

allow switchboard and other staff to tell people that you are a patient and what room you are in. Unless you object, we may include the following personal information in the facility directory: (i) your name; (ii) your location in the facility (iii) your general condition; and (iv) your religious affiliation (for clergy visits).

**Persons Involved in Your Care.** Unless you object, we may disclose your personal information to your family members, to close personal friends, or to any other person identified by you, if the information is directly relevant to that person's involvement with your care or payment related to your care. If you do not want us to disclose your personal information in these situations, you must let your caregivers know. We may also use or disclose your personal information to notify, identify or locate a member of your family. We will use our best judgment and experience in allowing people to pick up, on your behalf, filled prescriptions, medical supplies, x-rays or other forms of personal information. In some cases, we may require the person to show proper ID, and we may also require a signed authorization from you.

**Fundraising Activities.** We may contact you to raise money to support our mission. We may share limited information about you with our foundations so that the foundations can contact you about fundraising activities. If we or our foundations contact you to encourage a donation, you will be given the chance to tell us not to contact you about future donations.

### Your Privacy Rights, and How To Exercise Them

State and federal laws give patients several rights that relate to the privacy of their personal information. Each of these rights is described below. Any request by you to exercise these rights must be received by us in writing. If you would like more information on these rights, you may inquire using the Contact Information below.

- **Right to Review and Copy your Personal Information.** We maintain a designated record set of our patients' medical records, billing records and other records used to make decisions about our patients and their care. You have a right to inspect and obtain a copy of your personal information that we maintain in this designated record set. If the designated record set is maintained in an Electronic Health Record, you may request a copy of your personal information in electronic format. We reserve the right to determine the format.
- **Right to Request an Amendment of Your Personal Information.** You have the right to request an amendment of your personal information in our designated record set. We will consider your request, but we are not required to agree to your changes.
- **Right to Restrict Disclosures to Health Plans.** You have the right to prohibit us from disclosing to your health plan personal information related to a particular service, if you pay us for that service up front and in full.
- **Right to Request Other Restrictions of Your Personal Information.** You have the right to ask us not to use or disclose your personal information for any of the purposes described in this notice. We will consider your request, but we are not required to agree to your request.
- **Right to Request Confidential Communications.** You have the right to ask us to communicate with you about confidential matters by alternative means or at alternative locations. We will make reasonable efforts to accommodate your request.
- **Right to Receive an Accounting of Disclosures.** Subject to certain exceptions, you have the right to receive from us an accounting, or listing, of instances when we released your personal information to nonaffiliated third parties.
- **Right to Obtain a Copy of this Notice.** You can request an additional copy of this notice using the Contact Information below. This notice is also available at [www.healthpartners.com](http://www.healthpartners.com).
- **Right to Complain about Our Privacy Practices.** If you believe we have violated your privacy rights, you may complain to us directly (see Contact Information below) or to the Office for Civil Rights of the United States Department of Health and Human Services. You may file a complaint with either us or the Office for Civil Rights without fear of reprisal.

### Contact Information

We encourage you to contact us if you have any questions about this Notice of Privacy Practices or your privacy rights.

- If you are a hospital or transitional care patient, please contact:
  - **Regions Hospital:** Patient Representative Office: 651-254-2372
  - **Westfields Hospital:** Privacy Officer: 715-243-2783
  - **Hudson Hospital & Clinics:** Privacy Officer: 715-531-6247
  - **North St. Paul Transitional Care Center:** Administration: 651-777-7435
- If you are a clinic patient, please contact the manager at your clinic.
- If you are a home care or hospice patient, please contact your case manager.
- Any patient is also welcome to contact our Privacy Office at 1-866-444-3493.

### ■ Section 3 – HealthPartners Health Plan Privacy Practices

A description of our health plan privacy practices and the privacy rights of our health plan members can be obtained by contacting HealthPartners Member Services at 952-967-5000, toll free at 1-800-883-2177 or 952-883-5127 (TTY). You can also find a copy of our health plan notice at [www.healthpartners.com](http://www.healthpartners.com).



HealthPartners Family of Care

535 Hospital Road  
New Richmond, WI 54017  
(715) 243-2600

[www.westfieldshospital.com](http://www.westfieldshospital.com)

05/01/2010 CC801

# Notice of Privacy Practices for Clinics, Hospitals and Other Care Providers Affiliated with HealthPartners

Effective May 1, 2010



*This notice describes how we manage,  
use and protect your personal information.*  
**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.**



HealthPartners Family of Care

**This notice is divided into three sections:**

- **An overview of our privacy practices;**
- **A detailed description of those practices in our care delivery settings and the privacy rights of our patients; and**
- **A summary of how our health plan members can get information about those practices and rights.**

■ **Section 1 - Summary Notice**

We are required by law to maintain the privacy of your personal information and to provide and abide by the terms of this notice. We reserve the right to change the terms of this notice and make the changes effective for all the information we maintain. If you are a patient, a current notice will be prominently displayed at our care delivery sites and given to you if you ask. If we materially change our notice and you are a health plan member, you will receive a new notice within 60 days of the change. Our privacy notice is also available at [healthpartners.com](http://healthpartners.com).

We use and disclose your personal information to help with your treatment, payment for your treatment and our health care operations, and in other ways permitted or required by law. When the law requires us to get your permission before we release your information to another organization or person, we do so as described in the more detailed portions of this notice.

You have other rights related to your privacy. Those rights, and how you may exercise them, are described in the more detailed portions of this notice.

■ **Section 2 – Description of Our Care Delivery Privacy Practices**

This portion of our privacy notice describes how we, as health care providers and care facilities, manage and protect patients’ personal information. It also describes how you, as a patient, may exercise your rights with regard to your personal information.

The HealthPartners family (“we” or “us”) includes these affiliate organizations:		
• Group Health Plan	• HealthPartners Insurance Company	• Regions Hospital
• HealthPartners	• HealthPartners Central Minnesota Clinics	• HealthPartners Dental Group and Clinics
• HealthPartners Hospice and Palliative Care	• Hudson Hospital & Clinics	• HealthPartners Medical Group and Clinics
• Integrated Home Care	• North St. Paul Transitional Care Center	• North Suburban Family Physicians
• Physicians Neck & Back Clinics	• Western Wisconsin Emergency Medical Services/Unity Ambulance	• RHSC
• RiverWay Clinics		• Westfields Hospital

*This list of affiliates may change from time to time.*

**What is “Personal Information”?**

“Personal information” is information that identifies you and that relates to your past, present, or future physical or mental health, healthcare services and payment for those services. Personal information includes health information (such as diagnosis and treatment plans) as well as demographic information (such as your name, address, phone number, patient ID, social security or other identification number and date of birth).

**How We Use and Disclose Your Personal Information**

We use and disclose your personal information only as needed to conduct or support treatment, payment or related health care operations, or as otherwise authorized by you or by law. Examples include:

- To provide healthcare services to you and coordinate care with your other providers;
- To arrange for payment for services provided to you; and
- To train our providers or to conduct quality reviews.

We may also use your information to contact you about appointments and let you know about other health services, treatment alternatives or other health-related benefits and services that may be of interest to you.

In some cases we participate in an organized health care arrangement. Providers that participate in an organized health care arrangement will use and share your personal information as necessary to carry out your treatment, payment or for its health care operations. An example of an organized health care arrangement is a hospital and doctors on that hospital’s medical staff. The hospital and these doctors work together to provide you care. This notice covers the medical staff members who provide care to you in the hospital (unless they give you their own notice of privacy practices).

**When We Use or Disclose Your Personal Information with Your Permission**

In some situations, we may be required by State law to obtain your written consent in order to share your personal information with nonaffiliated people or organizations for treatment, payment or health care operations. If so, we may ask you to give us this consent every year or more frequently. If you do not give us this consent, then we may be unable to bill your payor for your services and may need to bill you personally instead.

There may also be times when we use or disclose your personal information in a way that is not considered treatment, payment or health care operations, and is not otherwise required or permitted by law, as described in this notice. In those situations, we are required to get your specific written authorization. If you do not wish to give your authorization, you may refuse without fear of reprisal. You may revoke your authorization in writing at any time, except if we have already relied upon it.

**Our Other Uses and Disclosures of Your Personal Information**

**Sharing when Required or Permitted by Law.** In some situations we may be required or permitted to use or disclose your personal information without your permission. Examples of these kinds of uses and disclosures include:

- When required by law;
- To treat you in a medical emergency, where you are unable to give us your permission due to your condition;
- To public authorities, for purposes of tracking controlled substance prescriptions, tracking and managing certain diseases, injuries and other health conditions, and protecting public safety, averting serious threats, disaster recovery efforts and national security;
- To report instances of abuse or neglect, or other crimes;
- To health oversight agencies, such as the State Department of Health;
- In response to court orders and administrative demands;
- To law enforcement in certain circumstances, such as in response to a search warrant or to report a crime; to correctional institutions relating to healthcare of persons in custody;
- To medical examiners or coroners;
- For certain organ, eye or tissue donation purposes to aid in the donation or transplant of the organs, eyes or tissue; or
- For workers’ compensation purposes.

**Health Research.** Sometimes our providers do health research in conjunction with the HealthPartners Research Foundation and nonaffiliated research organizations. In order for your personal information to be used or disclosed for research purposes, you generally must give us your permission. Only in certain circumstances may your personal information be used or disclosed without your authorization. For more information on the HealthPartners Research Foundation, visit the Research Foundation website at [www.hprf.org](http://www.hprf.org).

**Health Information Exchanges and Interoperability.** We may participate in health information exchanges, record locator services and other similar activities designed to enable us and other providers to give you safer and more efficient care. We will get your permission to share your personal information for these purposes if required by law.

**Facility Directories.** In some of our inpatient facilities, we may create and maintain a facility directory. Facility directories