

## Your Health Information Rights

1. Inspect and copy your health information.
2. Request to correct your health information.
3. Request restrictions on certain uses and disclosures.
4. Receive confidential communications of health information.
5. Receive a record of disclosures of your health information.
6. Obtain a paper copy of this notice.
7. Complaint.

# Prairie Ridge

## HEALTH

Inspired by you

### Hospital

1515 Park Ave • Columbus, WI 53925  
800.549.7511 | 920.623.2200

### Clinic

#### Beaver Dam

118 W Maple Ave • Beaver Dam, WI 53916  
920.356.1000

#### Columbus

1511 Park Ave • Columbus, WI 53925  
920.623.1200

#### Marshall

301 W Main St • Marshall, WI 53559  
608.655.8181

[www.PrairieRidge.Health](http://www.PrairieRidge.Health)

## NOTICE OF PRIVACY PRACTICES



*Privacy*

ATTENTION! If you speak English, language assistance services, free of charge, are available to you. Call 3395.

ATENCIÓN! si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 3395.

LUS CEEV! Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 3395.

# Prairie Ridge

## HEALTH

Inspired by you

**Please Note: This is a short version of our Privacy Notice. The full version of this notice is available upon request.**

**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.**

**Prairie Ridge Health (PRH)** must maintain the privacy of your personal health information and give you this notice that describes our legal duties and privacy practices concerning your personal health information. In general, when we release your health information, we must release only the information we need to achieve the purpose of the use or disclosure. However, all of your personal health information will be available for release to you, to a provider regarding your treatment, or due to a legal requirement. We must follow the privacy practices described in this notice.

We reserve the right to change the privacy practices described in this notice, in accordance with the law. All revisions of this notice will be documented on this notice.

**If you have a concern about the privacy of your health information, you may contact the Privacy Officer at:**

**1515 Park Avenue**

**Columbus, WI 53925**

**Or by telephone at (920) 623-2200 or (800) 549-7511.**

*Connected*

**TO YOU AND THE COMMUNITIES WE SERVE**

## **TREATMENT,**

such as using your medical information to determine which treatment option best addresses your health care needs, and forwarding a copy of your medical information to your provider's clinic for follow-up care.

## **PAYMENT,**

which may include submitting a bill to your insurance company that identifies you, your diagnosis, and the treatment provided to you for reimbursement of services given.

## **HEALTH CARE OPERATIONS,**

which would include using your diagnosis, treatment, and outcome information in order to improve the quality or cost of care we deliver, as well as using your health information for appointment reminders to you or to contact you for fundraising purposes.

**How PRH may use or disclose your health information without your written authorization:**

- 1. Required by law**
- 2. Public health**
- 3. Victims of abuse, neglect or violence**
- 4. Health oversight activities**
- 5. Judicial and administrative proceedings**
- 6. Law enforcement**
- 7. Coroners and medical examiners**
- 8. Cadaveric, organ, eye or tissue donation**
- 9. Research**
- 10. To avert a serious threat to health & safety**
- 11. Specialized government functions**
- 12. Workers' compensation**
- 13. Appointment reminders**
- 14. Health information**
- 15. Fundraising activities**
- 16. Prairie Ridge Health Directory**

Except as described in this **Notice of Privacy Practices**, we will not use or disclose your health information without written authorization from you. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization, though we will be unable to take back any disclosures we have already made with your permission. If you wish to withdraw your authorization, please direct your written withdrawal to the Privacy Officer.

**If Prairie Ridge Health has not adequately addressed your privacy concern, you may contact the Secretary of the Federal Department of Health and Human Services at:**

**200 Independence Avenue, S.W.**

**Washington, DC 20201**

**Or reach the Secretary by phone at (202) 690-7000.**