

**DEAN FOUNDATION FOR HEALTH, RESEARCH AND EDUCATION  
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.**

**If you have any questions about this Notice, please contact our Privacy Officer.  
(Contact information included at the end of this document.)**

We are legally required to protect the privacy of your health information. We call this information “protected health information.” “Protected health information” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our Notice of Privacy Practices, at any time. The new Notice of Privacy Practices will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. You may obtain the revised Notice by accessing our web site ([www.dean.org](http://www.dean.org)), calling us and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

**1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

**Uses and Disclosures of Protected Health Information**

Your protected health information may be used and disclosed by us and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay costs associated with the research study and to support our operations. Following are examples of the types of uses and disclosures of your protected health care information that we are permitted to make. These examples are not meant to be exhaustive.

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and study related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. We may also disclose protected health information to other physicians who may be treating you. For example, your protected health information may be provided to a physician to whom you have been referred in order to ensure that the study doctor has the necessary information to diagnose or treat you.

In addition, we may disclose your protected health information from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your study doctor, becomes involved in your care by providing assistance with your health care diagnosis or treatment.

**Payment:** We will use and disclose your protected health information, as needed, to send bills and collect payment from third parties for your health care services while you are in the research study.

**Health Care Operations:** We may use or disclose, as needed, your protected health information in order to support our business activities. These activities include, but are not limited to, quality assessment activities, employee review activities, training of students, licensing, risk management activities, marketing activities, and conducting or arranging for other business activities.

For example, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your study doctor. We may also call you by name in the waiting room when your study doctor is ready to see you.

We will share your protected health information with third parties that perform various activities (e.g., billing or transcription services) for us. Whenever an arrangement between our office and a third party involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

We may use or disclose your protected health information to remind you that you have an appointment with us or notify you that it's time for you to schedule an appointment with us. We may do this, for example, by calling you, leaving a message on an answering machine or sending you a letter.

We may use or disclose your protected health information, as necessary, to provide you with information about additional research opportunities. You may contact our Privacy Officer to request that these materials not be sent to you.

### **Uses and Discloses of Protected Health Information Based Upon Your Written Authorization**

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that we have taken an action in reliance on the use or disclosure indicated in the authorization.

### **Other Permitted and Required Uses and Disclosures That May Be Made Subject to Your Opportunity to Object**

**When Others Are Involved in Your Health Care:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care. In all of the above cases, only the protected health information that is relevant to your health care will be disclosed.

## **Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object**

We may use or disclose your protected health information in the following situations without your authorization. These situations include:

**Required By Law:** We may use or disclose your protected health information to the extent that the use or disclosure is required by federal, state or local law. The use or disclosure will be limited to the relevant requirements of the law.

**Public Health:** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability.

**Communicable Diseases:** We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight:** We may disclose protected health information to health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil right laws.

**Abuse or Neglect:** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. Disclosure will be made consistent with the requirements of applicable federal and state laws.

**Food and Drug Administration:** We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

**Legal Proceedings:** We may disclose protected health information in the course of any judicial or administrative proceeding, in response to a court or administrative order and in certain conditions in response to subpoena, discovery request or other lawful process.

**Law Enforcement:** We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on our premises, and (6) medical emergency (not on our premises) and it is likely that a crime has occurred.

**Coroners and Organ Donation:** We may disclose protected health information to a coroner or medical examiner for identification purposes or for determining the cause of death. Protected health information may be used and disclosed for organ, eye or tissue donation purposes.

**Research:** We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

**Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent a serious threat to the health or safety of a person or the public.

**Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to the Department of State for use in making medical suitability determinations. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others.

**Workers' Compensation:** Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar programs established by law.

**Inmates:** If you are an inmate of a correctional facility, we may use or disclose your protected health information to the correctional facility, its agents or law enforcement officials.

## **2. YOUR RIGHTS**

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

### **RIGHT TO INSPECT AND COPY**

You have the right to inspect and obtain a copy of your protected health information associated with the research study that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that we use for making decisions about you.

You may obtain a copy of your protected health information by contacting your study doctor and completing an "Authorization for Disclosure of Medical Information" form. You may also arrange to inspect/view your protected health information and completing an "Inspection of Health Care Records" form. Your right to inspect and copy may not be available until after the research study is complete.

Under federal law, however, you may not be able to inspect or obtain a copy of the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

Depending on the circumstances, a decision to deny access may be reviewable. Please contact our Privacy Officer if you have any questions about access to your medical record.

### **RIGHT TO REQUEST RESTRICTIONS**

You have the right to request a restriction on our use or disclosure of your protected health information for the purposes of treatment, payment or health care operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved

in your care or payment for your care. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your request for restrictions may prohibit you from participating in the research study.

**We are NOT required to agree to a restriction that you may request.** If we believe it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If we agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. You may request a restriction by completing a “Request for Restrictions on Release of Medical Information” form and submitting the form to our Privacy Officer.

### **RIGHT TO REQUEST SPECIFIC CONFIDENTIAL COMMUNICATIONS**

You have the right to request to receive confidential communications by alternative means or at an alternative location. For example, you may ask us to only contact you at work, or only at home or only by mail. We will accommodate reasonable requests.

We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer.

### **RIGHT TO AMEND**

You may have the right to have your study doctor amend your protected health information. This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information.

A request for amendment of your protected health information must be made in writing to our Privacy Officer. The request must give a reason(s) for the amendment. We may deny your request if it is not in writing or does not include a reason. We may also deny your request for amendment if the protected health information:

- Was not created by us, unless the person who actually created the information is no longer available to make the amendment;
- Is not part of the information kept by or for us;
- Is not part of the information which you are permitted to inspect and copy; or
- Is already accurate and complete.

If we deny your request for amendment, we will do so in writing. You have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer to determine if you have questions about amending your medical record.

### **RIGHT TO AN ACCOUNTING OF DISCLOSURES**

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This accounting does **NOT** apply to disclosures for purposes of treatment, payment or health care operations as described in this Notice of Privacy Practices. It also excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes.

The request for this accounting of disclosures must be made in writing to our Privacy Officer. You must request a specific time frame which may not be longer than six years and which may not include dates before April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions and limitations.

### **RIGHT TO A PAPER COPY OF THIS NOTICE**

You have the right to obtain a paper copy of this Notice of Privacy Practices from us, upon request, even if you have agreed to accept this notice electronically. To obtain a paper copy of this Notice of Privacy Practices, please contact your local clinic or our Privacy Officer. (You may obtain a copy of the current version of our Notice of Privacy Practices at our website, [www.dean.org](http://www.dean.org).)

### **3. COMPLAINTS**

You may complain to us or the Secretary of Health and Human Services if you believe we have violated your privacy rights. You may file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint.

### **PRIVACY OFFICER**

You may contact our Privacy Officer as follows:

Phone: 608-827-2320

Fax: 608-827-2399

E-mail: [DFPrivacyOfficer@deancare.com](mailto:DFPrivacyOfficer@deancare.com)

Mailing Address: Dean Foundation

Attn: Privacy Officer  
2711 Allen Blvd., Suite 300  
Middleton, WI 53562

**This notice becomes effective on April 14, 2003.**

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