



Allen Family Medicine

IPW Independent Physicians of Wisconsin

This notice describes how your medical information may be used and disclosed and how you can get access to this information.

Please review it carefully

This Facility is required by law to provide you with this Notice of Privacy Practices (hereafter: "Notice") so that you will understand how we may use or share your information from your Designated Record Set. The Designated Record Set includes financial and health information referred to in this Notice as "Protected Health Information" ("PHI") or simply "health information." We are required to adhere to the terms outlined in this Notice. If you have any questions about this Notice, please contact our HIP AA Compliance Officer.

Understanding your health record and information

Each time you are admitted to our Facility, a record of your stay is made containing health and financial information. Typically, this record contains information about your condition, the treatment we provide and payment for the treatment. We may use and/ or disclose this information to:

- plan your care and treatment
- communicate with other health professionals involved in your care
- document the care you receive
- educate health professionals
- provide information for medical research
- provide information to public health officials
- evaluate and improve the care we provide
- obtain payment for the care we provide

Understanding what is in your record and how your health information is used helps you to:

- ensure it is accurate
- better understand who may access your health information
- make more informed decisions when authorizing disclosure to others

How we may use and disclose protected health information about you

The following categories describe the ways that we use and disclose health information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall into one of the categories.

For Treatment

We may use or disclose health information about you to provide you with medical treatment. We may disclose health information about you to Facility personnel who are involved in taking care of you at our Facility. Different departments of a Facility also may share health information about you in order to coordinate your care. We may also disclose health information about you to people outside the Facility who may be involved in your care after you leave a Facility. This may include family members, or visiting nurses to provide care in your home.

For Payment

We may use and disclose health information about you so that the treatment and services you receive at a Facility may be billed to you, an insurance company or a third party. For example, in order to be paid, we may need to share information with your health plan about services provided to you. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations

We may use and disclose health information about you for our day-to-day health care operations. This is necessary to ensure that all residents receive quality care. For example, we may use health information for quality assessment and improvement activities and for developing and evaluating clinical protocols.

We may also combine health information about many residents to help determine what additional services we should offer, what services should be discontinued, and whether certain new treatments are effective. Health information about you may be used for business development and planning, cost management analyses, insurance claims management, risk management activities, and in developing

and testing information systems and programs. We may also use and disclose information for professional review, performance evaluation, and for training programs.

Other aspects of health care operations that may require use and disclosure of your health information include accreditation, certification, licensing and credentialing activities, review and auditing, including compliance reviews, medical reviews, legal services and compliance programs. Your health information may be used and disclosed for the business management and general activities of the Facility including resolution of internal grievances and customer service.

In limited circumstances, we may disclose your health information to another entity subject to HIP AA for its own health care operations. We may remove information that identifies you so that the health information may be used to study health care and health care delivery without learning the identities of residents.

We may disclose your age, birth date, and general information about you in the Facility newsletter, on activities calendars, and to entities in the community that wish to acknowledge your birthday or commemorate your achievements on special occasions. If you are receiving therapy services, we may post your photograph and general information about your progress.

Other allowable uses of your health information

Business Associates

There may be some services provided in our Facility through contracts with business associates. When these services are contracted, we may disclose your health information so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Treatment alternatives

We may use and disclose health information to tell you about possible treatment options or alternatives that may be of interest to you.

Health-related benefits and services and reminders

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Individuals Involved in your care of payment of your care

Unless you object, we may disclose health information about you to a friend or family member who is involved in your care. We may also give information to someone who helps pay for your care. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

As required by law

We will disclose health information about you when required to do so by federal, state or local law.

To avert serious threats to health or safety

We may use and disclose health information about you to prevent a serious threat to your health and safety or the health and safety of the public or another person. We would do this only to help prevent the threat.

Organ and tissue donation

If you are an organ donor, we may disclose health information to organizations that handle organ procurement to facilitate donation and transplantation.

Military and veterans

If you are a member of the armed forces, we may disclose health information about you as required by military authorities. We may also disclose health information about foreign military personnel to the appropriate foreign military authority.

Research

Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all residents who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of health information, trying to balance the research needs with residents' need for privacy of their health information. Before we use or disclose health information for research, the project will have been approved through this research approval process. We may, however, disclose health information about you to people preparing to conduct a research project so long as the health information they review does not leave a Facility.

Workers' compensation

We may disclose health information about you for workers' compensation or similar programs. These

programs provide benefits for work-related injuries or illness.

Other disclosures

Reporting Federal and state laws may require or permit the Facility to disclose certain health information related to the following:

Public health risks

We may disclose health information about you for public health purposes, including:

- Prevention or control of disease, injury or disability
- Reporting births and deaths
- Reporting child abuse or neglect
- Reporting reactions to medications or problems with products
- Notifying people of recalls of products
- Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease
- Notifying the appropriate government authority if we believe a resident has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health oversight activities

We may disclose health information to a health oversight agency for activities authorized by law.

These oversight activities may include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Judicial and administrative proceedings

If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Reporting abuse, neglect, or domestic violence

Notifying the appropriate government agency if we believe a resident has been the victim of abuse,

neglect or domestic violence.

Law enforcement

We may disclose health information when requested by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About you, the victim of a crime if, under certain limited circumstances, we are unable to obtain your agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the Facility; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the

identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors

We may disclose medical information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also disclose medical information to funeral directors as necessary to carry out their duties.

National security and intelligence activities

We may disclose health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Correctional institution

Should you be an inmate of a correctional institution, we may disclose to the institution or its agents health information necessary for your health and the health and safety of others.

Other uses of health information

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Your rights regarding health information about you

Although your health record is the property of the Facility, the information belongs to you. You have

the following rights regarding your health information:

Right to inspect and copy

With some exceptions, you have the right to review and copy your health information.

You must submit your request in writing our HIP AA Compliance Officer.

We may charge a fee for the costs of copying, mailing or other supplies associated with your request.

Right to amend

If you feel that health information in your record is incorrect or incomplete, you may ask us to amend the information. You have this right for as long as the information is kept by or for the Facility.

You must submit your request in writing to our HIP AA Compliance Officer.

In addition, you must provide a reason for your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the health information kept by or for the Facility; or
- Is accurate and complete.

Right to an accounting disclosure

You have the right to request an "accounting of disclosures". This is a list of certain disclosures we made of your health information, other than those made for purposes such as treatment, payment, or health care operations.

You must submit your request in writing to our HIP AA Compliance Officer. Your request must state a time period which may not be longer than six years from the date the request is submitted and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a twelve-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to request restrictions

You have the right to request a restriction or limitation on the health information we use or disclose about you. For example, you may request that we limit the health information we disclose to

someone who is involved in your care or the payment for your care. You could ask that we not use or disclose information about a surgery you had to a family member or friend.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

You must submit your request in writing to our HIP AA Compliance Officer.

In your request, you must tell us:

1. what information you want to limit
2. whether you want to limit our use, disclosure or both
3. to whom you want the limits to apply, for example, disclosures to your spouse

Right to request alternate communications

You have the right to request that we communicate with you about medical matters in a confidential manner or at a specific location. For example, you may ask that we only contact you via mail to a post office box.

You must submit your request in writing to our HIP AA Compliance Officer.

We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

Right to a paper copy of this notice

You have the right to a paper copy of this Notice of Privacy Practices even if you have agreed to receive the Notice electronically. You may ask us to give you a copy of this Notice at any time.

Changes to this notice

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in the Facility and on the website.

The Notice will specify the effective date on the first page, in the top right-hand corner. In addition, if material changes are made to this Notice, the Notice will contain an effective date for the revisions and copies can be obtained by contacting the Facility administrator.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Facility or with the Secretary of the Department of Health and Human Services.

To file a complaint with the Facility, contact our HIP AA Compliance Officer.

All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Contact us

If you wish to contact us regarding the terms in this Notice, please contact:

Name: Mohammad Khan, MD

Phone number: (414) 875-0505

Email: mkhan@ipw-offices.org



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Notice of Privacy Practices for Substance Use Disorder

These privacy policies are in addition to the policies under HIPPA. (Please see our general privacy policy as well). If there is a conflict between the two policies the one that protects your information more will be followed.

Allen Family Medicine-IPWS, its facilities and subsidiaries, and all associates are committed to providing you with quality behavioral healthcare services. An important part of that commitment is protecting your health information according to applicable law. This notice (“Notice of Privacy Practices”) describes your rights and our duties under Federal Law. Protected health information (“PHI”) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition; the provision of healthcare services; or the past, present, or future payment for the provision of healthcare services to you.

OUR DUTIES

We are required by law to maintain the privacy of your PHI; provide you with notice of our legal duties and privacy practices with respect to your PHI; and to notify you following a breach of unsecured PHI related to you. We are required to abide by the terms of this Notice of Privacy Practices. This Notice of Privacy Practices is effective as of the date listed on the first page of this Notice of Privacy Practices. This Notice of Privacy Practices will remain in effect until it is revised. We are required to modify this Notice of Privacy Practices when there are material changes to your rights, our duties, or other practices contained herein.

We reserve the right to change our privacy policy and practices and the terms of this Notice of Privacy Practices, consistent with applicable law and our current business processes, at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. Notification of revisions of this Notice of Privacy Practices will be provided as follows:

- Upon request.
- Electronically via our website or via other electronic means.
- As posted in our place of business.

In addition to the above, we have a duty to respond to your requests (e.g. those corresponding to your rights) in a timely and appropriate manner. We support and value your right to privacy and are committed to maintaining reasonable and appropriate safeguards for your PHI.

CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE RECORDS

The confidentiality of alcohol and drug abuse patient records maintained by us is protected by Federal law and regulations. Generally, we may not say to a person outside the treatment center that you are a patient of the treatment center, or disclose any information identifying you as an alcohol or drug abuser unless:

- You consent in writing (as discussed below in “Authorization to Use or Disclose PHI”);
- The disclosure is allowed by a court order (as discussed below in “Uses and Disclosures”); or
- The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation (as discussed below in “Uses and Disclosures”).
- Violation of the Federal law and regulations by the treatment center is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

Federal law and regulations do not protect any information about a crime committed by you either at the treatment center or against any person who works for the treatment center or about any threat to commit such a crime (as discussed below in “Uses and Disclosures”).

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities (as discussed below in “Uses and Disclosures”).

See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR part 2 for Federal regulations.

USES AND DISCLOSURES

Uses and disclosures of your PHI may be permitted, required, or authorized. The following categories describe various ways that we use and disclose PHI.

Among Allen Family Medicine-IPW personnel

We may use or disclose information between or among personnel having a need for the information in connection with their duties that arise out of the provision of diagnosis, treatment, or referral for treatment of alcohol or drug abuse, provided such communication is: (i) Within the treatment center; or (ii) Between the treatment center and other locations of the Independent Physicians of Wisconsin. For example, our staff, including doctors, nurses, and clinicians, will use your PHI to provide your treatment care. Your PHI may be used in connection with billing statements we send you and in connection with tracking charges and credits to your account. Your PHI will be used to check for eligibility for insurance coverage and prepare claims for your insurance company where appropriate. We may use and disclose your PHI in order to conduct our healthcare business and to perform functions associated with our business activities, including accreditation and licensing.

Secretary of Health and Human Services.

We are required to disclose PHI to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA Privacy Rules.

Business Associates

We may disclose your PHI to Business Associates that are contracted by us to perform services on our behalf which may involve receipt, use or disclose of your PHI. All of our Business Associates must agree to: (i) Protect the privacy of your PHI; (ii) Use and disclose the information only for the purposes for which the Business Associate was engaged; (iii) Be bound by 42 CFR Part 2; and (iv) if necessary, resist in judicial proceedings any efforts to obtain access to patient records except as permitted by law.

Crimes on Premises

We may disclose to law enforcement officers information that is directly related to the commission of a crime on the premises or against our personnel or to a threat to commit such a crime.

Reports of Suspected Child Abuse and Neglect

We may disclose information required to report under state law incidents of suspected child abuse and neglect to the appropriate state or local authorities. However, we may not disclose the original patient records, including for civil or criminal proceedings which may arise out of the report of suspected child abuse and neglect, without consent.

Court Order

We may disclose information required by a court order, provided certain regulatory requirements are met.

Emergency Situations

We may disclose information to medical personnel for the purpose of treating you in an emergency.

Research

We may use and disclose your information for research if certain requirements are met, such as approval by an Institutional Review Board.

Audit and Evaluation Activities

We may disclose your information to persons conducting certain audit and evaluation activities, provided the person agrees to certain restrictions on disclosure of information.

Reporting of Death

We may disclose your information related to cause of death to a public health authority that is authorized to receive such information.

AUTHORIZATION TO USE OR DISCLOSE PHI

Other than as stated above, we will not use or disclose your PHI other than with your written authorization. Subject to compliance with limited exceptions, we will not use or disclose psychotherapy notes, use or disclose your PHI for marketing purposes, or sell your PHI unless you have signed an authorization (We do not sell your PHI ever, but we still have to tell you that we cannot do so without your permission). If you or your representative authorize us to use or disclose your PHI, you may revoke that authorization verbally or writing at any time to stop future uses or disclosures. We will honor oral

revocations upon authenticating your identity until a written revocation is obtained. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.

PATIENT/CLIENT RIGHTS

The following are the rights that you have regarding PHI that we maintain about you. Information regarding how to exercise those rights is also provided. Protecting your PHI is an important part of the services we provide you. We want to ensure that you have access to your PHI when you need it and that you clearly understand your rights as described below.

RIGHT TO NOTICE

You have the right to adequate notice of the uses and disclosures of your PHI, and our duties and responsibilities regarding same, as provided for herein. You have the right to request both a paper and electronic copy of this Notice. You may ask us to provide a copy of this Notice at any time. You may obtain this Notice on our website at www.allenfamilymedicine.com or from facility staff.

RIGHT OF ACCESS TO INSPECT AND COPY

You have the right to access, inspect and obtain a copy of your PHI for as long as we maintain it as required by law. This right may be restricted only in certain limited circumstances as dictated by applicable law. All requests for access to your PHI must be made in writing. Under a limited set of circumstances, we may deny your request. Any denial of a request to access will be communicated to you in writing. If you are denied access to your PHI, you may request that the denial be reviewed. Another licensed health care professional chosen by Allen Family Medicine-IPW will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the decision made by the designated professional. If you are further denied, you have a right to have a denial reviewed by a licensed third-party healthcare professional (i.e. one not affiliated with us). We will comply with the decision made by the designated professional.

We may charge a reasonable, cost-based fee for the copying and/or mailing process of your request. As to PHI which may be maintained in electronic form and format, you may request a copy to which you are otherwise entitled in that electronic form and format if it is readily producible, but if not, then in any readable form and format as we may agree (e.g. PDF). Your request may also include transmittal directions to another individual or entity.

RIGHT TO AMEND

If you believe the PHI we have about you is incorrect or incomplete, you have the right to request that we amend your PHI for as long as it is maintained by us. The request must be made in writing and you must provide a reason to support the requested amendment. Under certain circumstances we may deny your request to amend, including but not limited to, when the PHI: was not created by us, is excluded from access and inspection under applicable law, or is accurate and complete. If we deny amendment, we will provide the rationale for denial to you in writing. You may write a statement of disagreement if your request is denied. This statement will be maintained as part of your PHI and will be included with any disclosure. If we accept the amendment we will work with you to identify other healthcare stakeholders that require notification and provide the notification.

RIGHT TO REQUEST AN ACCOUNTING OF DISCLOSURES

We are required to create and maintain an accounting (list) of certain disclosures we make of your PHI. you have the right to request a copy of such an accounting during a time period specified by applicable law prior to the date on which the accounting is requested (up to six years). You must make any request for an accounting in writing. We are not required by law to record certain types of disclosures (such as disclosures made pursuant to an authorization signed by you), and a listing of these disclosures will not be provided. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. We will notify you of the fee to be charged (if any) at the time of the request.

RIGHT TO REQUEST RESTRICTIONS

You have the right to request restrictions or limitations on how we use and disclose your PHI for treatment, payment, and operations. We are not required to agree to restrictions for treatment, payment, and healthcare operations except in limited circumstances as described below. This request must be in writing. If we do agree to the restriction, we will comply with restriction going forward, unless you take affirmative steps to revoke it or we believe, in our professional judgment, that an emergency warrants circumventing the restriction in order to provide the appropriate care or unless the use or disclosure is otherwise permitted by law. In rare circumstances, we reserve the right to terminate a restriction that we have previously agreed to, but only after providing you notice of termination.

OUT-OF-POCKET PAYMENTS

If you have paid out-of-pocket (or in other words, you or someone besides your health plan has paid for your care) in full for a specific item or service, you have the right to request that your PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or healthcare operations, and we are required by law to honor that request unless affirmatively terminated by you in writing and when the disclosures are not required by law. This request must be made in writing.

RIGHT TO CONFIDENTIAL COMMUNICATIONS

You have the right to request that we communicate with you about your PHI and health matters by alternative means or alternative locations. Your request must be made in writing and must specify the alternative means or location. We will accommodate all reasonable requests consistent with our duty to ensure that your PHI is appropriately protected.

RIGHT TO NOTIFICATION OF A BREACH

You have the right to be notified in the event that we (or one of our Business Associates) discover a breach involving unsecured PHI.

RIGHT TO VOICE CONCERNS

You have the right to file a complaint in writing with us or with the U.S. Department of Health and Human Services if you believe we have violated your privacy rights. Any complaints to us should be made in writing to our Privacy Official at the address listed below We will not retaliate against you for filing a complaint.

Questions, Requests for Information, and Complaints

For questions, requests for information, more information about our privacy policy or concerns, please contact us. Our company Chief Compliance Officer can be contacted at:

Timothy Allen, MD
4580 S. Nicholson Ave
Cudahy, Wi 53110
(414) 326-4800
tallen@ipw-clinics.org

We support your right to privacy of your Protected Health Information. You will not be retaliated against in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

If you believe your rights have been violated and would like to submit a complaint directly to the U.S. Department of Health & Human Services, then you may submit a formal written complaint to the following address:

U.S. Department of Health & Human Services Office for Civil Rights 200 Independence Avenue, S.W.
Washington, D.C. 20201 877-696-6775 OCRMail@hhs.gov www.hhs.gov