

MILWAUKEE PSYCHIATRISTS & PSYCHOLOGISTS CHARTERED

12760 W. North Ave., Brookfield, WI 53005
(262) 439-5500

NOTICE OF PRIVACY PRACTICES – EFFECTIVE SEPTEMBER 23, 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.

Our Commitment

Our principal goal is to keep you healthy and to offer services that will meet your needs. In order to perform these services, we collect, create, use and disclose information about you. We are dedicated to keeping your health information private, in accordance with state and federal law. As required by the federal Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), we provide you with this notice of our legal duties with respect to health information. We reserve the right to make changes to this notice as allowed by law. Changes to our privacy practices will apply to all health information that we maintain.

If we change this notice, you can access the revised notice using one of the following options:

- At any registration or reception area of our clinics;
- From our website (MilwaukeePsychiatric.com).

How we may use and disclose your health information

We may use your health information and disclose it to appropriate persons, authorities and agencies, as allowed by state and federal law. We may do this without your written permission for the following purposes:

Treatment – As we treat you or for others who provide treatment to you, we may need to use and disclose your health information to other health care providers from within or outside Milwaukee Psychiatrists & Psychologists Chartered (MPPC). For example, a doctor may use information in your medical record to find the best treatment option for you or a pharmacist may call your doctor to ask questions about a prescription. In some cases, our staff may use or disclose your health information to help your doctor and your health care team to manage your care. To facilitate access to information for the treatment purposes of shared patients, MPPC may participate in electronic exchange of health information with other entities.

Payment – We may use your health information and disclose it to insurance companies or employer health plans and to others in order to receive payment for your bill. For example, we must submit a bill to your insurance company that states your name, diagnosis, type of service received and other information in order to receive payment. In certain situations, we may disclose your health information to a collection agency if a bill is not paid. Additionally, we may also disclose your health information to another health care provider for their payment related activities.

Health Care Operations – We may use the information in your medical record to help us improve the quality or cost of the care we give, or to respond to appropriate questions about the care provided. For example, we may study how Psychiatrists and Psychologists manage patient treatment after hospitalization, to learn the best way to help patients recover. We may use your health information to look at care you received from Psychiatrists, Psychologists, Pharmacists or other health care professionals. We may use your health information for accreditation activities. We may disclose your health information to another health care professional or covered entity that you have seen so they may improve their quality, cost, or other health care operations purposes.

Reminders and Information Sharing – We may use your health information to tell you about treatment options or health products and services that may be of interest to you. For example, we may send you a letter telling you about a new health clinic that is opening in your area.

Other ways we may disclose your health information

We may also use and disclose your health information without your written permission for the following purposes:

Family and Friends for Care and Payment – Unless you request otherwise, your health information may be disclosed to your family members, relatives, close friends or others who are helping care for you or helping you to pay your medical bills. If you are able and available to agree or object, we will give you the opportunity to agree or object to such uses and disclosures. If you are not available or in the event of your incapacity or emergency circumstances, we will disclose health information using our professional judgment – disclosing only information that is directly relevant to the person’s involvement in your healthcare or payment for your health care. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, or other similar forms of health information.

Disaster Relief Efforts – We may disclose your health information to organizations for the purpose of disaster relief efforts.

Required by Law – We may disclose your health information when required by law to do so.

Public Health – We may disclose your health information to authorities to help prevent or control disease, injury, or disability. For example, the Food and Drug Administration and the State of Wisconsin, both have certain conditions or diseases that need to be reported for the general well-being of the population. We may also report work-related illnesses and injuries to your employer for workplace safety purposes.

Reporting Victims of Abuse or Neglect – We may disclose your health information, if we believe you have been a victim of abuse or neglect, to a government authority if required or allowed by law, or if you agree to the disclosure.

Health Care Oversight – We may disclose your health information to authorities and agencies for oversight activities allowed by law, including audits, investigations, inspections, licensing, disciplinary actions, or legal proceedings. These activities are necessary for oversight of the health care system, government programs and civil rights laws.

Legal Proceedings – We may disclose your health information in the course of certain legal proceedings. For example, we may disclose your health information when required by law to report certain injuries.

Law Enforcement – We may disclose your health information to law enforcement officials for specific purposes. For example, we may disclose your health information when required by law to report certain injuries.

Death – We may disclose your health information to coroners, medical examiners (for example, to find the cause of death) and funeral directors so that they may carry out their duties.

Organ, Eye or Tissue Donation – We may disclose your health information to people involved in obtaining, storing or transplanting donated organs, eyes or tissues.

Research – We may disclose your health information to researchers who have received approval for the MPPC Institutional Review Board or other institutional review boards contracted by MPPC to conduct a specific research project. These researchers agree not to disclose information that would allow you to be identified, except as allowed by law. For example, a research study may measure the success of a treatment or modification in treating or curing a targeted illness or condition.

Serious Threats to Health or Safety – We may disclose your health information to the proper authorities if we believe in good faith that this will help prevent or lessen a serious threat to your or the public’s health or safety. We do so as allowed by law and standards of ethical conduct.

Military, National Security, Law Enforcement Custody – We may disclose your health information to the proper authorities so they may carry out their duties under the law. This applies if you are or were involved with the military, national security or intelligence activities. It also applies if you are in the custody of law enforcement officials or an inmate in a correctional institution.

Workers' Compensation – We may disclose your health information in order to comply with the laws related to Workers' Compensation or similar programs. These programs may provide benefits for work-related injuries or illness.

We may use or disclose your health information only with your written permission, except as described in the previous sections. If you give us your permission, you may withdraw such permission at any time by notifying us in writing, except if we have already taken action based upon your permission.

Disclosures requiring your permission

Other uses and disclosures not described in the previous sections of this notice may be made only with your permission. Specifically, we would be required to obtain your permission for the following types of uses and disclosures:

Marketing – We would obtain your permission before using or disclosing your health information for marketing purposes, except if the communication is made face-to-face with you or involves providing you with a promotional gift of nominal value.

Sale of Information – We would obtain your permission before making any disclosure that constitutes a sale of health information.

Psychotherapy Notes – As defined by HIPAA privacy rules, we would obtain your permission for most uses and disclosures of psychotherapy notes. Psychotherapy notes are very specific types of notes recorded by a behavioral health professional documenting or analyzing the contents of conversation during counseling sessions.

Withdrawing your permission

In circumstances that require your permission, you may withdraw such permission at any time by notifying us in writing. If you withdraw your permission, we will no longer use or disclose your health information for the purposes specified in the authorization, except if we have already taken action based upon your permission.

A note on other restrictions

Please be aware that state and federal law may have more requirements than HIPAA on how we use and disclose your health information. If there are specific, more restrictive requirements, even for some of the purposes listed above, we may not disclose your health information without your written permission as required by such laws. For example, we will not disclose your HIV test results without obtaining your written permission, except as permitted by state law. We may also be required by law to obtain your written permission to use and disclose your information related to treatment for a mental illness, developmental disability or alcohol or drug abuse.

There may be other restrictions on how we use and disclose your health information than those listed above. We believe state and federal laws that discuss such restrictions are Wisconsin Statutes Sections 146.82, 51.30, 252.15, and 905.04; Wisconsin Administrative Code DHS 92 and 124.14; and 42 C.F.R. Part 2 and 45 C.F.R. Parts 160 and 164.

Your health information rights

As a patient or customer who receives health care services from Milwaukee Psychiatrists & Psychologists Chartered (MPPC), you have the right to:

Read and copy your health information – With a few exceptions, you have the right to read and obtain copy of your health information. We may charge you a reasonable fee if you want a copy of your health information. If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision. If you request an electronic copy and the health information you are requesting is maintained electronically, we would provide the copy electronically in the form you request if it is readily producible, or if not, in an agreed upon readable electronic form. You have the right to request in writing that we transmit a copy of your health information directly to another individual.

- To obtain your health information, contact MPPC Health Information/Medical Records at our main location located at 12760 W. North Ave., Brookfield, WI 53005. (262) 439-5500.
- To obtain your billing information, contact MPPC Billing office at our main location located at 12760 W. North Ave., Brookfield, WI 53005. (262) 439-5500.

Request to correct your health information – If you believe that there is an error in your health information or something that has been left out, you may ask us to correct the information. You must make the request in writing and give the reason why your health information should be changed. If we did not create the information you believe is incorrect, or if we disagree with you and believe your health information is correct, we will deny your request. You may appeal to us in writing if we deny your request.

- To request a correction to your health information, contact MPPC Health Information/Medical Records at our main location located at 12760 W. North Ave., Brookfield, WI 53005. (262) 439-5500.

Request to restrict certain uses and disclosures of your information – You have the right to request in writing that we restrict how your health information is used or disclosed. ***For most requests, under the law, we are not required to agree to your request.*** In some cases, we may not be able to agree to your request because we do not have a way to tell everyone who would need to know about the restriction. There are other instances in which we are not required to agree with your request. We will inform you when we cannot find a way to carry out your request. You have the right to request restrictions to the disclosure of your health information to a health plan when the disclosure is for the purpose of carrying out payment or health operations and is not otherwise required by law. We will agree to these requests if the information to be restricted pertains solely to a health care item or service for which you or another person on your behalf (other than a health plan) has paid out of pocket in full. You may request a restriction in these ways:

- Contact MPPC Health Information/Medical Records at our main location located at 12760 W. North Ave., Brookfield, WI 53005. (262) 439-5500.
- Contact MPPC Billing office at our main location located at 12760 W. North Ave., Brookfield, WI 53005. (262) 439-5500.

Receive a record of how we disclose your health information – You have a right to ask us in writing for a list of places or persons to whom your health information was disclosed during the past 6 years. The list will contain the date your health information was disclosed to others, who received the information, a brief description of what was disclosed and why. However, the list will not include disclosures for the following purposes: treatment, payment, health care operations, family and friends for care and payment, national security or intelligence, and law enforcement/corrections. In addition, the list will not include information that was disclosed to you and to others with your permission, incidental disclosures and disclosures of limited health information. We must provide you the list within 60 days of your request, unless you agree to a 30-day extension. You will not be charged for this list, unless you request more than one list per year.

- The request must be for health information disclosed on or after April 14, 2003.
- To request this list, Contact MPPC Health Information/Medical Records at our main location located at 12760 W. North Ave., Brookfield, WI 53005. (262) 439-5500.

Receive a notification of a breach – We take the privacy and security of your health information seriously and have policies and safeguards in place to protect against unauthorized access, use or disclosure. Following any breach or unsecured health information, we will notify any affected individuals as required by law.

File a complaint – You have the right to file a complaint with us if you believe your privacy rights have been violated. To file a complaint, call (262) 439-5500 and ask to be transferred to the Chief Privacy Officer. You also have the right to file a complaint with

the United States Secretary of the Department of Health and Human Services. We will not take any action against you for filing a complaint.

Contact for Information, Questions or Concerns

If you have questions or concerns about your privacy rights, Milwaukee Psychiatrists & Psychologists Chartered's (MPPC) privacy-related policies or the information contained in this notice, please call (262) 439-5500 and request the Chief Privacy Officer.

Who will use this notice to meet federal law notice requirements?

Milwaukee Psychiatrists & Psychologists Chartered (MPPC) owned by its clinician partners and employees of MPPC, provides health care to patients, residents and clients jointly with health care providers and other organizations. The following persons and entities, who have agreed to be bound by this notice, will jointly use this notice for convenience to meet federal law requirements; provided that each person and entity is solely and separately responsible and liable for complying with this notice and applicable law (and Milwaukee Psychiatrists & Psychologists Chartered and its affiliates are only liable for their own violations):

- All employed staff or volunteers of MPPC, including staff of affiliated entities.
- Any health care professional who agrees to be bound by this notice and who treats you at any of our facilities with respect to your information stored at the facility. Please be aware that many health care professionals are independent contractors, which means that they are not employed or controlled by MPPC. Such independent health care professionals may have different policies or notices regarding the use or disclosure of your health information stored at their office and that each person or entity is independently responsible for their own compliance with this notice and federal and state law. You should determine if your health care professional is employed or controlled by MPPC.
- Any of our business partners or associates with whom we share health information and who agree to be bound by this notice.

This notice is effective on and after September 23, 2013, unless and until it is revised by Milwaukee Psychiatrists & Psychologists Chartered.