

Notice of Privacy Practices

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

This notice took effect on June 1, 2015 and remains in effect until we replace it.

1. OUR PLEDGE REGARDING HEALTH INFORMATION

The privacy of your protected health information is important to us. Protected health information includes any identifiable information about your physical or mental health, the health care services you receive and the payment for your health care. We understand that your health information is personal and we are committed to protecting it. We create a record of the care and services you receive at our organization. We need this record to provide you with quality care and to comply with certain legal requirements. This notice tells you about the ways we may use and share health information about you. We also describe your rights and certain duties we have regarding the use and disclosure of health information.

2. OUR LEGAL DUTY

Law Requires Us to:

1. Keep your health information private.
2. Give you this notice describing our legal duties privacy practices, and your rights regarding your health information.
3. Follow the terms of the notice that is now in effect.

We Have the Right to:

1. Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.
2. Make the changes in our privacy practices and the new terms of our notice effective for all health information that we keep, including information previously created or received before the changes.

Notice of Change to Privacy Practices:

1. Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.

3. USE AND DISCLOSURE OF YOUR HEALTH INFORMATION

The following section describes different ways that we use and disclose health information. Not every use or disclosure will be listed. However, we have listed all of the different ways we are permitted to use and disclose health information. We will not use or disclose your health information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us.

FOR TREATMENT: We may use health information about you to provide you with health treatment or services. We may disclose health information about you to doctors, nurses, technicians, medical students, or other people who are taking care of you. We may also share health information about you to your other health care providers to assist them in treating you.

FOR PAYMENT: We may use and disclose your health information for payment purposes.

FOR HEALTH CARE OPERATIONS: We may use and disclose your health information for our health care operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs, and getting the accreditation, certificates, licenses and credentials we need to serve you.

ADDITIONAL USES AND DISCLOSURE: In addition to using and disclosing your health information for treatment, payment, and health care operations, we may use and disclose health information for the following purposes.

Notification: Health information to notify or help notify: a family member, your personal representative or another person involved with your care. If you are present, we will get your permission if possible before we share your information. In case of emergency, and if you are not able to give or refuse permission, we will share only the health information that is directly necessary for your health care, according to our professional judgment. We will also use our professional judgment to make decisions in your best interest about allowing someone to pick up medicine, medical supplies, x-rays or health information for you.

Disaster Relief: Health information to anyone for disaster relief efforts.

Research in Limited Circumstance: Health information for research purposes, in limited circumstances, where the research has been approved by a review board that has reviewed the research proposal and established protocols to ensure the privacy of health information.

Funeral Director, Coroner, Medical Examiner. We may share health information of a person who has died with a coroner, medical examiner, funeral director, or an organ procurement organization.

Specialized Government Function. Subject to certain requirements, we may disclose or use health information for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of State, for correctional institutions and other law enforcement custodial situations, and for government programs providing public benefit.

Court Orders and Judicial and Administrative Proceedings: We may disclose health information in response to a court or administrative order. We may share limited information with a law enforcement official concerning the health information of a suspect, fugitive, material witness, crime victim or missing person. We may share the health information of an inmate or other person in lawful custody with a law enforcement official or correctional institution under certain circumstances.

Public Health Activities: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability, including child abuse or neglect. We may also disclose your health information to the Food and Drug Administration for purposes of reporting product defects or problems, to enable product recalls, repairs, or replacements, to track products, or to conduct activities required by the Food and Drug Administration. We may also, when we are authorized by law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or conditions.

Victims of Abuse, Neglect, or Domestic Violence: We may disclose health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may share your health information if it is necessary to prevent a serious threat to your health or safety or the health or safety of others. We may share health information when necessary to help law enforcement official capture a person who has admitted to being part of a crime or has escaped from legal custody.

Workers Compensation: We may disclose health information when authorized and necessary to comply with laws relating to workers compensation or other similar programs.

Health Oversight Activities: We may disclose health information to government agencies for oversight activities, including audits, and grant monitors, licensure or disciplinary actions, or other authorized activities.

Law Enforcement: Under certain circumstances, we may disclose health information to law enforcement officials. These circumstances include reporting required by certain laws (such as the reporting of certain types of wounds), pursuant to court orders, reporting crimes at the request of a law enforcement official, reporting death, crimes on our premises, and crimes in emergencies.

4. WHEN WE ARE REQUIRED TO OBTAIN 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. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer be able to use or disclose health information about you for reasons covered by your written authorization, though we will be unable to take back any disclosures we have already made with your permission.

5. APPOINTMENT REMINDERS

Progressive Community Health Centers may use protected health information to remind you of an appointment or to provide you with information about treatment alternatives or other health related benefits and services that may be of interest to you.

6. YOUR INDIVIDUAL RIGHTS

You Have a Right to:

1. Look at or get copies of your health information by making an appointment with us at least three (3) days ahead of time. If you request copies, we may charge you twenty-five cents (.25¢) for each page.
2. Receive a list of all the times we or our business associates shared your health information for purposes other than treatment, payment, and health care operations and other specified exceptions.
3. Request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency).
4. Request that we communicate with you about your health information by different means or to different locations. Your request that we have communication your health information to you by different means or at different locations must be made in writing to the contact person listed at the end of this notice.
5. Request that we change your health information. We may deny your request if we did not create the information you want changed or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement that will be added to the information you wanted changed. If we accept your request to change the information, we will make reasonable efforts to tell others, including people you name, of the change and to include the changes in any future sharing information.

QUESTIONS AND COMPLAINTS

If you have any questions about this notice, or if you think that we may have violated your privacy rights, please contact the Chief Operating Officer (COO) in writing at 3522 W. Lisbon Avenue, Milwaukee, WI 53208. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file our complaint with the U.S. Department of Health and Human Services. We will not retaliate in any way if you choose to file a complaint.