



HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

Our Responsibilities:

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) 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. "Protected health information" is information about you and services you receive, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect on August 10, 2019 and will remain in effect until we replace it. You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, contact our Privacy Office at (920) 803-1617.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

Entities Covered Under this Notice:

Progressive Beginnings, through its operating group, Progressive Beginnings, LLC, is owned and operated by John and Nichole Elmendorf. We are a Rehabilitation Agency, which provides outpatient therapy services for those individuals recovering from illness, injuries, or disabilities.

Understanding Your Health Record:

Each time you visit our office, a record of your visit is made. This record contains your symptoms, test results, diagnoses, treatment, and a plan of care. Your therapy records serve the following purposes:

- Basis for planning your care and treatment
- Communication among health professionals involved in your care
- Legal document describing the care you received
- Proof that services billed were actually provided
- A tool to educate health professionals
- A tool to measure and improve the care we give
- A source of data for medical research
- A source of information for public health officials who oversee the delivery of health care in the United States

Uses and Disclosures of Protected Health Information:

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

For Treatment:

We may use and disclose your protected health information to a physician or other healthcare provider to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. We may also disclose your health information after you have left our care.

For Payment:

Your protected health information may be used, as needed, to obtain payment for your health care services. We will use your information to contact your insurance to request preauthorization for proposed treatment or services and to confirm your insurance coverage.



For Healthcare Operations:

We may use or disclose your protected health information in order to support the business activities of our organization. These activities include, but are not limited to, quality assessment activities, employee review activities, accreditation activities, and conducting or arranging for other business activities. Under Wisconsin law, we must have your written permission to use and disclose your health information in connection with healthcare operations other than management of our medical records and certain auditing and review activities by staff committees and review organizations.

Business associates:

Outside people and entities provide some services for us which may include our accountants, consultants, and attorneys. We may disclose your health information to our business associate for that they can perform the jobs that we have requested of them. We require our business associates to safeguard your information so that it is protected.

Your authorization:

In addition to our use of your health information for treatment, payment, or health care operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us written authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosure or permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

Notification:

We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your location and general condition. If you are present, then prior to the use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose only health information that is relevant to the person's involvement in your healthcare. We may use your information to notify you or your caregiver of upcoming events, appointments, and pertinent information.

To your family and friends:

We must disclose your health information to you, as described in the patient rights section of this Notice. We may disclose your health information to a family member, friend, or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

Marketing and fundraising:

We will not use your health information for marketing communications without your written authorization. We may use and disclose your PHI to contact you in fundraising efforts for HPFC and, in the event you prefer to not receive such communications, you are able to opt out of receiving them.

Abuse or neglect:

Under Wisconsin law, we must have your written permission before we may disclose your health information to the appropriate authorities if we believe you are a victim of domestic violence or other crimes. We are **required** by law to report any suspected child abuse or neglect or the abuse or neglect of a vulnerable adult. We do not need to have your permission to report this. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

We may use or disclose your protected health information in the following situations without your authorization: as Required By Law, Public Health issues as required by law, Communicable Diseases, Health Oversight, Abuse or Neglect, Food and Drug Administration requirements, Legal Proceedings, Law Enforcement, Criminal Activity, Inmates, Military Activity, National Security, and Workers' Compensation. Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.



PATIENT RIGHTS

FOLLOWING IS A STATEMENT OF YOUR RIGHTS WITH RESPECT TO YOUR PROTECTED HEALTH INFORMATION

Access: You have the right to inspect and copy your protected health information. Such records will be provided to you in the time frames established by law. We may charge a reasonable fee for our cost in and copying and mailing your requested information. We may deny your request to inspect or receive copies in certain circumstances. If you are denied access to your health information, in some cases you have the right to request review of the denial.

Restriction: You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment, or healthcare 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 for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. While we are allowed to determine whether we agree to your request to restrict our use and disclosure of your Health information, Wisconsin law requires that we honor certain restriction requests by private pay patients relating to research for the release of information to government agencies.

Right to request amendment: You have the right to have our organization amend your protected health information. If we deny your request for amendment, 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.

Right to request confidential communications: You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate your reasonable requests.

Right to an accounting of disclosures: you have the right to request an accounting of our disclosures of your health information. This does not include disclosures for treatment, payment, Health care operations, and certain other activities. To request an accounting of disclosure, submit a written request stating a time that is within six years from the date of your request. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost -based fee for responding to these additional requests.

Right to revoke authorization: You may revoke an authorization to use or disclose health information, except to the extent that action has already been taken. This request must be in writing.

For more information or to report a problem: If you believe your privacy rights have been violated, you may file a complaint in writing with us or with the office of civil rights in the US Department of Health and Human Services. To file a complaint with us, you may contact the privacy officer at (920) 803-1617. We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the US Department of Health and Human Services.