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# Notice of Privacy Practices and Patient Rights

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

## Section One: Your Rights and Choices

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Release your health information for any reason other than what is explained below.
- Raise funds

We may use and share your information as we need to:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests if doing so is required by law
- Respond to lawsuits and legal actions

When it comes to your health information, you have certain rights.

- Get copies 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. Ask us how to do this.
  - We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- Ask us to correct your medical record
  - You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
  - We may say "no" to your request, but we'll tell you why in writing within 60 days.

- Request confidential communications
  - You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
  - We will say “yes” to all reasonable requests.
- 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.
  - 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. We will say “yes” unless a law requires us to share that information.
- Get a list of those with whom we’ve shared information
  - You can ask for a list 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 made to other treatment providers, payment, and our health care operations. 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.
- Get a copy of this privacy notice
  - You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- Choose someone to act for you
  - If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
  - We will make sure the person has this authority and can act for you before we take any action.

## Section Two: Our Responsibilities

### Our Responsibilities to You

- 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 must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

### Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways:

- Treat you - We can use your health information and share it with other professionals who are treating you. Example: A doctor treating you for an injury asks another doctor about your overall health condition.
- Run our organization - We can use and share your health information to run our practice, improve your care, and contact you when necessary. Example: We use health information about you to manage your treatment and services.
- Bill for your services - We can use and share your health information to bill and get payment from health plans or other entities. Example: We give information about you to your health insurance plan so it will pay for your services.

### How else can we use or share your health information?

- We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law

before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

- 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, or preventing or reducing a serious threat to anyone's health or safety.
- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
- Address workers compensation, law enforcement, and other government requests, if court-ordered to do so or required by law to do so, to health oversight agencies for activities authorized by law, and to respond to lawsuits and legal actions.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

Beyond your rights to privacy and confidentiality, you have other rights that we must respect. These include:

- Treatment rights, including the right to prompt and adequate treatment and the right to give informed consent for treatment and medication.
- Personal rights, including the right to be treated in a humane environment and the right to be treated with respect and dignity.
- Financial rights, including being informed of any charges for treatment.

## Section Three: Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to share information with your family, close friends, or others involved in your care.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety. In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

## Section Four: Complaints

If at any time during treatment at Cornerstone you believe that any of your rights have been violated, you have the right to a grievance procedure. You may file a complaint with the clinical director, who can be contacted at 715-600-2798 or by mail at 2558 Post Rd, Plover, WI 54467 in writing within 45 days of the incident or issue. If you are not satisfied with the way your appeal is handled, you have the right to notify the following resources:

Client Rights Office (CRO)  
Division of Care and Treatment Services (DCTS)  
1 West Wilson Street, Room 627  
P.O. Box 7851  
Madison, WI 53707-7851

Office of the Commissioner of Insurance  
121 East Wilson  
Madison, WI 53703