

CEREBRAL PALSY, INC.

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.

Cerebral Palsy, Inc. has always worked to protect your personal health information and will continue to do so. In addition, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) now requires Cerebral Palsy, Inc. to provide you with this notice describing our legal duties and privacy practices concerning your personal health information. Cerebral Palsy, Inc. must maintain the privacy of your personal health information and give you this notice that describes our legal duties and privacy practices with respect to your personal health information. In general, when we release your health information, we must release only the information we need to achieve the purpose of the use or disclosure. However, all of your personal health information will be available for release upon your designation or upon a legal requirement. We must follow the privacy practices described in this notice.

Cerebral Palsy, Inc. reserves the right to change the privacy practices described in this notice, in accordance with the law. Changes to our privacy practices would apply to all health information we maintain. If we change our privacy practices, a

revised copy of this notice will be made available upon request.

We are able to use your health information without your written authorization for the following purposes:

1. **Treatment** We may use medical information about you to provide treatment or services. We may disclose medical information about you to therapists, interns preparing for health care careers, or other personnel who are involved in your care or treatment. For example a therapist may use the information in your medical record to determine which treatment option, such as land or aquatic therapy, best addresses your health needs. The treatment selected will be documented in your medical record, so that other health care professionals can make informed decisions about your care. We may also share your health information in person or by phone, letter, fax, or electronically to people outside Cerebral Palsy, Inc. who are involved in your medical care, such as your primary or referring physician, a long-term care facility, family members, or others we work with to provide services that are part of your care.
2. **Payment** In order for an insurance company to pay for your treatment, we must submit a bill that identifies you, your diagnosis, and the treatment provided to you. For example, we may pass your health information on to an insurer in order to help receive payment for your medical bills. It may also be necessary for us to release health information to an insurance company to verify eligibility or to determine if your insurance company will pay for services.

3. **Health Care Operations** We may need your diagnosis, treatment, and outcome information in order to improve the quality or cost of care we deliver. These quality and cost improvement activities may include evaluating the performance of your therapists or other health care professionals, or examining the effectiveness of the treatment provided to you when compared to patients in similar situations.

In addition, we may want to use your health information for appointment reminders. For example, we may look at your medical record to determine the date and time of your next appointment with us, and then send you a reminder letter to help you remember the appointment. Or, we may look at your medical information and decide that another treatment or a new service we offer may interest you.

Other special instances when we can use your health information without your written authorization:

1. **As required or permitted by law** In certain circumstances we may report some of your health information to legal entities, such as law enforcement officials or government agencies. Examples of such circumstances may be to report suspected abuse or neglect, or certain physical injuries that appear to be related to a crime. Cerebral Palsy, Inc. may disclose your information in response to a court order or for certain types of administrative proceedings where the law permits or requires us to disclose information.
2. **For public health activities** We may be required to report your health information to authorities to help prevent or control disease, injury, or disability. This may include using your medical record to report certain diseases, injuries, or information related to

child abuse or neglect. We may also have to report to your employer certain work-related illnesses and injuries so that your workplace can be monitored for safety.

3. **For health oversight activities** We may disclose your health information to authorities so they can monitor, investigate, inspect, discipline or license those who work in the health care system or for government benefit programs.
4. **For research** Under certain circumstances, and only after a special approval process, we may use and disclose your health information to help conduct research. Such research might involve studies related to evaluating the effectiveness of a treatment.
5. **To avoid a serious threat to health or safety** As required by law and standards of ethical conduct, we may release your health information to the proper authorities if we believe, in good faith, that such release is necessary to prevent or minimize a serious and approaching threat to you or the public's health or safety.
6. **For military, national security, or incarceration/law enforcement custody** If you are involved with the military, national security or intelligence activities, or you are in the custody of law enforcement officials or an inmate in a correctional institution, we may release your health information to the proper authorities so they may carry out their duties under the law.
7. **For workers' compensation** We may disclose your health information to the

appropriate persons in order to comply with the laws related to workers' compensation or other similar programs. These programs may provide benefits for work-related injuries or illness.

8. **To those involved with your care or payment of your care.** If people such as family members, relatives, or close personal friends are helping care for you or helping you pay your medical bills, we may release important health information about you to those people. The information released to these people may include your location within our facility, your general condition, or death. If you are present and able, we will give you the opportunity to agree or object before disclosing your information in these situations. If you are unable or unavailable to agree or object to this disclosure, or in cases of emergency, our health care professionals will use their best judgment in communicating with your family and/or others.

NOTE: Except for the situations listed above, we must obtain your specific written authorization for any other release of your health information.

If you sign an authorization form, you may withdraw your authorization at any time, as long as your withdrawal is in writing. The withdrawal is effective the date it is received by Cerebral Palsy, Inc. We are not liable for information released prior to the receipt of the withdrawal. If you wish to withdraw your authorization, please submit your written withdrawal to: Cerebral Palsy, Inc., Medical Records Department, 2801 South Webster Avenue, Green Bay, WI 54301.

Your Health Information Rights

You have several rights with regard to your health information. If you wish to exercise any of the following rights, please contact the Cerebral Palsy, Inc. Privacy Officer at (920) 337-1122. Specifically, you have the right to:

1. **Inspect and copy your health information.** With a few exceptions, you have the right to inspect and obtain a copy of your health information. For example, this right does not apply to psychotherapy notes or information gathered for judicial proceedings. In addition, we may charge you a reasonable fee if you want a copy of your health information.
2. **Request to correct your health information.** If you believe your health information is incorrect, you may ask us to correct the information. You will be asked to make such requests in writing and to give a reason as to why your health information should be changed. However, if we did not create the health information that you believe is incorrect, or if we disagree with you and believe your health information is correct, we may deny your request.
3. **Request restrictions on certain uses and disclosures.** You have the right ask for restrictions on how your health information is used or to whom your information is disclosed, even if the restriction affects your treatment or our payment or health care operation activities. You may want to limit the health information provided to family or friends involved in your care or payment of medical bills. You may also want to limit the health information provided to authorities involved with disaster relief efforts. If you receive certain medical devices (for example, life-supporting devices used outside our facility),

you may refuse to release your name, address, telephone number, social security number or other identifying information for purpose of tracking the medical device. However, Cerebral Palsy, Inc. is not legally required to agree to all such restrictions.

4. **Receive confidential communication of health information.** You have the right to ask that we communicate your health information to you in different ways or places. For example, you may wish to receive information about your health status in a special, private room or through a written letter sent to a private address. We must accommodate reasonable requests.
5. **Receive a record of disclosures of your health information.** You have the right to ask for a list of the disclosures of your health information we have made during the previous six years, but the request cannot include dates before April 14, 2003. This list must include the date of each disclosure, who received the disclosed health information, a brief description of the health information disclosed, and why the disclosure was made. We must comply with your request for a list within 60 days, unless you agree to a 30-day extension, and we may not charge you for the list, unless you request such list more than once per year. In addition, we will not include in the list disclosures made to you, or for purposes of treatment, payment, health care operations, national security, law enforcement/corrections, and certain health oversight activities.
6. **Obtain a paper copy of this notice.** Upon your request, you may at any time receive a paper copy of this notice, even if you earlier agreed to receive this notice electronically.

7. **File a complaint.** If you believe your privacy rights have been violated, you may file a complaint with us and/or with the Secretary of the Department of Health and Human Services. Complaints in no way effect the care we provide to you. To file a complaint with either Cerebral Palsy, Inc. or the Secretary of the Department of Health and Human Services, please contact the Cerebral Palsy, Inc. Privacy Officer at (920) 337-1122, who will provide you with the necessary assistance and paperwork.

If you have any questions or concerns regarding your privacy rights or the information in this notice, please contact the Cerebral Palsy, Inc. Privacy Officer at (920) 337-1122.

This Notice of Medical Information Privacy is Effective 4/14/03.

Revised: 1/13/2009