



Improving health. Improving lives.

Notice of Privacy Practices  
Effective date: June 1, 2013

**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.**

### **Understanding your health and dental information**

Every time you visit Access Community Health Centers for health or dental care, a record of your visit is made. This record usually contains identification and financial information as well as symptoms, diagnoses, test results, a description of the examination, and a treatment plan. This record is referred to as your "medical record" or "dental record" and includes information on paper as well as in electronic records. This information is used:

- To plan for your care and treatment
- For communication among your health and dental professionals
- As a legal document describing the care you received
- As a way for you or your insurance company to verify services provided
- To help Access Community Health Centers providers review and improve health and dental care outcomes
- To train health and dental professionals and students

### **Access' Responsibilities**

It is your right as a patient to be informed of Access' legal duties with respect to protection of the privacy of your personal health and dental information.

Access is required to:

- Maintain the privacy of your health/dental information;
- Provide you with a notice of the legal duties and privacy practices regarding protected health information collected and maintained about you; and
- Abide by the terms of this notice.

Access reserves the right to change the terms of the Notice of Privacy Practices and make the new notice provisions effective for all protected health/dental information that it maintains.

Access will not use or disclose your health/dental information without your authorization, except as described in this notice.

## How Access May Use or Disclose Your Protected Health Information

The following are the types of disclosures we may make as allowed or required by law:

- **For Treatment.** Access may use or disclose information with health care providers who are involved in your health care. For example, information may be shared to create and carry out a plan for your treatment.
- **For Payment.** Access may use or disclose your health/dental information to obtain reimbursement for the provision of health care services. This may include information that identifies you, your diagnosis and your treatment. For example, Access may bill the person in your family who is responsible for payment.
- **For Health Care Operations.** Access may use or disclose information in order to manage its programs and activities. For example Access may use patient health information to review the quality of services you receive.
- **For Public Health Activities.** Access may provide information to the Wisconsin Department of Public Health, the public agency that keeps and updates vital records, including births, deaths, and the tracking of some diseases.
- **For Health Oversight Activities.** Access may disclose health/dental information to agencies that monitor our compliance with state and federal laws.
- **As Required by Law and For Law Enforcement.** Access may disclose information when required or permitted by federal or state law or court order.
- **For Abuse Reports and Investigations.** Access may use or disclose information when required by law to investigation reports of abuse.
- **For Government Programs.** Access may use or disclose information for public benefits under other government programs.
- **To Avoid Harm.** Access may disclose our patient health information to prevent or lessen a serious an imminent threat to your health or safety, or the health and safety of the general public.
- **For Research.** Access may use your health information to perform select research activities, provided that certain established measures to protect your privacy are in place and only according to and as allowed by state and federal law.
- **Disclosures to Family, Friends, and Others Who are Involved in Your Medical Care.** Access may disclose information to your family or other person involved in your medical care. You have the right to object to the sharing of this information.
- **Other Use and Disclosures Require Your Written Authorization.** For other situations, Access will ask for your written authorization before using or disclosing information. This includes the use and disclosure of any patient health information for marketing purposes and disclosures that constitute the sale of patient health information. You may cancel this authorization at any time in writing. Access cannot take back any uses or disclosures already made with your authorization.

## Your Privacy Rights

You have the following rights regarding Protected Health Information that Access maintains about you:

- **Right to See and Get Copies of Your Records.** In most cases, you have the right to look at or get copies of your records. Your request must be in writing and you may be charged a fee for the cost of copying your records. This right may not apply to certain psychotherapy notes. We may deny your request to inspect and/or copy records in certain limited circumstances. If you are

denied copies of, or access to, patient health information that we keep about you, you may ask that our denial be reviewed.

- **Right to Request a Correction or Update of Your Records.** You may ask Access to change or add missing information to your record if you believe it is inaccurate. You must make the request in writing and provide a reason for your request. If we determine that the patient health information is inaccurate, we will correct if permitted by law.
- **Right to Get a List of Disclosures.** You have the right to ask Access for a list of disclosure made within 6 years of the date of your request. You must make the request in writing. You will receive one listing per year at no charge. Access may charge a fee for subsequent requests.
- **Right to Request Limits on Use or Disclosure of Patient Health Information.** You have the right to ask that Access limit how your information is used or disclosed. You must make the request in writing and describe what information you want to limit and to whom you want the limits to apply. Access is not required to agree to the restriction. You can request that the restriction be terminated in writing or verbally.
- **Right of Restrict Information to Your Health Plan.** You may request health or dental information not be shared with your health plan. This requires for you to pay for the requested service in full at the time of service.
- **Right to Revoke Permission.** If you are asked to sign an authorization to use or disclose information, you can cancel that authorization at any time. You must make this request in writing. This will not affect information that has already been shared.
- **Right to Choose How We Communicate with You.** You have the right to ask Access share information with you in a certain way or in a certain place. You must make this request in writing. You do not have to explain your request.
- **Right to Receive Breach Notice.** You have the right to receive breach notice whenever a breach of your unsecured patient health information has occurred.
- **Right to File a Complaint.** You have the right to file a complaint if you do not agree with how Access has used or disclosed information about you.
- **Right to Get a Paper Copy of this Notice.** You have the right to ask for a paper copy of this notice at any time.

## How to File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with Access or with the Secretary of the Department of Health and Human Services. There will be no retaliation against you for filing a complaint.

You may contact our Privacy Officer as listed below for further information about Access' privacy practices or the complaint process.

Gladys Briggs  
Access Community Health Centers  
2901 W. Beltline Hwy., Suite 120  
Madison, WI 53713