

NOTICE OF PRIVACY PRACTICES

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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.

BAYCARE CLINIC, LLP
BAYCARE HEALTH SYSTEMS, LLC
("BayCare")

BayCare ("We", "Our", "Us") is required by law to provide its patients ("You", "Your") with this Notice of Privacy Practices (this "Notice") effective as of November 1, 2024. This Notice explains your rights related to your health information and some of our responsibilities to keep your protected health information ("PHI") private and secure. This Notice applies to any health care facility, medical staff, medical group or other health care entity now or in the future controlled by or under common control with BayCare and any of its affiliates or subsidiaries.

We are required to provide you with Notice of our legal duties and Privacy Practices with respect to your PHI. These legal duties and privacy practices are described in the Notice. We will follow the privacy practices in this Notice, or the Notice currently in effect at the time of the use, or disclosure of your PHI. We will provide you with a copy of this Notice before your first appointment with us, and at any other date when requested, in accordance with our Notice of Privacy Policy.

BayCare reserves the right to change the terms of this Notice, and to make any new provisions effective for all PHI that we maintain. You can request an electronic version of this Notice or any revised Notice by contacting the Privacy Officer as described below. You can also direct any other requests, Notices, or questions about this Notice to the Privacy Officer.

Uses and Disclosures of Your PHI Not Requiring Your Consent

Generally, we cannot use or disclose your PHI without your written permission. However, there are some disclosures allowed by law without your written permission. BayCare may use and disclose your PHI, without your written consent or authorization, for certain treatment, payment and healthcare operations. This includes PHI accessed or received from Advocate Aurora Health Care, Aurora BayCare Medical Center, and any Advocate Aurora affiliate and any other physician group or healthcare facility using the electronic medical record system provided by Advocate Aurora Health Care.

Examples include:

Treatment

To coordinate your healthcare amongst the providers who are treating you.

For example, your BayCare provider may determine that you require the services of another provider. When referring you to another provider, BayCare may share or transfer your healthcare information to that provider.

Payment Activities

To bill and get payment from health plans or other entities.

For example, BayCare will submit claims to your insurance company on your behalf. This claim identifies you, your diagnosis, and the services provided to you.

Healthcare Operations

To run our practice, improve your care, and contact you when necessary.

For example, BayCare may use your diagnosis, treatment, and outcome information to measure the quality of the services we provide, or to assess the effectiveness of your treatment when compared to patients in similar situations.

NOTICE OF PRIVACY PRACTICES

BayCare may verbally disclose your PHI to family members or friends who you identify as being involved with your treatment or care. Health information may be released without permission to a parent, guardian, or legal custodian of a child, the guardian of an incompetent adult, the healthcare agent designated in an incapacitated patient's healthcare power of attorney; or the personal representative or spouse of a deceased patient.

There are additional situations when BayCare is permitted or required to use or disclose your PHI without your consent or authorization. Examples include the following:

To legal authorities

We may release to legal authorities, such as law enforcement officials, court officials, or government agencies. For example, we may be required to report suspected abuse, neglect, domestic violence or certain physical injuries. We are required to report gunshot wounds or any other wound to law enforcement officials if there is reasonable cause to believe that the wound occurred as a result of a crime. Mental health records may be disclosed to law enforcement authorities for the purpose of reporting an apparent crime on our premises.

For public health activities

We may release healthcare records to certain government agencies or public health authorities authorized by law. 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

We are required to report positive HIV test results to the appropriate health authority, as required by state or federal law. We may also disclose HIV test results to other providers or persons when there has been or will be risk of exposure. We may report to the appropriate health authority, the name of any person known to have been significantly exposed to a patient who tests positive for HIV.

For health oversight activities

We may disclose healthcare records, including treatment records, in response to a written request by any federal or state governmental agency to perform legally authorized functions, such as management audits, financial audits, program monitoring and evaluation, and facility or individual licensure or certification.

Judicial and administrative proceedings

We can share health information about you in response to a court or administrative order, or in response to a subpoena. We will not disclose your PHI that is related to lawful reproductive healthcare in certain circumstances as required by law.

For activities related to death

We can share health information with a coroner, medical examiner, or funeral director when an individual dies. HIV test results may be disclosed under certain circumstances.

NOTICE OF PRIVACY PRACTICES

For research

Under certain circumstances, and only after a special approval process, we may use and disclose your information for health related research.

To avoid a serious threat to health or safety

We may report a patient's name and other relevant data to the Department of Transportation if it is believed the patient's vision or physical or mental condition affects the patient's ability to exercise reasonable or ordinary control over a motor vehicle. Healthcare information, including treatment records, may be disclosed where disclosure is necessary to protect the patient or community from imminent and substantial danger.

For workers' compensation

We may disclose your health information to an authorized representative of your employer, workers' compensation carrier and/or the Department of Workforce Development, to the extent such records are reasonably related to any injury for which workers' compensation is claimed.

Health information exchange

We may participate in the electronic exchange of health information with other entities for the allowable purposes of treatment, payment, or health care operations. In an effort to improve the quality and efficiency of health care in our communities, we may allow other health care providers to participate in a joint electronic health record.

Special Situations

Some types of health information are specifically protected under other state or federal laws and those laws may impose more restrictive requirements on disclosure of this information, even for purposes described above. When those more restrictive laws apply, we may need your written authorization to release these types of health information even in some cases, for the purposes of treatment, payment, and healthcare operations. Examples of types of health information that are subject to additional restrictions include HIV test results, and information related to treatment for mental illness, developmental disability, or alcohol or drug abuse.

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 will not make any other use or disclosure of your PHI not described in this Notice without your written authorization. You may revoke such authorization at any time, except to the extent that we've taken action already. You can get the required revocation form by visiting BayCare's website at www.baycareclinic.com or by calling 920-544-5414.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of your medical record

You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. We may require that you put your request in writing. The simplest way to access these records is through your patient portal, but you can also request a copy by visiting our website at www.baycareclinic.com or by calling 920-544-5414. We will provide you a copy or a summary of your health information, usually within 30 days of your request. We may charge you a reasonable fee for costs associated with your request as allowed by law. We are not required to allow you to see or copy information prepared for (or in anticipation for use) in a civil, criminal, or administrative action or proceeding.

NOTICE OF PRIVACY PRACTICES

BayCare is a partnership of specialty physicians that serves communities in northeast Wisconsin and Michigan's Upper Peninsula. Many of our physicians have clinic offices, but also see patients at area hospitals and surgery centers for procedures. Medical records related to care provided in a hospital or surgery center are not BayCare's records, but rather the records of the hospital or health system where the services are provided – therefore, they are maintained and can only be obtained via request from the facility where those services were provided.

Ask us to correct your medical record you believe to be incorrect or incomplete

If you believe that your medical record is inaccurate, you can ask us to correct it. Your request must be in writing and must include the reason(s) why you believe a change should be made. You can obtain the required form by contacting the clinic at which you received services or by contacting the Legal Department at 877-229-2273. We are not required to approve your request and will notify you of our decision and reasoning behind such decision within sixty (60) days of submission.

Ask for a list of those with whom we've shared information

You can ask for a list (accounting) 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. Requests and questions should be directed to 920-544-5414.

Ask us to limit what we use or share

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. You must request such a restriction in writing. In certain situations, we will say "yes" unless a law requires us to share that information. For example, 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. In this case, we may disclose only to healthcare providers treating you.

Request alternate form of communication

You may request that BayCare send PHI, including billing information, to you by alternative means or to alternative locations. For example, you may request that BayCare not send information to a particular address or location or contact you at a specific location such as your place of employment. We will do our best to accommodate reasonable requests by you.

Notification of a breach

BayCare is required by law to maintain the privacy of your information. BayCare will, in accordance with law, provide you with a notice of its legal duties and privacy practices with respect to your information and notify you following a breach of unsecured PHI if you are affected by it.

How to file a complaint

You may file a complaint with BayCare and/or the Secretary of Health and Human Services if you believe your privacy rights have been violated. To file a complaint with BayCare, please contact the Privacy Officer at the following:

NOTICE OF PRIVACY PRACTICES

Privacy Officer
BayCare Clinic, LLP
BayCare Health Systems, LLC
1035 Kepler Dr.
Green Bay, WI 54311
Email: LegalRequests@BayCareClinic.com
Phone: 877-229-2273

It is the policy of BayCare that no retaliatory action will be made against any individual who submits or conveys a complaint of suspected or actual non-compliance or violation of the privacy standards.

This Notice is prepared in accordance with the Health Insurance Portability and Accountability Act, 45 C.F.R. 164.520, and applicable state healthcare privacy laws.