

---

# NOTICE OF PRIVACY PRACTICES

*This notice describes how medical information about you may be used and disclosed and how you are able to get access to this information. Please take the time to review it carefully.*

## **Your Health Information & Its Privacy**

Oak Medical keeps a record of your visits with all of our providers. This record includes your name, date of birth, sex, financial information, insurance information, and other personal information, such as your past and current health problems. This is called your *health information*.

Only those who have the legal right may have access to your health information without your consent. We may only use or disclose your health information for treatment, payment, health care operations, or other purposes as described in this notice. When appropriate, we will only use or disclose the minimally necessary health information to accomplish the intended purpose.

## **Legal Duties**

Oak Medical is required by law to protect the privacy and security of your health care information, to provide this notice of our information practices, to follow those practices as described and outlined, to accommodate reasonable requests you may have to communicate health information, and to notify you if we are unable to agree with a request.

We may change these privacy practices at any time. The new Notice will be effective for all medical information we hold. We will provide you with a revised Notice following any significant change.

## **Uses and Disclosures of Your Health Information**

### *Treatment*

We may use and disclose medical information about you to provide, coordinate, or manage your medical treatment. We may disclose your health care information to health care providers. 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 medical information. This could, for example, include a home health agency that provides care to you. We may also disclose medical information to other physicians who may be treating you, such as a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Additionally, we may disclose your medical information to another physician or health care provider, such as a laboratory.

### *Payment*

We can use and disclose your health information to obtain payment for treatment and services. For example, we may disclose your health information to bill insurers. We may also provide your treatment information to your health insurance plan for determination of eligibility, or to obtain prior approval for a planned treatment.

### *Health Care Operations*

We can use and disclose health information in order to support our health care and business activities and those of other certain entities. This may, for example, include reviewing clients' health information to evaluate the quality of treatment and services to evaluate our staff. We may also call you by name in the waiting room when your provider is ready to see you.

We may share your health information with other entities, or "business associates," to perform activities on our behalf, such as billing for our practice. Whenever an arrangement between Oak Medical and a business associate involves the use or disclosure of your health information, there will be a written contract that contains terms requiring the associate to protect your health information.

### *Psychotherapy Notes*

Under most circumstances, we may not disclose the notes taken by a mental health professional without your written authorization.

### *Deceased Individuals*

Following your death, we may disclose health information to a coroner or to a medical examiner as necessary for them to carry out their duties, and to funeral directors as authorized by law. In addition, we may disclose health information to your next of kin or a personal representative.

## *Others Involved in Your Healthcare*

If you have a legal guardian, an appointment health care agent, or another legally authorized personal representative, we will treat that person as if they were you in respect to uses and disclosures of your health information.

Unless you object, we may disclose to a member of your family, a relative, or close friend your health information that *directly relates to that person's involvement in your health care* or payment of care. When we are practicably able to do so, we will give you an opportunity to object to such disclosures. If you are unable to agree or object to such a disclosure, we may disclose such information if we determine that it is in your best interest based on our professional judgment. We may use or disclose health information to notify (or assist in notifying) a family member or other person that is responsible for your care location, general condition, or death.

## *Emergencies*

We may use or disclose your medical information to an entity assisting in disaster relief efforts and to coordinate uses and disclosures to family or other individuals in your health care.

We may also use or disclose your health information for emergency treatment. In these situations, we will try to obtain your consent as soon as is reasonable after the delivery of treatment. If we are required by law to treat you and have attempted to obtain your consent, but were unsuccessful, we may still use or disclose your health information to treat you.

## *Health Information Exchange*

We may participate in one or more electronic health information exchanges, record locators, or patient information services, which permit us to exchange health information about you with other participating providers and their vendors. For example, we may allow a medical provider who is providing care to have access to our records in order to have current information to treat you. That requesting provider must verify they have, or have had, a treatment relationship with you. If required by law, we will ask the provider to obtain your consent before accessing your health information via the information exchange.

## *When We Use or Disclose Your Personal Information with Your Consent*

We may be required by State law to obtain your written consent in order to share your health information with nonaffiliated people or organizations for treatment, payment, or health care operations.

## *Circumstances Where Your Health Information May Be Used or Disclosed Without Your Consent*

We may disclose your health information when permitted or required by federal, state, or local law. You will be notified of any such disclosure.

Subject to certain requirements, we may use or disclose your health information without your authorization. We may disclose your information for the following purposes to the Food and Drug Administration, the Department of Health and Human Services, correctional facilities, and other government agencies. These circumstances could include:

- Public Health Purposes (such as reporting disease)
- Auditing Purposes
- Health Oversight Activities
- Military and National Security
- Law Enforcement Purposes
- Legal Process
- Judicial and Administrative Actions
- Government Investigations
- Reporting Abuse and Neglect of Vulnerable Adults

## **Your Individual Rights**

### *Right to Review and Copy your Personal Information*

You have the right to inspect and obtain a copy of your personal information that has originated in our practice. We reserve the right to determine the format of the record. We may deny your request to review and copy your records in very limited circumstances. If your request has been denied we will provide a written explanation, and you may request the denial be reviewed.

You may not have a right to inspect or copy your psychotherapy notes. In some circumstances, you may have a right to have the decision to deny your access be reviewed.

### *Right to Restrict Disclosure of Health Information*

You have the right to request we not use or disclose your personal information for purposes of treatment, payment, or healthcare operations. Additionally, you may request



that part of your health information not be disclosed to family or friends who are involved in your care, as described by this Notice. All requests must be made in writing, stating the specific restrictions requested and to whom the restrictions should apply. You also have the right to restrict the information that is sent to your health plan or insurer that you solely paid for out-of-pocket, and for which no claim was made to your health plan or insurer.

Your request will be considered, but we are not required to agree.

### *Right to Request an Amendment of Your Personal Information*

If you feel that your health information is incorrect or incomplete, you may request we amend such information in our record set. A written amendment request should be submitted to our office. We will consider your request, but we are not required to agree.

### *Right to Request Confidential Communications*

You have the right to ask for us to communicate with you about confidential matters by alternative means or at alternative locations. Please make any requests in writing.

### *Right to Receive an Accounting of Disclosures*

You have a right to receive a listing of instances when we released your personal information for purposes other than treatment, payment, or healthcare operations as described in this notice. It excludes disclosures made to you, family members or friends involved in your care, or notification purposes.

### *Right to Obtain a Copy of this Notice*

You can request an additional copy of this notice using the contact information included. It is also located on our website; [www.oakmedgroup.com](http://www.oakmedgroup.com).

### *Right to Receive Notice of a Breach*

We are required by law to notify you via mail or email of any breaches of Unsecured Protected Health Information as soon as possible.

### *Right to Complain about our Privacy Practices*

If you believe that we have violated your privacy rights, as outlined by this notice or by the Health Insurance Portability and Accountability Act of 1996 (commonly known as "HIPAA"), you may complain to us directly, or to the Office for Civil Rights of the United States Department

of Health and Human Services. You may file a complaint with either office without fear of reprisal. Both offices' information is listed at the end of this Notice.

## **Resources & Reporting Problems**

For more information or to report problems and/or concerns, you may contact Oak Medical's providers or main office.

If you would like to review your rights under HIPAA regulations please visit: <https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>.

If you are concerned that we have violated any of your privacy rights, or you disagree with a decisions regarding your request for access, you may file the complaint with our Privacy Officer in person, or by phone at:

Privacy Officer  
Oak Medical SC  
N20W22961 Watertown Rd  
Waukesha, WI 53186  
Ph: 262-875-5070

HIPAA prohibits any entity from retaliating against you for filing a complaint. You will not be penalized with the federal government for making a complaint. Nor will you be treated any differently with our practice if you make a complaint.

You may also file a complaint with:

Region V Office for Civil Rights  
US Department of Health and Human Services  
233 N Michigan Ave., Ste. 240  
Chicago, IL 60601  
Fax: 202-619-3818  
TDD Ph: 800-537-7697  
Email: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)

Or online at:

<https://www.hhs.gov/hipaa/filing-a-complaint/index.html>

This Notice has been revised November 1, 2023.