



# *Notice of Privacy 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.

*Aurora BayCare  
Medical Center*



Aurora Health Care®



BAYCARE CLINIC™



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## *Our commitment*

A principal goal of BayCare Aurora , LLC, a limited liability affiliate and a member of the Aurora Health Care, Inc. system (*hereinafter referred to as "Aurora BayCare Medical Center"*) is to keep you healthy and to offer services that will meet your needs. In order to perform these services, we collect, create, use, and disclose information about you. Aurora BayCare Medical Center is dedicated to keeping your health information private, in accordance with federal and state law. As required by the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), we provide you with this notice of our legal duties with respect to health information. We are required to follow the terms of this notice currently or any revision to it that is in effect. We reserve the right to make changes to this notice as allowed by law. Changes to our privacy practices will apply to all health information we maintain.

If we change this notice, you can access the revised notice using one of these options:

- At any of the registration areas of our hospitals and clinics;
- From home health, hospice, nursing home, retail pharmacy, or optical staff; or
- From our website ([www.AuroraHealthCare.org](http://www.AuroraHealthCare.org)).

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## *How we may use and disclose your health information*

We may use your health information and disclose it to appropriate persons, authorities and agencies, as allowed by federal and state law. We may do this without your written permission for the following purposes:

**Treatment.** As we treat you, we may need to use and disclose your health information to other health care providers within or outside of the Aurora Health Care system. For example, a doctor may use the information in your medical record to find the best treatment option for you or a pharmacist may call your doctor to ask questions about a prescription. In some cases, our staff may use or disclose your health information to help your doctor and our health care team manage your disease.

**Payment.** We may use your health information and disclose it to insurance companies or employer health plans, and to others in order to receive payment for your bill. For example, we must submit a bill to your insurance company that states your name, what is wrong with you, how we are treating you, and other information in order for us to receive payment. In certain situations, we may disclose your health information to a collection agency if a bill is not paid.

**Health Care Operations.** We may use the information in your medical record to help us improve the quality or cost of the care we give or to respond to appropriate questions about the care provided. For example, we may study how doctors and nurses manage patient treatment after surgery, to learn the best way to help patients recover. We may use your health information to look at the care you received from doctors, nurses, pharmacists, or other health care professionals. We may disclose your health information to another health care professional that you have seen so they may improve their quality or cost.

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**Reminders and Information Sharing.** We may use your health information to remind you of an appointment or to tell you about treatment options or health products and services that may be of interest to you. For example, we may send you a letter telling you about a new health care facility that is opening in your area.

**Fundraising.** In support of our charitable mission, we may use your health information (for example, your name, address, phone number and treatment dates) to contact you about supporting our fundraising efforts. Through philanthropy, we seek to advance our patient care programs and services. For example, we use charitable gifts to fund heart and cancer research and needed charity care.

### *Other ways we may disclose your health information*

We may also use and disclose your health information without your written permission for the following purposes:

**Hospital and Nursing Home Patient Directory.** If you are hospitalized or a resident in a nursing home, we may keep brief information about you in our directory. Unless you tell us otherwise, we may disclose where you are in our facility (for example, your room or phone number) and your general health condition (for example “stable” or “good”) to anyone who asks for you by name. We will also disclose your religious affiliation to clergy, even if they do not ask for you by name.

**Family and Friends for Care and Payment.** Unless you request otherwise and in emergency situations, we may disclose information to your family members, relatives, close friends, or others who are helping care for you or helping you pay your medical bills. For example, we may tell these persons where you are and how you are doing.

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**Disaster Relief Efforts.** We may disclose your health information to organizations for the purpose of disaster relief efforts.

**Required by Law.** We may disclose your health information when required by law to do so.

**Public Health.** We may disclose your health information to authorities to help prevent or control disease, injury, or disability. For example, we are required to report certain diseases (for example, cancer), injuries, birth or death information, and information of concern to the Food and Drug Administration (FDA) and the State of Wisconsin. We may also report work-related illnesses and injuries to your employer for workplace safety purposes.

**Reporting Victims of Abuse or Neglect.** We may disclose your health information, if we believe you have been a victim of abuse or neglect, to a government authority if required or allowed by law, or if you agree to the disclosure.

**Health Care Oversight.** We may disclose your health information to authorities and agencies for oversight activities allowed by law, including audits, investigations, inspections, licensing, disciplinary actions, or legal proceedings. These activities are necessary for oversight of the health care system, government programs and civil rights laws.

**Legal Proceedings.** We may disclose your health information in the course of certain legal proceedings. For example, we may disclose your information in response to a court order.

**Law Enforcement.** We may disclose your health information to law enforcement officials for specific purposes. For example, we may disclose your health information when required by law to report certain injuries.

**Death.** We may disclose your health information to coroners, medical examiners (for example, to find out the cause of death) and funeral directors so they can carry out their duties.

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**Organ, Eye, or Tissue Donation.** We may disclose information to people involved in obtaining, storing or transplanting donated organs, eyes or tissue.

**Research.** We may disclose your health information to researchers who have received approval from the Aurora Health Care, Inc. Institutional Review Board to conduct a specific research project. These researchers agree not to disclose information that would allow you to be identified, except as allowed by law. For example, a research study may measure the success of a treatment or medication in treating or curing a targeted illness or condition.

**Serious Threats to Health or Safety.** We may disclose your health information to the proper authorities if we believe in good faith that this will help prevent or lessen a serious threat to your or the public's health or safety. We do so as allowed by law and standards of ethical conduct.

**Military, National Security, Law Enforcement Custody.** We may disclose your health information to the proper authorities so they may carry out their duties under the law. This applies if you are or were involved with the military, national security or intelligence activities. It also applies if you are in the custody of law enforcement officials or an inmate in a correctional institution.

**Workers' Compensation.** We may disclose your information in order to comply with the laws related to workers' compensation or similar programs. These programs may provide benefits for work-related injuries or illness.

*We may use or disclose your information only with your written permission, except as described in the previous sections. If you give us your permission, you may withdraw such permission at any time by notifying us in writing, except if we have already taken action based upon your permission.*

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## *A note on other restrictions*

Please be aware that state and federal law may have more requirements than HIPAA on how we use and disclose your health information. If there are specific more restrictive requirements, even for some of the purposes listed above, we may not disclose your health information without your written permission as required by such laws. For example, we will not disclose your HIV test results without obtaining your written permission, except as permitted by state law. We may also be required by law to obtain your written permission to use and disclose your information related to treatment for a mental illness, developmental disability, or alcohol or drug abuse.

There may be other restrictions on how we use and disclose your health information than those listed above. We believe state and federal laws discussing such restrictions are Wisconsin Statutes Sections 146.82, 51.30, 252.15, 895.50 and 905.04; Wisconsin Administrative Code HFS 92 and 124.14; and 42 C.F.R. Part 2 and 45 C.F.R. Parts 160 and 164. If you would like a copy of these laws, please contact our Chief Privacy Officer at (414) 647-6404.

## *Your health information rights*

As a patient or customer who receives health care services from Aurora Health Care, Inc., you have the right to:

**Read and copy your health information.** With a few exceptions, you have the right to read and obtain a copy of your health information. We may charge you a reasonable fee if you want a copy of your health information. If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision.

- To obtain your health information, contact the Health Information/Medical Record Department of the facility where you were treated.
- To obtain your billing information, contact the Central Business Office.
- To request information from a retail pharmacy or optical shop, inquire at the counter.

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**Request to correct your health information.** If you believe there is an error in your health information or something has been left out, you may ask us to correct the information. You must make the request in writing and give the reason why your health information should be changed. If we did not create the information you believe is incorrect, or if we disagree with you and believe your health information is correct, we will deny your request. You may appeal to us in writing if we deny your request.

- To request a correction to your health information, contact the Health Information/Medical Record Department of the facility where you were treated.
- To request a correction from a retail pharmacy or optical shop, inquire at the counter.

**Request to restrict certain uses and disclosures of your information.** You have the right to ask that we restrict how your health information is used or disclosed. *Under the law, we are not required to agree to your request.* In some cases, we may not be able to agree to your request because we do not have a way to tell everyone who would need to know about the restriction. There are other instances in which we are not required to agree with your request. We will inform you when we cannot find a way to carry out your request. You may request a restriction in these ways:

- Ask during the registration or sign-in process;
- Ask the person giving you care (e.g., physician, nurse, pharmacist);
- Contact the Health Information/Medical Record Department; or
- Contact the central business office for billing-related requests.

**Receive information at a different place or by different means.** You have the right to ask that we send information to you in different ways or at different places. For example, you may wish to receive a test result at an address other than your home address. We will grant reasonable requests.

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**Receive a record of how we disclosed your health information.** You have the right to ask us in writing for a list of places or persons to whom your health information was disclosed during the past six years. The list will contain the date your health information was disclosed to others, who received the information, a brief description of what was disclosed and why. However, the list will not include disclosures for the following purposes: treatment, payment, health care operations, hospital/nursing home patient directories, family and friends for care and payment, national security or intelligence, and law enforcement/corrections. In addition, the list will not include information that was disclosed to you and to others with your permission, incidental disclosures and disclosures of limited or de-identified health information. We must provide you the list within 60 days of your request, unless you agree to a 30-day extension. You will not be charged for this list, unless you request more than one list per year.

- The request must be for health information disclosed on or after April 14, 2003.
- To request this list, contact the Health Information/Medical Record Department at the facility where you were treated.
- If you wish to request a list from a pharmacy or optical store, inquire at the counter.

**Obtain a paper copy of this notice.** Upon your request, you may at any time receive a paper copy of this notice. This notice is available at the registration desks and customer service counters of all our facilities. It is also on our website at [www.AuroraHealthCare.org](http://www.AuroraHealthCare.org).

**File a complaint.** You have the right to file a complaint with us if you believe your privacy rights have been violated. To file a complaint, call the Chief Privacy Officer at (414) 647-6404. You also have the right to complain to the United States Secretary of the Department of Health and Human Services. We will not take any action against you for filing a complaint.

## ***Contact for information, questions, or concerns***

If you have questions or concerns about your privacy rights, Aurora BayCare Medical Center's privacy-related policies or the information contained in this notice, please contact our Chief Privacy Officer at (414) 647-6404.

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## ***Who will use this notice to meet federal law notice requirements?***

Aurora BayCare Medical Center provides health care to patients, residents and clients jointly with health care providers and other organizations. The following persons and entities, who have agreed to be bound by this notice, will jointly use this notice for convenience to meet federal law requirements; provided that, each person and entity is solely and separately responsible and liable for complying with this notice and applicable law (and Aurora BayCare Medical Center is only liable for its own violations):

- All employed staff or volunteers of Aurora BayCare Medical Center, including staff of other Aurora Health Care, Inc. affiliated entities.
- Any health care professional who agrees to be bound by this notice and who treats you at any of our facilities with respect to your information stored at the facility. Please be aware that many health care professionals are independent contractors, which means they are not employed or controlled by Aurora BayCare Medical Center or an Aurora Health Care, Inc. affiliated entity. Such independent health care professionals may have different policies or notices regarding the use or disclosure of your health information stored at their office and that each person or entity is independently responsible for their own compliance with this notice and federal and state law. You should determine if your health care professional is employed or controlled by Aurora BayCare Medical Center or an Aurora Health Care, Inc. affiliated entity.
- Any of our business partners or associates with whom we share health information and who agree to be bound by this notice.

***This notice is effective on and after April 14, 2003, unless and until it is revised by Aurora Health Care, Inc.***

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## *Notice of Privacy Practices*

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

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