

WISH NOTICE OF PRIVACY PRACTICES

WE ARE REQUIRED BY LAW TO PROTECT MEDICAL INFORMATION ABOUT YOU.

Each time you visit a hospital, physician, or healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- basis for planning your care and treatment
- means of communication among the many health professionals who contribute to your care
- legal document describing the care you receive
- means by which you or a third-party payer can verify that services billed were actually provided
- a tool in educating health professionals
- a source of data for medical research
- a source of information for public health officials charged with improving the health of the nation
- a source of data for facility planning and marketing
- a tool we can assess and continually work to improve the care we render and outcomes we achieve
- Understanding what is in your record and how your health information is used to help you to ensure its accuracy, better understand who, what, when, where, and why others may access your information so you can make more informed decisions when authorizing disclosures to others.

Your Health Information Rights

Although your health record is the physical property of the healthcare provider or facility that compiled it, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information
- Obtain an accounting of disclosures of your health information
- Request communications of your health information by alternative means or locations
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken

Our Responsibilities

This organization (WISH) is required to:

- Maintain the privacy of your health information
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we were unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

Examples of Disclosures for Treatment, Payment and Health Operations

- We will use your health information with treatment
- We will use your health information for payment
- We will use your health information for regular health operations

Business Associates: There are some services provided in our organization through contracts with business associates. When these services are contracted, we may disclose your health information to them so that they can provide the service we've asked them to do and bill you or your third party payer for services rendered. All standards of confidentiality are rendered under WISH policy.

Notification: We may disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Communication with family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product/product defects, or post marketing surveillance information to enable product recall, repairs, or replacement.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Law Enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

If you have any questions concerning these Privacy Practices you may contact the Privacy Officer at (919) 739-4905.

I have read and understand the Notice of Privacy Practices of the Wayne Initiative for School Health (WISH).

Signature

Date

