

WISCONSIN LUTHERAN COLLEGE

HEALTH SERVICES

NOTICE OF PRIVACY PRACTICES

This notice describes how information about you may be used and disclosed, and how you can gain access to this information. Please review it carefully.

Our Uses and Disclosures of Your Protected Health Information (PHI):

- WLC Health Services may use and disclose Protected Health Information for treatment, payment and healthcare operations.
 - Treatment examples include, but are not limited to: requested physicals, home health agencies, referral to other providers for treatment, coordination of care services, and to notify you of appointments by phone, email, and/or text.
 - Payment examples include, but are not limited to: insurance companies for claims including coordination of benefits with other insurers; collection agencies.
 - Healthcare operations include, but are not limited to: internal quality control and assurance including auditing of records.
- WLC Health Services is permitted or required to use or disclose Protected Health Information without the individual's written consent or authorization in certain circumstances.
 - Examples include, but are not limited to: public health requirements, court orders, and serious threats to health and/or safety.

Patient Choices:

- WLC Health Services will not use or disclose PHI for marketing purposes and/or disclosures constituting a sale of PHI without the individual's authorization.
- WLC Health Services will not sell or make any other use or disclosure of a patient's Protected Health Information without the individual's written authorization. Such authorization may be revoked at any time. Revocation must be written.
- WLC Health Services will abide by the terms of this notice currently in effect at the time of the disclosure of your Protected Health Information.
- WLC Health Services reserves the right to change the terms of its notice and to make new notice provisions effective for all Protected Health Information that it maintains. WLC Health Services will provide each patient with a copy of any revisions of its Notice of Privacy Practices at the time of their next visit, or at their last known address if there is a need to use or disclose any Protected Health Information of the patient. Copies may also be obtained at any time by contacting healthservices@wlc.edu.

Patient Rights:

- Any patient, guardian or personal representative has the right to object to the use of their health information for telephone or in-person inquiries as to the patient's name, the patient's location in the facility, the patient's condition, and the patient's religious affiliation.
- Any patient, guardian or personal representative has the right to inspect and obtain copies of their medical record. The records will be provided within 30 days of the request, and a reasonable charge may be assessed for any copies after the first request in a 12-month period. If WLC Health Services is unable to act within the required period, WLC Health Services may provide the patient with written notice of the reason for delay and expected date of completion of the request. This extension of time will not exceed 30 days.
- You can ask WLC Health Services to contact you in a specific way (phone, email, etc.) and we will say yes to all reasonable requests.
- You can ask for a paper copy of this notice at any time, even if you have agreed to receive it electronically. WLC Health Services will provide you with a paper copy promptly.

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Wisconsin Lutheran College Health Services NOTICE OF PRIVACY PRACTICES

Patient Rights Cont.

- If you have given a person medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your medical information. We will ensure that person has this authority and can act before we take any action.
- Any patient, guardian or personal representative has the right to request amendments or corrections be made to their medical record. We may deny your request, but we must tell you why we denied your request in writing within 60 days.
- Any patient, guardian or personal representative has the right to request a six(6)-year accounting of all disclosures of their medical record. The history will be provided within 30 days of the request and a reasonable charge may be assessed for any copies after the first requested in any 12-month period. If WLC Health Services is unable to act within the required period, WLC Health Services may provide the patient/person with written notice of the reason for delay and expected date of completion of the request. This extension of time will not exceed 30 days.
- WLC Health Services will not use or disclose genetic information related to genetic tests of a patient or family members of a patient for underwriting purposes with an insurance carrier.
- Any patient, guardian or personal representative has the right to request restrictions as to how their health information may be used or disclosed to carry out treatment, payment, or healthcare operations. WLC Health Services is not required to agree to the restrictions requested, but if WLC Health Services does agree, WLC Health Services must abide by those restrictions.
- Any patient, guardian or personal representative has the right to restrict disclosure of certain Personal Health Information to a health plan for payment or health care operation purposes, but not for treatment purposes, for items or services that have been paid in full and out-of-pocket.
- Any person/patient has the right to be notified by WLC Health Services following a breach of unsecured Personal Health Information of the affected individual. WLC Health Services may use email to notify the person/patient of a breach. WLC Health Services will use phone to notify the person/patient of a breach if there is an imminent threat. Any person/patient may file a complaint to WLC Health Services and to the U.S. Secretary of Health and Human Services if they believe their privacy rights have been violated. To file a complaint with the WLC Health Services, contact the Director of Health Services, Jackie Kacmarynski at the following: 8800 W. Bluemound Road, Milwaukee, WI 53226 and/or 414.443.8549. All complaints will be addressed.
- It is the policy of WLC Health Services that no retaliatory action will be made against any individual who submits or conveys a complaint of suspected or actual non-compliance of the privacy standards.

Our Responsibilities:

- WLC Health Services is required by law to maintain the privacy and security of your Protected Health Information.
- WLC Health Services will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- WLC Health Services must follow the duties and privacy practices described in this notice and provide a copy if requested.
- WLC Health Services will not use or share your information other than as described here unless written permission or a Release or Information is signed. It can be revoked at any time through written notification.