



NOTICE OF PROVIDER PRIVACY PRACTICES¹

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.²

GastroIntestinal Associates is required by law to maintain the privacy of your health information. GastroIntestinal Associates is also required to provide you with a notice that describes GastroIntestinal Associates legal duties and privacy practices and your privacy rights with respect to your health information.³ We will follow the privacy practices described in this notice.⁴

We reserve the right to change the privacy practices described in this notice in the event that the practices need to be changed to be in compliance with the law. We will make the new notice provisions effective for all the protected health information that we maintain. If we change our privacy practices, you will be offered a revised copy at your next visit.⁵

How GastroIntestinal Associates May Use or Disclose Your Health Information for Treatment, Payment or Health Care Operations⁶

The following categories describe the ways that GastroIntestinal Associates may use or disclose your health information. For each type of use or disclosure, we will explain what we mean and present some examples.

1. **Treatment.** We may use or disclose your health care information in the provision, coordination or management of your health care. For example, we may use your information to call and remind you of an appointment or to refer your care to another physician. If another provider requests your health information and they are not providing care and treatment to you, we will request an authorization from you before providing your information.
2. **Payment.** We may use or disclose your health care information to obtain payment for your health care services. For example, we may use your information to send a bill for your health care services to your insurer.
3. **Health Care Operations.** We may use or disclose your health care information for activities relating to the evaluation of patient care, evaluating the performance of health care providers, business planning and compliance with the law. For example, we may use your information to determine the quality of care you received when you had your surgery. If the activities require disclosure outside of our health care organization, we will request your authorization before disclosing that information.

How GastroIntestinal Associates May Use or Disclose Your Health Information Without Your Written Authorization⁷

The following categories describe the ways that GastroIntestinal Associates may use or disclose your health information without your authorization. For each type of use or disclosure, we will explain what we mean and present some examples.

1. **Required by Law.** We may use or disclose your health information when law requires that use or disclosure. For example, we may disclose medical information to report child abuse or to respond to a court order.
2. **Public Health.** When required by law, we may disclose your health information to public health authorities for reporting communicable diseases, aiding in the prevention or control of certain diseases, and reporting problems with products and reactions to medications to the Food and Drug Administration.

3. **Victims of Abuse, Neglect or Violence.** We may disclose your information to a government authority authorized by law to receive reports of abuse, neglect or violence relating to children or the elderly.
4. **Health Oversight Activities.** We may disclose your health information to health agencies authorized by law to conduct audits, investigations, inspections, licensure and other proceedings related to oversight of the health care system.
5. **Judicial and Administrative Proceedings.** We may disclose your health information in the course of an administrative or judicial proceeding in response to a court order. Under most circumstances, when the request is made through a subpoena, a discovery request, or involves another type of administrative order, your authorization will be obtained before disclosure is permitted.
6. **Law Enforcement.** We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, missing person, or complying with a court order or other law enforcement purposes. Under some limited circumstances, we will request your authorization prior to permitting disclosure.
7. **Coroners and Medical Examiners.** We may disclose your health information to coroners and medical examiners. For example, this may be necessary to determine the cause of death.
8. **Cadaveric, Organ, Eye or Tissue Donation.** If we are a hospital, we may disclose your health information to organizations involved in procuring organs and tissues for transplantation.
9. **Research.** Under certain circumstances, and only after a special approval process, we may use or disclose your health information to help conduct medical research which may involve an assessment of how well a drug is working or whether a certain treatment is working better than another.
10. **To Avert a Serious Threat to Health or Safety.** We may disclose your health information in a very limited manner to appropriate persons to prevent a serious threat to the health or safety of a particular person or the general public. Disclosure is usually limited to law enforcement personnel who are involved in protecting the public safety.
11. **Specialized Government Functions.** Under certain, and very limited circumstances, we may disclose your health care information for military, national security, or law enforcement custodial situations.
12. **Worker's Compensation.** Both state and federal law allow the disclosure of your health care information that is reasonably related to a worker's compensation injury to be disclosed without your authorization. These programs may provide benefits for workrelated injuries or illness.
13. **Appointment Reminders.** We may use or disclose your health information to provide appointment reminders, information about treatment alternatives, or other health related benefits and services that may be of interest to you.⁸
14. **Health Information.** We may use or disclose your health information to provide information to you about treatment alternatives or other health related-benefits and services that may be of interest to you.

¹45 CFR 164.520 ²45 CFR 164.520(b)(1)(i) ³45 CFR 164.520(b)(1)(v)(A) ⁴45 CFR 164.526(b)(1)(v)(B) ⁵45 CFR 164.526(b)(1)(v)(C) ⁶45 CFR 164.526(b)(1)(ii)(A-D) ⁷45 CFR 164.5269(b)(1)(ii)(B-D)
⁸Comment: Note contact for fundraising is not included in this notice, as it may not be allowed without an authorization under Wisconsin law. Appointment reminders: 45 CFR 164.520(b)(1)(iii)(A)

When GastroIntestinal Associates May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, we will not use or disclose your health information without written authorization from you. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization, though we will be unable to take back any disclosures we have already made with your permission.

Your Health Information Rights

1. **Inspect and Copy Your Health Information.** You have the right to inspect and obtain a copy of your health care information. For example, you may request a copy of your immunization record from your health care provider. This right of access does not apply to psychotherapy notes which are maintained for the personal use of a mental health professional. Your request for inspection or access must be submitted in writing to GastroIntestinal Associates, ATTN: MEDICAL RECORDS, 411 Westwood Drive, Wausau, WI 54401, (715) 847-2558. We may charge you a reasonable fee to cover our expenses for copying your health information.
2. **Request to Correct Your Health Information.** You have a right to request that GastroIntestinal Associates amend your health information that you believe is incorrect or incomplete. For example, if you believe the date of your heart surgery is incorrect; you may request that the information be corrected. We are not required to change your health information and if your request is denied, we will provide you with information about our denial and how you can disagree with the denial. To request an amendment, you must make your request in writing to GastroIntestinal Associates ATTN: CORPORATE COMPLIANCE/PRIVACY OFFICER, 411 Westwood Drive, Wausau, WI 54401. You must also provide a reason for your request.
3. **Request Restrictions on Certain Uses and Disclosures.** You have the right to 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 health care operation activities. For example, if you are an employee in a clinic and you receive health care services in that clinic, you may request that your medical record not be stored with the other clinic records. However, we are not required to agree in all circumstances to your requested restriction. If you would like to make a request for restrictions, you must submit your request in writing to GastroIntestinal Associates, ATTN: CORPORATE COMPLIANCE/PRIVACY OFFICER, 411 Westwood Drive, Wausau, WI 54401.
4. **Receive Confidential Communications of Health Information.** You have the right to request that we communicate your health information to you in different ways or places. For example, you may wish to receive information about your health status in a special, private room or through a written letter sent to a private address. We must accommodate reasonable requests. To request confidential communications, you must submit your request in writing to GastroIntestinal Associates, ATTN: CORPORATE COMPLIANCE/PRIVACY OFFICER, 411 Westwood Drive, Wausau, WI 54401.
5. **Receive a Record of Disclosures of Your Health Information.** You have the right to request a list of the disclosures of your health information that we have made in compliance with federal and state law. This list will include the date of each disclosure, who received the disclosed health information, a brief description of the health information disclosed, and why the disclosure was made. For some types of disclosures, the list will also include the date and time the request for disclosure was received and the date and time the disclosure was made. For example, you may request a list that indicates all the disclosures your health care provider has made from you health care record in the past six months. To request this accounting of disclosures, you must submit your request in writing to GastroIntestinal Associates, ATTN: CORPORATE COMPLIANCE/PRIVACY OFFICER, 411 Westwood Drive, Wausau, WI 54401. We must comply with your request for a list within 60 days, unless you agree to a 30-day extension. We may not charge you for the list, unless you request such list more than once per year.
6. **Obtain a Paper Copy of This Notice.** Upon your request, you may at any time receive a paper copy of this notice, even if you earlier agreed to receive this notice electronically. To obtain a paper copy of this Notice, send your written request to GastroIntestinal Associates, ATTN: MEDICAL RECORDS, 411 Westwood Drive, Wausau, WI 54401.
7. **Complaint.** If you believe your privacy rights have been violated, you may file a complaint with GastroIntestinal Associates, ATTN: CORPORATE COMPLIANCE/PRIVACY OFFICER, 411 Westwood Drive, Wausau, WI 54401. We request that you file your complaint in writing so that we may better assist in the investigation of your complaint. You may also file a complaint with the Secretary of the Department of Health and Human Services. If your complaint relates to your privacy rights while you were receiving treatment for mental illness, alcohol or drug abuse, or a developmental disability, you may also file a complaint with the staff or administrator of the treatment facility or community mental health program.⁹ There will be no retaliation against you in any way for filing a complaint.¹⁰

If you have any questions or concerns regarding your privacy rights or the information in this notice, please contact, GastroIntestinal Associates, ATTN: CORPORATE COMPLIANCE/PRIVACY OFFICER, 411 Westwood Drive, Wausau, WI 54401, (715) 847-2558.

This notice of medical information privacy is effective November 1, 2005.