



# LASER AND SURGERY INSTITUTE OF WI, LLC

## NOTICE OF HEALTH INFORMATION PRACTICES

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.

### Understanding Your Health Record Information

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination, test results, diagnoses, treatment, and plan for future care or treatment. This information, often referred to as your health or medical record, serves as:

- A basis for planning your care and treatment
- A means of communication among the many health professionals who contribute to your care
- A legal document describing the care you received
- A means by which you or a third-party payer can verify that services billed were provided
- A tool in educating health professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of the nation
- A source of data for facility planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve
- An understanding of what is in your record and how your health information is used helps you to:
  - Ensure its accuracy
  - Better understand who, what, when, where, and why others may access your health information
  - Make more informed decisions when authorizing disclosures to others

### Your Health Information Rights

Although your health record is the physical property of the EC Laser & Surgery Institute of WI, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522. If you have paid for services out-of-pocket in full and you request that we not disclose health information related solely to those services to a health plan, we will accommodate your request, except where we are required by law to make a disclosure.
- Obtain a paper copy of the notice of information practices upon request
- Inspect and copy your health record as provided for in 45 CFR 164.524
- Amend your health record as provided in 45 CFR 164.528
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528
- Request communications of your health information by alternative means or at alternative locations
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken
- Expect that the following uses and disclosures will be made only with authorization from you: (i) most uses and disclosures of psychotherapy notes (if recorded by us); (ii) uses and disclosures of health information for marketing purposes; and (iii) disclosures that constitute a sale of health information.

## **NOTICE OF HEALTH INFORMATION PRACTICES (cont.)**

### **Communication between Provider and Patient**

Alternative vehicles of communicating with the patient are utilized at the EC Laser & Surgery Institute of WI:

- We may speak with you personally by phone or on the premises
- We may leave a message on your voice-mail at home or at work
- We will send recall notices reminding you to make an appointment
- We will send appointment reminders by mail
- We will send notifications that you have failed your appointment
- We will send statements by mail

### **Our Responsibilities**

The EC Laser & Surgery Institute of WI is required to:

- Maintain the privacy of your health information
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations
- Notify you in the event that there has been a security breach of your unsecured health information

### **Who Will Follow This Notice:**

- Any healthcare professional authorized to enter information into your medical charts
- All departments and units of this healthcare facility
- All employees, staff, and other personnel we employ
- EC Laser & Surgery Institute of WI, including its affiliated entities, sites, and locations
  - In addition, these entities, sites, and locations may share medical information with each other for treatment, payment, or healthcare operations purposes as described in this notice

The EC Laser & Surgery Institute of WI reserves the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will make available to you a revised notice.

We will not use or disclose your health information without your authorization, except as described in this notice.

### **For More Information or to Report a Problem**

If you have questions and would like additional information, you may contact the Privacy Officer at (715) 261-8530.

If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_