



# BELOIT MEMORIAL HOSPITAL

Affiliated with the University of Wisconsin Hospital and Clinics  
1969 West Hart Road - Beloit, Wisconsin 53511 - (608) 364-5266

## Notice of Health Information 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.*

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This notice describes our hospital's practices and that of:

- Any health care professional authorized to enter information into your health record.
- Any member of our auxiliary we allow to help you while you are in the hospital.
- All employees, staff, and other hospital, clinic or home health personnel, including volunteers, trainees, and other individuals who perform work for us under our direct control.

This notice applies to all of the records of your care generated by Beloit Memorial Hospital, one of our Clinics, Riverside Terrace, Occupational Health & Wellness, or At-Home Healthcare, whether made by our employees or your personal doctor. In addition, this notice also applies to records generated and/or maintained by Southern Wisconsin Emergency Associates, S.C. (SWEA) for services provided on the premises of Beloit Memorial Hospital. SWEA is the organization that Beloit Memorial Hospital contracts with to provide medical care in our Emergency Department. We will share health information with each other as necessary to carry out treatment, payment and health care operations relating to services provided at Beloit Memorial Hospital. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your health information created in the doctor's office or clinic.

### Understanding Your Health Record/Information

Each time you visit Beloit Memorial Hospital, one of our Clinics, or At-Home Healthcare, or receive health services through Riverside Terrace, a record of your visit or care is made. This information is shared within our organization and to others as necessary to carry out treatment, payment, and health care operations. Typically, your records contain your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information is often referred to as your health or medical record.

### Your Health Information Rights

Although your health record is the physical property of the health care practitioner or facility that compiled it, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information, but we reserve the right to deny your request.
- Obtain a paper copy of our notice of information practices upon request.
- Inspect and receive a copy of your health record. We may deny your request to inspect and copy in certain very limited circumstances.
- Amend your health record.
- Obtain an accounting of disclosures of your health information.
- Request confidential communications by requesting that we communicate with you about medical matters in a certain way or at a certain location.
- Revoke your authorization to disclose health information except to the extent that action has already been taken.

To exercise any of the above rights, you will be required to complete a form provided by us. This form can be obtained from the contact persons identified below for Beloit Memorial Hospital or SWEA.

### Our Responsibilities

This organization is required to:

- Maintain the privacy of your health information.
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of our notice of health information practices as posted on our web site.
- Notify you if we are unable to agree to a requested restriction.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post the revised notice on our web site and in our facilities.

### For More Information or to Report a Problem

If you have questions or would like additional information regarding records at Beloit Memorial Hospital, you may contact the Director of Health Information Management at (608) 364-5128. If you have questions or would like additional information regarding records at Southern Wisconsin Emergency Associates, S.C. you may call (608) 758-7215.

If you believe your privacy rights have been violated, you can file a complaint with the Director of Health Information Management at Beloit Memorial Hospital, Southern Wisconsin Emergency Associates, S.C. or with the Secretary of Health and Human Services at Region V, Office for Civil Rights, 233 N. Michigan Avenue, Suite 240, Chicago, Illinois 60601. There will be no penalty for filing a complaint.

### Scope of Uses and Disclosures

The following categories describe different ways that we use and disclose health information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose health information will fall within one of the categories.

#### ***Examples of Disclosures for Treatment, Payment and Health Operations***

*We will use your health information for treatment*

**For example:** We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, or other hospital personnel who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals.

We will also provide your physician or a subsequent health care provider with copies of various reports to assist him or her in treating you once you are discharged from this hospital.

*We will use your health information for payment*

**For example:** We may use and disclose health information about you so that the treatment and services you receive at the hospital may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about surgery you received at the hospital so that your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover the treatment.

*We will use your health information for health care operations*

We may use and disclose health information about you to assist us in running our health care operations, which includes education and training, accounting, risk management, legal advice, quality improvement, competence evaluations, customer service, management, planning and the like.

**For example:** Members of the medical staff, the risk or quality improvement director, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and services we provide.

### **Other Permitted Uses and Disclosures**

*Business Associates:* Some services are provided in our organization through contracts with business associates. Examples include physician services in the emergency department and radiology, certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do and bill you or your third-party payer for services rendered. We also use business associates to address our needs for audits, legal services, consulting and the like and may need to use or disclose health information in connection with these functions. To protect your health information, however, we require the business associate to appropriately safeguard your information.

*Hospital Directory:* Unless you notify us that you object, we will use your name, location in the facility, general condition, and religious affiliation in a hospital directory. Except for religious affiliation, the directory information will be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, even if they do not ask for you by name.

*Notification:* We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

*Communication with Family:* Health professionals, using their best judgement, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

*Appointments:* We may use and disclose health information to contact you or to provide appointment reminders.

*Health-Related Benefits and Service:* We may use and disclose health information to tell you health related benefits and services that may be of interest to you.

*Treatment Alternatives:* We may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest for you.

*As Required by Law:* We will disclose your health records when required to do so by federal, state, or local law.

*To Avert a Serious Threat to Health or Safety:* We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

*Research:* We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established procedures to ensure the privacy of your health information.

*Coroners, Medical Examiners, and Funeral Directors:* We may disclose health information to coroners, medical examiners, or funeral directors.

*Organ procurement Organizations:* If you are an organ donor, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

*Military and Veterans:* If you are a member of the armed forces, we may release health information about you as required by military command authorities when authorized by law.

*Workers' Compensation:* We may disclose health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

*Public Health:* We may disclose medical information about you for public health activities. These activities generally include the following: prevention or control of disease, injury or disability; reporting of births and deaths; reporting child abuse or neglect; reporting reactions to medications or problems with products; notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; notifying the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.

*Health Oversight Activities:* We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

*Lawsuits and Disputes:* If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a lawful order of a court of record.

*Correctional Institution:* If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose to the institution or its agents health information necessary for your health and the health and safety of other individuals.

*Law Enforcement:* We may disclose health information for law enforcement purposes as required by law or in response to a court order.

*National Security and Intelligence Activities:* We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

*Protective Services for the President and Others:* We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

*Disaster Relief:* Unless you notify us that you object, in the event of a disaster, we may disclose health information to disaster relief entities for notification purposes.

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization, except when we have relied upon your permission in undertaking an action (such as including your picture in a brochure). You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.