



THIS NOTICE DESCRIBES THE PRIVACY PRACTICES OF CONTESSA HEALTH, INC. THIS NOTICE DESCRIBES HOW MEDICAL AND/OR HEALTHCARE INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our Privacy Obligations

We are required by law to maintain the privacy of your health information ("Protected Health Information" or "PHI"), to provide you with this Notice of our legal duties and privacy practices related to your Protected Health Information, and to notify you in the event of a Breach of your information when required by law. Additionally, when we use or disclose your Protected Health Information, we are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure).

Permissible Uses and Disclosures Without Your Written Authorization

In certain situations, detailed below, we must obtain your written authorization in order to use and/or disclose your PHI. However, we do not need any type of authorization from you for the following uses and disclosures:

- A. Uses and Disclosures for Treatment, Payment and Healthcare Operations. We may use and disclose PHI, but not your "Highly Confidential Information" (defined below), in order to provide services to you, obtain payment for services provided to you and conduct "healthcare operations" as detailed below:
- Treatment. We use and disclose your PHI to provide services to you. In addition, we disclose PHI to other providers involved in your care.
 - Payment. We may use and disclose your PHI to obtain payment for services that we provide to you. This could include but not be limited to disclosures to claim and obtain payment from your health insurer, MCO, or other company that arranges or pays the cost of some or all of your healthcare in order to verify that the payor will pay for your care.
 - Healthcare Operations. We may use and disclose your PHI for our healthcare operations, which include internal administration and planning and various activities that improve the quality and cost effectiveness of the services that we provide to you. For example, we may use PHI to evaluate the quality and competency of our staff. We may also disclose PHI to healthcare providers when such PHI is required for them to treat you, receive payment for services they render to you, or conduct certain healthcare operations, such as quality assessment and improvement activities, reviewing the quality of and competence of healthcare professionals, or for healthcare fraud and abuse detection or compliance.
- B. Disclosure to Relatives, Close Friends and Other Caregivers. We may use or disclose your PHI to a family member, other relative, a close personal friend or any other person identified by you when you are present for, or otherwise available prior to, the disclosure, if we do the following:
- 1) Obtain your agreement;
 - 2) Provide you with the opportunity to object to the disclosure and you do not object; or
 - 3) Reasonably infer that you do not object to the disclosure.

If you are not present, or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interest. If we disclose information to a family member, other relative or close personal friend, we would disclose only information that we believe is directly relevant to the person's involvement with your care or to payment related to your care. We may also disclose your PHI in order to notify (or assist in notifying) such persons of your location, general condition or death.

- C. Public Health Activities. We may disclose your PHI for the following public health activities:
- 1) To report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability;
 - 2) To report child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports;
 - 3) To report information about products and services under the jurisdiction of the U.S. Food and Drug Administration;
 - 4) To alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; and
 - 5) To report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.



- D. Victims of Abuse, Neglect or Exploitation. If we reasonably believe you are a victim of abuse, neglect or exploitation, we may disclose your PHI to a governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or exploitation.
- E. Health Oversight Activities. We may disclose your PHI to a health oversight agency that oversees the healthcare system and is charged with responsibility for ensuring compliance with the rules of government health programs, including but not limited to Medicare and Medicaid.
- F. Disaster Relief Efforts. We may disclose your PHI to an entity assisting in disaster relief efforts so that your family can be notified about your condition, status and location.
- G. Judicial and Administrative Proceedings. We may disclose your PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.
- H. Law Enforcement Officials. We may disclose your PHI to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative proceeding.
- I. Decedents. We may disclose your PHI to a coroner or medical examiner as authorized by law.
- J. Organ and Tissue Procurement. We may disclose your PHI to organizations that facilitate organ, eye or tissue procurement, banking, or transplantation.
- K. Research. We may use or disclose your PHI without your consent or authorization if an Institutional Review Board or Privacy Board approves a waiver of authorization for disclosure.
- L. Health or Safety. We may use or disclose your PHI to prevent or lessen a serious and imminent threat to a person's or the public's health or safety.
- M. Specialized Government Functions. We may use and disclose your PHI to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances.
- N. Workers' Compensation. We may disclose your PHI as authorized by and to the extent necessary to comply with state law relating to workers' compensation or other similar programs.
- O. As Required by Law. We may use and disclose your PHI when required to do so by any other law not already referenced in the preceding paragraphs.

Uses and Disclosures Requiring Your Written Authorization

For any purpose other than the ones described above, we may only use or disclose your PHI when you grant us your written authorization.

- A. Marketing. We must obtain your written authorization prior to using your PHI in order to send you any marketing material. We can, however, provide you with marketing materials in a face-to-face encounter without obtaining your authorization. We are also permitted to give you a promotional gift, of nominal value, without obtaining your authorization.
- B. Sale. We must obtain your written authorization in most cases prior to selling your PHI.
- C. Fundraising. We must obtain your written authorization prior to using your PHI for fundraising purposes.
- D. Uses and Disclosures of Highly Confidential Information. In addition, federal and state law may require special privacy protections for certain highly confidential information about you. We will comply with such any special privacy protections which may cover the subset of your PHI that:
 - 1) Is maintained in psychotherapy notes;
 - 2) Is about mental health and developmental disabilities services;
 - 3) Is about alcohol and drug abuse prevention, treatment, and referral;
 - 4) Is about HIV/AIDS testing, diagnosis, or treatment;
 - 5) Is about venereal disease(s);
 - 6) Is about genetic testing;
 - 7) Is about child abuse and neglect;



- 8) Is about domestic abuse or an adult with a disability;
- 9) Is about sexual assault; or
- 10) Is about abortion.

Your Rights Regarding Your Protected Health Information

- A. **For Additional Information or To File a Complaint.** If you desire additional information about your privacy rights, are concerned that we have violated your privacy rights, or disagree with a decision that we made regarding access to your PHI, you may contact our Privacy Office. You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, the Contessa Health Privacy Office will provide you with the correct address for the Director. We will not retaliate against you if you file a complaint with us or with the Office of Civil Rights.
- B. **Right to Request Restrictions.** You may request restrictions on our use and disclosure of your PHI (1) for treatment, payment, and healthcare operations; (2) to individuals (such as a family member, other relative, close personal friend, or any other person identified by you) involved with your care or with payment related to your care; or (3) to notify or assist in the notification of such individuals regarding your location and general condition. While we will consider all requests for restrictions carefully, we are not required to agree to a requested restriction, except for requests to restrict disclosures to a health plan if the disclosure is for payment or health care operations and pertains solely to a health care item or service for which you have paid out of pocket in full, unless otherwise required by law. If you wish to request such a restriction, you must submit a written request to our Privacy Office.
- C. **Right to Receive Confidential Communications.** You may request, and we will accommodate, any reasonable request for you to receive your PHI by alternative means of communication or at alternative locations.
- D. **Right to Revoke Your Authorization.** You may revoke your authorization, your marketing authorization, or any written authorization related to your Highly Confidential Information, except to the extent that we have taken action in reliance upon it, by delivering a written revocation statement to the Privacy Office.
- E. **Right to Inspect and Copy Your Health Information.** You may request access to your record file and billing records maintained by us in order to inspect and request copies of the records. Under limited circumstances, we may deny you access to a portion of your records. If you desire access to your records, please submit a written request to the Privacy Office.
- F. **Right to Amend Your Records.** You have the right to request that we amend PHI maintained in your record file or billing records. If you desire to amend your records, please send a written request for the amendment, including the reason for the requested amendment, to the Privacy Office. We will comply with your request unless we believe that the information that would otherwise be amended is accurate and complete or other special circumstances apply.
- G. **Right to Receive an Accounting of Disclosures.** Upon request, you may obtain an accounting of certain disclosures of your PHI made by us during any period of time prior to the date of your request provided such period does not exceed six (6) years.
- H. **Right to Receive a Paper Copy of this Notice.** Upon request, you may obtain a paper copy of this Notice, even if you have agreed to receive such notice electronically.

For Wisconsin Residents Only:

- A. We participate in a regional arrangement of health care organizations, who have agreed to work with each other, to facilitate access to health care information that may be relevant to your care. For example, if you are admitted to a facility on an emergency basis and cannot provide important information about your health condition, this regional arrangement will allow us to make your health information from other participants available to those who need it to treat you at the hospital. When it is needed, ready access to your health information means better care for you.
- B. We store health care information about our patients in a shared electronic medical record with other healthcare provider who participate in this regional arrangement. The participants who currently store health care information in this electronic medical records include Marshfield Clinic (including Marshfield Clinic Ambulatory Surgery Centers), Saint Joseph's Hospital – Marshfield, Lakeview Medical Center, Flambeau Hospital, Saint Clare's Hospital – Weston, Good Samaritan Health Center – Merrill, Ministry Medical Group, Inc. (all locations), Our Lady of Victory Hospital – Stanley, St. Michael's Hospital of Stevens Point, Inc., Sacred Heart – St. Mary's Hospitals, Inc., The Howard Young Medical Center, Inc., Eagle River Memorial Hospital, Incorporated; and The Diagnostic & Treatment Center – Weston, and other may be added. The current list of participants can be found at the following website: <http://cattailsmd.com/clients/default.aspx?page+GlobalEHRParticipants>. The participants may share your medical information with each other through the shared electronic medical record.

Effective Date and Duration of this Notice



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- A. Effective Date. This Notice is effective as of February 10, 2015.
- B. Right to Change Terms of this Notice. We reserve the right to change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all PHI that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the new notice on our Internet site. You may also obtain a copy of any such new notice by contacting the Privacy Office.

Privacy Office

You may contact the Privacy Office at the following address and phone numbers:

Privacy Officer
Contessa Health, Inc.
1900 Church Street, Suite 511
Nashville, TN 37203
(615) 635-0289 (Telephone)

By Signing Below, I hereby acknowledge receipt of the Notice of Privacy Practices given to me by Contessa Health.

Client or Responsible Party	Date