sending additional protected health information to insurance carriers to verify the necessity of a particular treatment.

3. **Health Care Operations.** We may use your health care information in the process of health care operations.

Example: We may need your diagnosis, treatment, and outcome information in order to improve the quality or cost of care we deliver. These quality and cost improvement activities may include evaluating the performance of your doctors, nurses and other health care professionals, or examining the effectiveness of the treatment provided to you when compared to patients in similar situations.

Example: We may use your health information for appointment reminders. In this instance, we may look at your medical record to determine the date and time of your next appointment with us, and then send you a reminder letter for the appointment

4. **Those Involved With Your Care or Payment of Your Care.** If people such as family members, relatives, or close personal friends are involved in your care or helping you pay your hospital bills, we may release your health information to those people if the disclosure is related to their involvement. You have the right to object to such disclosure, unless you are unable to function, there is an emergency, or you are otherwise unable to object and we believe that the disclosure is in your best interests.
5. **Legal Representatives.** We may disclose your health information to your legal representatives, such as your parents if you are a minor.
6. **Business Associates.** From time to time, in order to carry out payment and health care operations activities, we may disclose your health information to a vendor, known as a “business associate”, to assist us with activities involving health information such as quality improvement, billing, hospital management, legal services or accounting. Business associates will sign a contract under which they agree to use or disclose health information only as permitted by the agreement or as permitted by law.
7. **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, suspected crime, or to respond to a coroner’s request or court order.
8. **For public health activities.** We may be required to report your health information to authorities to help prevent or control disease, injury, or disability. This may include using your medical record to report certain diseases, injuries, birth or death information, information of concern to the Food and Drug Administration, or information related to child abuse or neglect. We may also have to report to your employer certain work-related illnesses and injuries so that your workplace can be monitored for safety.
9. **For health oversight activities.** We may disclose your health information to authorities so they can monitor, investigate, inspect, discipline or license those who work in the health care system or for government benefit programs.

10. **For organ, eye or tissue donation.** We may disclose your health information to people involved with obtaining, storing or transplanting organs, eyes or tissue of cadavers for donation purpose.
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. Such research might try to find out whether a certain treatment is effective in curing an illness.
12. **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 your or the public's health or safety.
13. **For military, national security, or incarceration/law enforcement custody.** If you are involved with the military, national security or intelligence activities, or you are in the custody of law enforcement officials or an inmate in a correctional institution, we may release your health information to the proper authorities so they may carry out their duties under the law.
14. **For workers' 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.

When Western Wisconsin Urology is Required to Obtain an Authorization to Use or Disclose Your Health Information.

Except as described in this Notice of Privacy Practices, we will not use or disclose your health information without written authorization from you. For example, uses and disclosures made for the purpose of psychotherapy, marketing and the sale of protected health information require your authorization. If your provider intends to engage in fundraising, you have the right to opt out of receiving such communications

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, as long as your withdrawal is in writing. If you wish to withdraw your authorization, please submit your written withdrawal to our Privacy Officer.

Your Health Information Rights

You have several rights with regard to your health information. If you wish to exercise any of the following rights, please contact our Privacy Officer. Specifically, you have the right to:

1. **Inspect and copy your health information.** With a few exceptions, you have the right to inspect and obtain a copy of your health information. However, this right does not apply to psychotherapy notes or information gathered for judicial proceedings, for example. In addition, we may charge you a reasonable fee if you want a copy of your health information.
2. **Request to correct your health information.** If you believe your health information is incorrect, you may ask 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.
3. **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. Or, you may want to limit the health information provided to family or friends involved in your care or payment of medical bills. You may also want to limit the health information provided to authorities involved with disaster relief efforts. However, we are not required to agree in all circumstances to your requested restriction.

4. ***As applicable, receive confidential communication of health information.*** You may list individuals who are involved in your care and may receive your health information on the patient information form. Our medical staff, using their best judgment, may disclose health information relevant in your care or payment related to your care to a family member, other relative, or close personal friend. If family members, relatives, or close personal friends involved with your care are present while care is being provided, we will assume those people may hear the discussion, unless you object.

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.

We may contact you per phone regarding appointment scheduling. If this contact is made by phone and you are not at home, a message will be left on your answering machine unless you have notified us that you do not want a message left on your answering machine. Also if you have listed a work number on our patient registration form, but prefer to be called at home with personal health information, you need to inform us of your preference. If you prefer a message not be left on an answering machine or cell phone, or if you have a preference as to whether you are contacted at phone number through home or work, you will need to notify us of your preference in writing. Your written notice will become part of your record to assist us with confidential communication of your health information.

5. ***Receive a record of disclosures of your health information.*** 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. This list will not include disclosures made to national security, law enforcement/corrections, and certain oversight activities. 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.

6. **Right to Notification of Breach.** You have the right to be informed of a breach of your protected health information. We will notify you, within 60 days of discovery, if we breach your unsecured protected health information.

7. ***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. Western Wisconsin Urology's Patient Privacy Notice is available electronically through our Website at www.eauclaureurology.com.

8. ***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. We will not retaliate against you for filing such a complaint. To file a complaint with either entity, please contact our Privacy Officer, who will provide you with the necessary assistance and paperwork.

Again, if you have any questions or concerns regarding your privacy rights or the information in this notice, please contact our Privacy Officer, at 715-835-6548.

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Website Privacy Policy

We are concerned about your privacy while visiting our site and we want you to feel comfortable about any personal information that you might furnish while accessing this site. Western Wisconsin Urology has created this statement to demonstrate our commitment to on-line privacy. It discloses our information gathering and dissemination practices for this website.

You may visit our website without submitting any information about yourself. If you send us an e-mail, enroll in a class, or request information, you will be asked to submit information about yourself. We will use this information for replying to your message or forwarding the requested material. We do not utilize secure e-mail and discourage you from sending an e-mail containing protected health information. We will respond to your request with a phone call or correspondence.

Upon any visit to our site, we can only determine information regarding the frequency of visitors to the site. We collect data regarding the total visits to the site and to the specific pages of our site. This information is collected and used to determine the nature of the information that is of interest to our customers.

This site may include links providing direct access to other Internet sites. Western Wisconsin Urology takes no responsibility for the content or information contained on those other sites, and does not exert any editorial or other control over those other sites. Inclusion of the other sites by links does not imply any endorsement of the material or information on the other sites. This site contains links to other sites and we are not responsible for their privacy practices or content.

Please note that Western Wisconsin Urology will not respond to any questions concerning a specific medical or health condition submitted via our website. If you submit such a request, you will receive a standard response that you should consult with your physician during clinic hours. We will not intentionally share the contents of this type of an email with any third party. However, due to the nature of electronic communications, we cannot and do not provide any assurances that the contents of your e-mail will not become known or accessible to third parties. We urge you not to provide any confidential information about you or your health to us via electronic communication. If you do so, it is at your own risk.

If you have any questions about this privacy statement or the practices of this site, you can contact us at www.westernwisconsinurology.com.

Website Terms of Use

The website for Western Wisconsin Urology, its contents and programs, is provided for informational and educational purposes and is not intended as medical advice nor is it intended to create any physician-patient relationship. Please remember that this information should not substitute for a visit or a consultation with a healthcare provider. The views or opinions expressed in the resources provided do not necessarily reflect those of Western Wisconsin Urology or their staff. By using this website, you accept these terms of use.