



THUROW PRIMARY
Preventive Healthcare, S.C.

216 N. Green Bay Rd., Suite 101,
Thiensville, WI 53092
Phone (262) 242-3966, Fax (262) 242-3993
Revised 11/6/10

**NOTICE OF PRIVACY PRACTICES OF THUROW PRIMARY
PREVENTIVE HEALTHCARE, SC**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

How we may use and disclose your protected health information (PHI): Thurow Primary Preventive Healthcare, SC is generally required to disclose your PHI and, in certain circumstances, to use your PHI without your prior written authorization. The following are examples of instances where we may use or disclose your PHI without your prior written authorization and/or without providing you with the opportunity to object to such use of disclosure.

A. *Uses and Disclosures that do not require your authorization:* We may use and disclose your PHI in the following circumstances without your prior written authorization:

- We may use or disclose your PHI to provide treatment to you or for others to provide treatment to you. We may disclose your PHI to physicians, nurses, other health care personnel, hospital, nursing home and other health care facilities who are involved in your care. We may also use your PHI to contact you to remind you of an appointment for treatment at our facility, tell you about or recommend possible treatment options/alternatives, or about health related benefits/services that may interest you.
- We may also disclose your PHI to your insurance company in order to receive payment for the treatment for services provided to you. We will use your PHI to create the claims we submit to your insurance carrier. We may provide copies or portions of your medical record to your insurance company to obtain payment of your claim or for the insurance company to determine pre-existing conditions. We may also disclose your PHI to another provider or insurance company for their payment related activities to enable them to receive payment for the treatment or services provided to you or to process claims under your health insurance plan.
- We may also use or disclose your PHI for your operations related to health care. We may also provide your PHI to our attorneys, accountants and other consultants to make sure we are complying with the law that affect us. In addition, we may disclose your PHI to another health care provider,



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health insurance plan or health care clearing house for the purposes of their operations related to health care.

- B. *Uses and disclosures that require us to give you the opportunity to object:* Unless you object, we may provide relevant portions of your PHI to a family member, friend or other person involved in your health care or in helping you get payment for your health care. Unless you object, statements sent to your home contain billing information for services provided by Thurow Primary Preventive Healthcare, SC. In an emergency or when you are not capable of agreeing or objecting to these disclosures, we will disclose your PHI as we determine is in your best interest. Unless you object, we may also disclose your PHI to persons performing disaster relief activities.
- C. *Other uses and disclosures that do not require your authorization or opportunity to object:* We may also use and disclose PHI without your authorization or without providing you with the opportunity to object in the following circumstances:
- As required or permitted by law. We may disclose your PHI to legal authorities such as law enforcement officials, court officials, correctional institution or government agencies when required to do so by law. We may have to disclose your PHI to report abuse, neglect or a crime to a governmental agency. We may also disclose your PHI in response to a court order.
 - For public health activities. We may be required to report your PHI to authorities to help prevent or control disease, injury or disability. This may include using your medical record to report certain diseases, injuries, birth or death information, information of concern to the FDA or information related to child abuse or neglect. We may also have to report to your employer certain work related illnesses and injuries for workplace safety purposes.
 - For health oversight activities. We may disclose your PHI to authorities and agencies for oversight activities authorized by law including audits, investigations, inspections, licensure, disciplinary actions or legal proceedings. These activities are necessary for oversight of the health care system, government programs and civil rights laws.
 - For activities related to death. We may disclose your PHI to coroners and medical examiners so they can carry out their duties related to your death such as identifying the body or determining cause of death and to funeral directors to carry out funeral preparation activities.

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- For organ, eye, or tissue donation. We may disclose your PHI to organ procurement agencies who are involved in obtaining, storing or transplanting organs, if you have indicated your desire to be a donor.
- For workers' compensation. We may disclose your PHI in order to comply with the law related to workers; compensation or other similar benefits for work related injuries or illness.

Except as described above, we may only use and disclose your PHI with your written authorization. IF you give us a written authorization, you may revoke it at any time by notifying our office in writing. IF you revoke your authorization, we will no longer use or disclose your PHI for the purposes specified in the authorization, except to the extent we have already taken actions in reliance upon your authorization.

Other restrictions: Please be aware that state and federal law may have more requirements than HIPAA on how we use and disclose your PHI. If there are more restrictive requirements, even for some of the purposes listed above, we may not disclose your PHI without your signed authorization as required by these laws. We will not disclose your HIV test results without obtaining your written authorization, except as permitted by state law. There may be other restrictions on how we use and disclose your PHI other than those listed above. As of the date of this notice we are aware of the following state and federal laws discussing such restrictions: WI statutes 146.82, 252.15, 895.50, and 905.04 as well as 42 CFR Part 2. These laws may change from time to time. Please contact our Administrator if you have any further questions.

Your Rights Related to your PHI: You have the following rights as a patient or customer of Thurow Primary Preventive Healthcare, SC:

- A. The right to see and copy your PHI.* Except for limited circumstances, you may look at and receive a copy of your PHI by providing Thurow Primary Preventive Healthcare, SC with a written request. Such requests must be submitted to our Administrator. We will respond to your request within 30 days. In certain situations, we may deny your request. But, if we do, we will tell you in writing of the reasons for denial and explain your rights with regard to having the denial reviewed. If you ask us to copy your PHI, we will charge for those copies based on the purpose and any regulatory directives. Alternatively, we may provide you with a summary or explanation of your PHI as long as you agree to it and the cost, in advance.
- B. The right to correct or update your PHI.* IF you believe that the PHI we have in our records for you is incomplete or incorrect, you may ask Thurow Primary

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- Preventive Healthcare, SC to amend it. Such a request must be made in writing to our Administrator, unless it is an amendment made to your demographic information, such as: address, phone number, preferred pharmacy, or insurance coverage. The request must tell us why you think the amendment is appropriate. We will not process your request if it is not in writing or does not tell us why you think the amendment is appropriate. We will act on your request within 60 days. We will inform you in writing as to whether the amendment will be made or denied. IF we agree to make the amendment, we will ask whether you want us to notify anyone else of the amendment. IF we deny the requested amendment, we will tell you in writing how to submit a statement of disagreement and/or to request inclusion of your original amendment request in your PHI.
- C. *The right to get a list of disclosures we have made.* You have the right to get a list of instances in which we have disclosed your PHI for disclosures made on or after June 1, 2008. To receive the list, you must make your request in writing to our Administrator. We will respond to your request within 60 days. The list will include disclosures made during a period of up to two years unless you specify a shorter period. The first list you request within a 12-month period will be free. You may be charged our costs for providing an additional list within that 12-month period. Please be aware that the list will not include disclosures: (1) made for treatment, payment and health care operations purposes, (2) that are a byproduct of another use or disclosure permitted under our privacy policies or by law, (3) made with your authorization, (4) made directly to you or to your family or friends, (5) for disaster relief purposes, (6) for national security purposes or to law enforcement personnel/correctional institutions, (7) made as a part of a release of limited information, (8) made before June 1, 2008.
- D. *The right to request limits on uses and disclosures of your PHI.* You have the right to ask us to limit certain uses and disclosures of your PHI. Such requests must be submitted in writing to our Administrator. **We are required by law to agree to your request.** We will abide by the agreement except if you require emergency treatment.
- E. *The right to choose how we communicate with you.* You have the right to request that we contact you at an alternate address, phone numbers, or locations (i.e., at work rather than at home). IF we can accommodate your request without disrupting our operations, your request will be honored.
- F. *The right to get a paper copy of this notice.* Regardless of how you have received this Notice. You are entitled to receive a paper copy. You may obtain a paper copy of this Notice by contacting our Administrator at (262) 242-3966.

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Contact for questions and concerns: If you believe your privacy rights have been violated, you may file a complaint with Thurow Primary Preventive Healthcare, SC or with the secretary of the federal Department of Health and Human Services. To file a complaint with us, put your complaint in writing and submit it to our Administrator at:

Thurow Primary Preventive Healthcare, SC

216 Green Bay Rd, Suite 101

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We will not retaliate against you for filing a complaint. You may also contact our Administrator if you have questions or comments about our privacy practices.

Future changes to our practices and this notice: We reserve the right to change our privacy practices described in this Notice as allowed by law. Changes to our privacy practices would apply to all PHI we maintain. You may obtain a copy of any revised Notice by contacting our Administrator at (262) 242-3966.