YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the attention of Health Information Management at the Aspirus facility at which you received treatment. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by this health care facility will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- **Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment to the information for as long as the information is kept by us or for this health care facility.

To request an amendment, your request must be made in writing and submitted to Aspirus, Attention Privacy Officer, 333 Pine Ridge Boulevard, Wausau, WI 54401. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request.

In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for this health care facility;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

- **Right to Receive an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you. To request this list or accounting of disclosures, you must submit your request in writing to the attention of Health Information Management at the Aspirus facility at which you received treatment. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example: on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical 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 medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to Aspirus, Attention Privacy Officer, 333 Pine Ridge Boulevard, Wausau, WI 54401. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to Aspirus, Attention Privacy Officer, 333 Pine Ridge Boulevard, Wausau, WI 54401. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To obtain a paper copy of this notice, please visit our Website at www.cheyss.org or submit your request in writing to the attention of Health Information Management at the Aspirus facility at which you received treatment.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you, as well as any information we receive in the future. We will post a copy of the current notice in this health care facility. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at or are admitted for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with this health care facility or with the Secretary of the Department of Health and Human Services. To file a complaint with this health care facility, please submit your complaint in writing to Aspirus, Attention Privacy Officer at 333 Pine Ridge Boulevard, Wausau, WI 54401. All complaints must be submitted in writing. If you request further information, you may contact the Aspirus Privacy Officer at 715/847-2181.

You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical 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 medical 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 medical information about you for the reasons covered by your written authorization. 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.

In addition, we may share medical information about you for purposes that include:

- Treatment. If you request a copy of the information, we will make copies of the medical information we disclose about you for treatment, payment, or health care operations.

- Other Uses and Disclosures. If you register at or are admitted for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

- CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you, as well as any information we receive in the future. We will post a copy of the current notice in this health care facility. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at or are admitted for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.
HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION

The following categories describe different ways that we use and disclose medical information. For each category of use or disclosure we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the permitted uses and disclosures of medical information that apply to you will fall within one of the categories.

For Treatment. We may use medical information about you to provide you with medical treatment or services. We may use medical information about you to make decisions about your care. For example, nurses, technicians, medical students, or other health care personnel who are involved in taking care of you at this health care facility. For example, a doctor treating you for a broken leg may need to know whether you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the diettian if you have diabetes so that the dietitian can plan your meals. Different departments of this health care facility also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work, and x-rays. We also may share medical information about you to people outside this health care facility who may be involved in your medical care, such as family members, clergy, or others we use to provide services that are part of your care.

For Payment. We may use and disclose medical information about you so that the treatment and services you receive at this health care facility 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 so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are receiving to get prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations. We may use and disclose medical information about you for quality improvement activities. These uses and disclosures are necessary to operate this health care facility and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatments and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many of our patients to determine whether our treatments and services this health care facility should offer, what services this health care facility should offer, etc. Whether new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and our other health care personnel for review and learning purposes. We may also combine the medical information we have with medical information from other health care facilities to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information. We may use and disclose this limited information so that we may study health care and health care delivery without learning who the specific patients are.

Appointment Reminders and Treatment Alternatives. We may use and disclose medical information to provide you with appointment reminders or to tell you about possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services. We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

We may also use and disclose limited medical information about you for certain directory, decision-making, and fundraising activities purposes, subject to your right to object to these uses or disclosures.

Hospital Directory (for hospital patients only). We may include certain limited information about you in the hospital directory that is available to the public. For example, we may disclose your name, location in the hospital, your general condition (e.g., fair, stable, etc.), and your religious affiliation.

In certain circumstances, the Privacy Rules authorize us to use or disclose your medical records to facilitate specified government functions.

Military and Veterans. If you are a member of the armed forces, we may release medical information about you to a public or private entity to facilitate your military governmental functions.

National Security and Intelligence Activities. We may release medical information about you to federal, state, or local officials to protect against or to facilitate protection against terrorist acts or acts of war.

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

Inmates and Law Enforcement Custody. If you are an inmate of a correctional institution, or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and the safety or health of others; or (3) for the safety and security of the correctional institution.