

**SHEBOYGAN COUNTY**  
Rocky Knoll Health Care 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. <u>PLEASE REVIEW IT CAREFULLY.</u>
--

Rocky Knoll Health Care Center must maintain the privacy of your personal health information and give you this notice that describes our legal duties and privacy practices concerning your personal health information. In general, when we release your health information, we must release only the information we need to achieve the purpose of the use or disclosure. However, all of your personal health information that you designate will be available for release if you sign an authorization form if you request the information for yourself, for a provider regarding your treatment, or due to a legal requirement. We must follow the privacy practices described in this notice.

Rocky Knoll Health Care Center reserves the right to change the privacy practices described in this notice in accordance with the law. Changes to our privacy practices would apply to all health information we maintain. Whenever this Notice is revised, it will be available upon request on or after the date of the revision.

Without your written authorization, we may use your health information for the following purposes according to current federal or state law (any situational exceptions are indicated):

**To Provide Treatment** and care to you and disclose your health information to others who provide care to you, such as your physician and other health care professionals who are involved in your care. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. For those residents being treated primarily for mental illness, only internal disclosure is permitted without an authorization.

**To Obtain Payment** for the care you receive from us, or to other providers so they can obtain payment for the care you may receive from them (with the exception of those who are being treated primarily for a mental illness or HIV—an authorization will be obtained from the resident or legal representative prior to releasing information to obtain payment). For example, this might include identifying you, your diagnosis, and the treatment provided to you.

**For Health Care Operations** such as business planning and development, or in order to improve the quality or cost of care we deliver. Quality and cost activities may include examining the effectiveness of the treatment provided to you when compared to residents in similar situations.

**Facility Directory.** We may disclose certain information about you including your name, religious affiliation, and where you are located, in a facility directory while you are in the facility (with the exception of those who are being treated primarily for a mental illness—permission for inclusion must be received from the resident or legal representative). We will disclose this information about you to individuals who ask for you by name. If you do not want us to include your information in the directory, you must inform the Social Services Department. If you do not want your name in the directory, we cannot tell members of the public, flower or other service persons or organizations, and even your friends and family that you are here.

**As required or permitted by law.**

Sometimes we must report some of your health information to legal authorities, such as law enforcement officials, court officials, or government agencies. For example, we may have to report abuse, neglect, or certain physical injuries, or respond to a valid court order.

**For health oversight activities.** Information may be disclosed to authorities so they can monitor, investigate, inspect, discipline or license those who work in the health care system or for government benefit programs.

**For public health reasons.** For the purposes of prevention or control of communicable disease, injury, or disability and to report reactions to medications or problems with medical products.

**Death Records.** Information about death is recorded and documented by various authorities such as the Register of Deeds, coroner, or medical examiner.

**Organ Donation.** If you are an organ donor, information is necessary to facilitate organ donation and transplantation.

**Research.** Under certain circumstances, and only after a special approval process, to help conduct research.

**To avoid a serious threat to health or safety.** When necessary to prevent a serious threat to your health and safety or the health and safety of another person or the public.

**For specified government functions.** In certain circumstances to facilitate specified government functions relating to the military and veterans, national security and intelligence activities, protective services for the President and others, or if you are in the custody of law enforcement officials or an inmate in a correctional institution.

**For workers' compensation.** For workers' compensation benefits or to similar programs that provide benefits for work-related injuries or illness.

**Disaster relief.** To organizations assisting in a disaster relief effort so that your family can be notified about your condition and location.

**Fundraising.** We may use your name, address, and/or phone number to contact you or your responsible party/primary contact regarding fundraising efforts for the Health Care Center Foundation. If you do not want us to contact you regarding fundraising efforts, you must notify the Health Care Center Foundation, N7135 Rocky Knoll Parkway, Plymouth, WI 53073, in writing, stating that you do not want to receive this information.

**To those involved with your care or payment for your care.** We may share/disclose information regarding your care or payment to those individuals you have identified in a document completed and signed at the time of admission, or as amended after admission. You have the right to object to such disclosure unless you are unable to function or there is an emergency.

**Examples of other things we may do on your behalf to make your stay more pleasant:** Mail facility newsletters to your responsible party/primary contact, notify the clergy of your location, provide your name and location to Veteran's organizations, include the month and day of your birthday on listings, post beauty/barber shop appointments on units, or leave messages with your responsible party/primary contact regarding upcoming appointments.

**To Business Associates.** We provide some services through contracts with business associates such as accountants, consultants, or attorneys. When such services are contracted, we may disclose information so they can perform the tasks we have assigned to them. We require the business associate to safeguard your health information.

**To Organized Health Care Arrangements (OHCA).** An OHCA is a clinically integrated care setting where individuals typically receive health care from more than one health care provider. We provide health care to our residents in partnership with other health professionals/services including the following: pharmacy, pharmacy consultant, psychiatrist, laboratory, x-ray service, podiatrist, optometrist, dentist, audiologist, hospice staff, physical therapy staff, occupational therapy staff, speech therapy staff, respiratory therapy staff, sheltered workshop, medical director, and agency nursing staff. A listing of our current OHCA participants is available upon request. We may change our providers and/or add services periodically. This Notice of Privacy Practices will be followed by all of these providers. You may not receive a separate Notice of Privacy Practices from each provider.

.....

**Except for the situations listed above, we must obtain your specific written authorization for any other release of your health information. If you sign an authorization, you may withdraw it at any time as long as the request is in writing. Please submit your request to the Director of Health Information Services at the address listed at the end of this notice.**

<b>YOUR HEALTH INFORMATION RIGHTS</b>
---------------------------------------

If you wish to exercise any of the following rights, please contact:

Director of Health Information Services  
Rocky Knoll Health Care Center  
N7135 Rocky Knoll Pkwy.  
Plymouth, WI 53073  
920-893-6441

**You have the right to:**

**Inspect and obtain a copy** of your health information, including billing records. We may charge you a reasonable fee for copies. This does not apply to psychotherapy notes or information gathered for judicial proceedings, for example.

**Request to correct your health information** created by the facility if you believe it is incorrect or incomplete. The written request must include the reason why your health information should be changed. The facility has the right to deny your request if we disagree with you and believe the information is correct.

**Request restrictions** on how your health information is used or to whom your information is disclosed, even if the restriction affects your treatment or our payment or healthcare operations activities. You may want to limit the health information provided to family or friends involved in your care or payment of medical bills. However, we are not required to agree in all circumstances to your requested restriction.

**Confidential communication** of your health information in a certain way or location such as in a private room or through a letter sent to a private address. We must accommodate reasonable requests.

**Receive a record of disclosures** made by the facility that were not subject to your written authorization within a six-year period, but not prior to April 14, 2003. The request for an accounting of disclosures must be made in writing to the Director of Health Information Services and should specify the time period of the accounting. The first list you request within a 12-month period will be free. For additional lists, 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 before the costs are incurred.

**Receive a paper copy of this notice** even if you have received one previously. Please contact the Social Services Department at the address or phone number listed at the end of this notice for a paper copy. A current copy may also be obtained from the Sheboygan County Health Care Center Website: [www.co.sheboygan.wi.us/html/d\\_hcc.html](http://www.co.sheboygan.wi.us/html/d_hcc.html).

.....

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the United States Department of Health and Human Services. We will not retaliate against you for filing such a complaint. To file a complaint with either entity, please contact the Social Services Department at the address below, who will provide you with the necessary assistance and/or paperwork.

**Contact Persons:** If you have any questions about your privacy rights or the information in this notice, please contact:

Social Services Department  
Rocky Knoll Health Care Center  
N7135 Rocky Knoll Pkwy.  
Plymouth, WI 53073  
920-893-6441

**EFFECTIVE DATE:** This notice is effective December 24, 2007.

Version #1: first printed September 2003

Version #2: first printed December 2007