



NOTICE OF PRIVACY PRACTICES
EFFECTIVE DATE: 04/01/04

**THIS NOTICE DESCRIBES HOW
MEDICAL INFORMATION ABOUT YOU
MAY BE USED AND DISCLOSED AND
HOW YOU CAN OBTAIN ACCESS TO
THIS INFORMATION. PLEASE
REVIEW IT CAREFULLY.**

Urology Associates of Green Bay, as a group health plan under the Health Insurance Portability and Accountability Act, is required by law to maintain the privacy of your protected health information. This information consists of all records related to your health, including demographic information, either created by **Urology Associates of Green Bay** or received by **Urology Associates of Green Bay** from other entities.

We are hereby providing you with notice of our legal duties and privacy practices with respect to your protected health information. These legal duties and privacy practices are described in this Notice. **Urology Associates of Green Bay** will abide by the terms of this Notice, or the Notice currently in effect at the time of the use or disclosure of your protected health information.

Urology Associates of Green Bay reserves the right to change the terms of this Notice and to make any new provisions effective for

all protected health information that we maintain. We will provide individuals a Notice within 60 days of making a material change to this Notice.

Urology Associates of Green Bay may use and disclose your protected health information for various purposes, including the following:

Payment Activities: We may disclose health information about you to determine your eligibility for benefits or health insurance coverage, pre-certification for services, facilitate payment for healthcare services provided to you, review the medical necessity of certain services or procedures, coverage under your health plan, appropriateness of care, justification of charges, and coordination of benefits.

Healthcare Operations: We may disclose health information about you to conduct quality assessment and improvement activities, outcomes evaluation and development of clinical guidelines, arrange for medical review, legal services, and auditing functions, and underwriting, premium, and other activities.

Permitted or Required by Law: We may be required by law to disclose your health information for various purposes. For example, we may be required to disclose your health information for litigation proceedings involving abuse, neglect, domestic violence or certain physical injuries.

Public Health Activities: We may release your health records to certain government agencies or public health agencies as authorized by law, upon receipt of written request from that agency. For example, we may release health information to the Food and Drug Administration for reporting problems with products or adverse reactions to medications.

For Health Oversight Activities: We may disclose your health records in response to a written request by any federal or state governmental agency to perform legally authorized functions, such as management audits, financial audits, program monitoring and evaluation, and facility or individual licensure or certification. Information regarding certain communicable diseases may also be reported to public health agencies.

Judicial and Administrative Proceedings: Your health records may be disclosed pursuant to a lawful court order. A subpoena signed by a judge is sufficient to permit disclosure of your health records.

Law Enforcement: We may disclose your health information to a law enforcement official for purposes of identifying or locating a suspect, fugitive, material witness, or missing person.

Coroners, Medical Examiners and Funeral Directors: We may disclose your health records to a coroner or medical examiner for the purpose of completing a medical certificate or investigating a death.

Public Safety: We may report your health information when necessary to protect you or the community from imminent and substantial danger.

National Security: We may disclose your health information for military, national security, prisoner, and government benefits purposes.

Workers' Compensation: We may disclose your health information to the extent such records are reasonably related to any injury for which workers compensation is claimed.

Marketing: We may contact you to provide information regarding health related products

and services offered by the group health plan.

Disclosures to Plan Sponsors: We may disclose your health information to the sponsor of the group health plan, for their benefits administration purposes.

Except as described in this Notice of Privacy Practices, **Urology Associates of Green Bay** will not use or disclosure your protected health information without your written authorization. You may revoke such authorization at any time, except to the extent that **Urology Associates of Green Bay** has taken action in reliance thereon. Any revocation must in writing.

Your Rights Regarding Your Protected Health Information

You are permitted to request that restrictions be placed on certain uses or disclosures of your protected health information for payment activities or healthcare operations. You must request such a restriction in writing, and we may deny your request. A restriction would not apply when we are required by law to disclose certain healthcare information.

You may request that **Urology Associates of Green Bay** send your health information to you by alternate means or to alternate locations. You may also request that **Urology Associates of Green Bay** not contact you at a particular address or location. This request must be submitted in writing, and we will accommodate reasonable requests by you.

You have the right to review and/or obtain a copy of the health information about you that we maintain and use to make decisions about your health benefits. We may charge a reasonable fee for copying your records.

You may request that **Urology Associates of Green Bay** amend portions of your health records that you believe are incorrect or incomplete. Under certain circumstances your request may be denied, in which case we will notify you. You must submit this request in writing, specifying the reason for the amendment.

You may request a listing of the disclosures of your health information made by **Urology Associates of Green Bay** for the six years prior to the date of the request, beginning with disclosures made after April 14, 2003. We are not required, however, to record disclosures made pursuant to a signed consent or authorization.

You may request and receive a paper copy of this Notice at any time.

In order to exercise the preceding rights, you may obtain a request form from:

Privacy Officer
Urology Associates of Green Bay
720 S. Van Buren St.
Green Bay, WI 54301
(920) 433-9400

You may file a complaint with **Urology Associates of Green Bay** and/or the Secretary of Health and Human Services if you believe your privacy rights have been violated. To file a complaint with **Urology Associates of Green Bay**, please contact the Privacy Officer at the following:

Privacy Officer
Urology Associates of Green Bay
720 S. Van Buren St.
Green Bay, WI 54301
(920) 433-9400

It is the policy of **Urology Associates of Green Bay** that no retaliatory action will be

made against any individual who submits or conveys a complaint of suspected or actual non-compliance or violation of the privacy standards.
