



WISCONSIN RADIOLOGY SPECIALIST, S.C.  
VARICOSE VEIN CENTER

### **NOTICE OF PRIVACY PRACTICES**

**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.**

#### **OUR RESPONSIBILITIES**

Wisconsin Radiology Specialists, S.C. takes the privacy of your health information seriously. We are required by law to maintain that privacy and to provide you with this Notice of Privacy Practices. The Notice is provided to tell you about our duties and practices with respect to your information. We are required to abide by the terms of this Notice that is currently in effect.

#### **HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION**

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

- **For Treatment.** We may use health information about you to provide you with treatment, health care or other related services. We may disclose your health information to doctors, nurses, aids, technicians or other employees who are involved in taking care of you. Additionally, we may use or disclose your health information to manage or coordinate your treatment, health care or other related services. For instance, a doctor treating your for a broken leg would need to know if you have another illness that may slow your healing process. We also may share this information with other people that may help with your medical care after you leave the facility, such as a home health agency or a nursing home.
- **For Payment.** We may use and disclose your health information to bill and collect for the treatment and services we provide to you. We may send your health information to an insurance company or other third party for the payment purposes including to a collection service. For example, we may need to give your health plan information about surgery you received at the facility so your health plan will pay for the surgery. We may also tell your health plan information about surgery you received at the facility so your health plan will pay for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to find out if your plan will cover the treatment.
- **For Health Care Operations.** We may use and disclose your health information for health care operations. These uses and disclosures are necessary to make sure you receive competent, quality health care, and to maintain and improve the quality of health care we provide. We may also provide your health information to various governmental or accreditation entities to maintain our license and accreditation. For example, we may use medical information to review our treatment and services and to measure how well our staff cared for you. We may also combine information about many facility patients to decide what other types of services the facility should



offer or what services are no longer needed. We may share your information for learning purposes. We may also combine information with other facilities to find areas where we can improve the care given.

- **As Required By Law.** We will disclose your health information when required to do so by federal, state or local law.
- **For Public Health Purposes.** We may disclose your health information for public health activities. While there may be others, public health activities generally include the following:
  - Preventing or controlling disease, injury or disability;
  - Reporting births and deaths;
  - Reporting defective medical devices or problems with medications;
  - Notifying people of recalls of products they may be using; and
  - Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- **About Victims of Abuse.** We may disclose your health information to a health oversight agency for activities authorized by law. These oversight activities might include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government benefit programs, and compliance with civil rights laws.
- **Judicial Purposes.** We may disclose your health information in response to a court order.
- **Law Enforcement.** We may release health information if asked to do so by a law enforcement official, if such disclosure is:
  - Required by law;
  - In response to court order, warrant, summons or similar process; or
  - About criminal conduct at Wisconsin Radiology Specialists, S.C.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose your health information when we believe it is 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 or lessen the threat or to law enforcement authorities in particular circumstances.
- **Military and Veterans.** If you are a member of the armed forces, we may release your health information as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.
- **National Security and Intelligence Activities.** We may release your health information to authorized federal officials for lawful intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others.** We may disclose your health information to authorized federal officials so they may provide protection to the President, other authorized persons for foreign heads of state or for the conduct of special investigations.
- **Custodial Situations.** If you are a inmate in a correctional institution and if the correctional institution or law enforcement authority makes certain representations to us, we may disclose



your health information to the medical staff of the facility in which you are confined, the receiving institution's intake staff to which you may be transferred or a person designated by the facility to maintain prisoner medical records.

- **Worker's Compensation.** We may disclose your health information as authorized by and to the extent necessary to comply with workers' compensation laws or laws relating to similar programs.
- **Appointment Reminders.** We may use and disclose your health information to provide appointment reminders. If you do not wish us to contact you about appointment reminders, you must notify us.
- **Individuals Involved in Your Care or Payment for Your Care.** We may release health information about you to a family member, other relative, or any other person identified by you who is involved in your health care. We may also give information to someone who helps pay for your care. We may also tell your family, friends, personal representative or other person responsible for your health care your condition and that you are at the facility unless you have objected to us doing so. We may also share information about you to a group or person assisting in a disaster relief effort so that your family can be notified.
- **Third Parties.** We may disclose your health information to third parties with whom we contract to perform services on our behalf. If we disclose your information to these entities, we will have an agreement by them to safeguard your information.

#### **OTHER USES OF HEALTH INFORMATION**

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 authorization. If you provide us authorization to use or disclose your health information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health 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 under the authorization, and that we are required to retain our records of the care that we provided to you.

#### **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

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

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health 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 health information we disclose about you to someone who is involved in your care or the payment for your care.

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 Medical Records at this facility. In your request, you must tell us (1) what information you want limited; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.



- **Right to Inspect and Copy.** You have the right to inspect and copy health information and/or billing information that may be used to make decisions about your care.  
To inspect and copy health information that may be used to make decisions about you, you can submit your request in writing to Medical Records at this facility. To inspect and copy billing information, you can submit your request in writing or orally to Patient Accounting/Business Office at this facility. 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.
- **Right to Amend.** You have the right to ask us to amend your health and/or billing information for as long as the information is kept by us.  
To request an amendment to your health information, your request must be made in writing and submitted to Medical Records at this facility. To request an amendment to your billing information, your request must be made in writing or orally to Patient Accounting/Business Office at this facility. In addition, you must provide a reason that supports your request.  
We may deny your request for an amendment if it does not include a reason to support the request. For a request for an amendment to your health information, we may deny the request if it is not in writing. 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 health information kept by or for us;
  - Is not part of the information which you would be permitted to inspect and copy; or
  - Is accurate and complete.
- **Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures that we have made of your health information.  
To request this list of disclosures, you must submit your request in writing to Medical Records at this facility. 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, electronically). The first list you request within a twelve-month period will be free. For additional lists, during such twelve-month period, we may charge you for the costs 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 a Paper Copy of This Notice.** You have the right to a 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.