

## HIPAA Privacy Notices

### Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can have access to this information. **Please read and review it carefully.**

### Your Rights

**When it comes to your health information, you have certain rights.** The following explains your rights and our responsibilities in the given situations. You have the right to:

#### Obtain an electronic or paper copy of your medical record and correct/edit where necessary

- You can ask to view or acquire an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, within 30 days of your request.
- You can request that we correct health information about you that you deem incorrect or incomplete. Ask us how to do this. (We may, for some reason, not be able to process your request. If this is the case, we will contact you and further explain the.)

#### Request confidential communications and ask us to limit the information we share

- You can request that we contact you in a specific way (home phone, office phone, text, email, etc.).
- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

#### Obtain a list of those with whom we’ve shared information along with a copy of this privacy notice

- You may ask for a list of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

#### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action

## File a complaint if you believe your privacy rights have been violated

- In the later of this document, contact information is provided so as to offer means of which you can file a complaint

## Your Choices

**For certain health information, you have choices about what we share.** If you have a clear preference for how we share your information in the situations described below, explain what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Include your information in a hospital directory *If you are not able to tell us your preference, for example if you are unconscious, we share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*
- We will never share your information for marketing, profit, or fundraising unless you give us written permission to do so.

## Our Uses and Disclosures

**We typically use or share your health information in the following ways.**

### Treat you

- We have the power to use your health information and share it with other professionals who are treating you.  
*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

### Bill for your services

- We can use and share your health information to bill and receive payment from health plans or other entities.

### Help with public health and safety issues

[We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).] We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### Abide by the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services, if it questioned whether or not we're complying with federal privacy law.

### Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

### Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and provide you a copy.
- We will not use or share your information other than as described in this document unless you indicate differently in writing.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp).

**Changes to the Terms of this Notice** We may change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

**File a complaint if you feel your rights are violated** You have the right to file a complaint if you feel we have violated your rights in any way.

- Contact Jolene Daulton by phone at 612-961-4685, by email at [jolene@daultonpt.com](mailto:jolene@daultonpt.com), or by mail at Jolene Daulton 726 Crosby Drive, Hudson, WI 54016
- You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1- 877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint. Privacy Notice Resource ~ [http://www.hhs.gov/ocr/privacy/hipaa/npp\\_fullpage\\_hc\\_provider.pdf](http://www.hhs.gov/ocr/privacy/hipaa/npp_fullpage_hc_provider.pdf)