

Notice of Privacy Practices

THIS JOINT 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. This Joint Notice is effective April 1, 2026.

Who We Are and Our Obligations

This Joint Notice describes the privacy practices of Family Health Center of Marshfield, Inc., its associates and its employees and will be referred to as “we” or “our” below.

We are committed and required by law to protect patient privacy. We follow federal and state law, whichever is the more protective, to maintain the privacy of your health information and provide you with this Joint Notice of our privacy practices. When we use or disclose your health information, we are required to follow the privacy practices described in this Joint Notice (or other notice in effect at the time of the use or disclosure).

We reserve the right to change the privacy practices described in this Joint Notice at any time. Changes to our privacy practices would apply to all health information we maintain. If we change our privacy practices, we will post the new notice on our website and/or make it available to you.

Use and Disclose of Your Health Information With Your Written Authorization

Use or Disclosure with Your Authorization. For any purpose, other than the ones described below, we may use or disclose your health information only when you provide us your written authorization to do so. For example, we cannot send your health information to your life insurance company or sell your health information without your authorization.

Marketing. We must obtain your written authorization prior to using your health information to send any marketing materials or a promotional gift of very small value to you unless provided in a face-to-face encounter. We may communicate with you about products or services relating to your treatment, to coordinate or manage your care, or provide you with information about different treatments, providers or care settings.

Uses and Disclosures of Your Highly Confidential Information. Specific authorization/s is/are required by you prior to the disclosure of any highly confidential information. This Highly Confidential Information may include the subset of your health information 1) in psychotherapy notes; 2) about treatment of mental illness or developmental disability; 3) about HIV test results; or 4) about child abuse or neglect. With the exception for certain purposes described below, we will generally obtain your written authorization for uses or disclosures of Highly Confidential Information. Exception to this is if we are allowed by law to disclose your Highly Confidential Information for certain purposes without your written authorization. For example, we may disclose information to other health care providers involved in your treatment.

Revoking Authorization. You have the right to change your mind and withdraw your authorization for the above situations; however, the information may have already been provided as allowed by you. This consent will remain in effect until revoked by you in writing. If requested, you will be provided a list of entities to which your information has been disclosed.

Federal laws have restrictive requirements for health information regarding treatment of substance use disorder (SUD). If you have received, will receive, or are receiving SUD treatment, please review the Additional Rights and Privacy Protections for Substance Use Disorder below.

Use or Disclosure of Your Health Information Without Your Written Authorization

Treatment. We may use or disclose your health information to provide treatment and other services to you. Providers and other professionals involved in your care may use the information in your medical record to determine best course of treatment, such as medication or surgery. In addition, we may use your health information to send appointment reminders or to send information that may be of interest to you regarding treatment alternatives or other health-related benefits and services.

Payment. We may use and disclose your health information to obtain payment for services that we provide to you. We may forward information of your treatment for an insurance company to pay for your treatment. Information may include a bill that identifies you, your diagnosis, and the treatment provided to you. We may also disclose your health information to another health care provider or health plan for its payment activities.

Health Care Operations. We may need to use your health information to improve the quality or cost of care we deliver. These quality and cost improvement activities may include using your health information to evaluate the quality of our health care services.

Disclosures to Business Associates. We may disclose your health information to persons or organizations who have a contract with us to provide services for us to carry out treatment, payment or health care operations, such persons or organizations are our business associates. For example, we may disclose your health information to an agency that accredits health care organizations or to a collection agency to collect payment of medical bills.

OCHIN Participation. Family Health Center of Marshfield, Inc. is part of an organized health care arrangement including participants in OCHIN. A current list of OCHIN participants is available at www.ochin.com. As a business associate of Family Health Center of Marshfield, Inc., OCHIN supplies information technology and related services to Family Health Center of Marshfield, Inc., and other OCHIN participants. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and assess clinical benefits that may be derived from the use of electronic health record systems. OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your personal health information may be shared by Family Health Center of Marshfield, Inc., with other OCHIN participants or a health information exchange only when necessary for medical treatment or for the health care operations purposes of the organized health care arrangement. Health care operation can include, among other things, geocoding your residence location to improve the clinical benefits you receive.

The disclosures of personal health information described above may include past, present and future medical information as well as information outlined in HIPAA. The information, to the extent disclosed, will be disclosed consistent with HIPAA or any other applicable law as amended from time to time.

Contacting You. We may use your health information to communicate with you such as about appointments, surveys, or other communications. We may contact you by mail, telephone, email, or text message when you provide your address, telephone number, email address, or mobile phone number. Electronic communications may not be secure. You have the right to opt out at any time from text and/or email messages by responding to the message or calling 800-942-5420.

Public Health Activities. We may disclose your health information, if required or allowed by law, for the following public health activities: (1) for the purpose of preventing or controlling disease, injury or disability; (2) about products and services under the jurisdiction of the U.S. Food and Drug Administration; (3) alert exposure to a communicable disease or risk contracting or spreading a disease or condition; or (4) report information to your employer addressing work-related illnesses and injuries or workplace safety, as is required by law.

Victims of Abuse, Neglect or Domestic Violence. We may disclose your health information if we reasonably believe you are a victim of abuse, neglect or domestic violence. Reporting of such information is required or allowed by law, to a governmental authority, including a social service or protective services agency.

Health Oversight Activities. We may disclose your health information, if required or allowed by law, to a government agency legally responsible for overseeing the health care system and is responsible for ensuring compliance with the rules of government health programs such as Medicare or Medicaid.

Judicial and Administrative Proceedings. We may disclose your health information, as required or allowed by law, in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

Law Enforcement Officials. We may disclose your health information, as required or allowed by law, to the police or other law enforcement officials

Coroners, Medical Examiners and Funeral Directors. We may disclose your health information, as required or allowed by law, to a coroner, medical examiner or funeral director.

Research. We may disclose your health information after a special approval process and in certain circumstances to help conduct medical research.

Organ and Tissue Donation. We may disclose your health information to organizations that facilitate organ, eye or tissue donation, banking or transplantation.

Health or Safety. We may use or disclose your health information to prevent or lessen a serious and imminent threat to the health or safety of a person or the general public.

Specialized Government Functions. We may use and disclose your health information for authorized national security activities or to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances, including when you are an inmate of a correctional institutions or under the custody of law enforcement officials.

Workers' Compensation. We may disclose your health information to the extent necessary to comply with workers' compensation law or similar laws.

To Comply With the Law. We may use and disclose your health information when required to do so by any other law not already referred to in this section.

Your Rights Regarding Your Health Information

Right to Request Restrictions on Certain Uses and Disclosures of Your Health Information. You may ask for restrictions on how your health information is used or to whom your health information is disclosed such as for treatment, payment and health care operations, those involved in your care, or those involved in disaster relief efforts. We do consider all requests for restrictions, however, are not required to agree to your request. To request restrictions on how we use and disclose your health information for the purposes described above, we ask that your request be made in writing. Health Information Management staff can provide you with the applicable form. We will mail you a written response.

Right to Receive Confidential Communications of Your Health Information. We will accommodate any reasonable request that we communicate your health information in different ways or places. We may ask you to put your request in writing.

Right to Cancel Authorization to Use or Disclose Your Health Information. You may cancel an authorization you have provided to us except to the extent that we have already relied upon it. To cancel an authorization, we ask that your request be made in writing. Health Information Management staff can provide you with the applicable form.

Right to Inspect and Copy Your Health Information. You may request access to your health information in order to review or request copies of such information. In certain situations, we may deny you access to a portion of your health information (for example, mental health records or information gathered for judicial proceedings) as allowed by law. To review or obtain copies of your health information, we ask that your request be submitted in writing. Health Information Management staff can provide you with the applicable form. You have the right to request that the copy be provided in an electronic form or format. If the form and format are not readily producible, we will work with you to create a reasonable electronic form or format. If you decline the available electronic formats, we will provide you with a paper copy.

You should note that, if you are a parent or legal guardian of a minor (child under age 18), certain portions of the minor's health information may not be accessible to you (for example, records relating to substance use treatment, HIV test results, or if the minor is emancipated).

Right to Request to Correct Your Health Information. You may ask us to amend your health information. We will consider all requests for corrections, however, may deny your request for legitimate reasons (for example, if your health information is accurate and complete or we did not create the health information you believe is incorrect). A request for amendment of your health information must be submitted in writing.

Right to Receive a Record of Disclosures of Your Health Information. You may ask for a list of certain disclosures of your health information made by us, in the six years prior to the date of your request. This list must include the date of each disclosure, who received the health information disclosed, a brief description of the health information disclosed, and why the disclosure was made. This list will not include disclosures made to you, or for purposes of treatment, payment, health care operations, or for certain other purposes. To request a list of such disclosures, please contact the Health Information Management department.

Right to Notification of Breach. You have the right to be informed of a breach of your protected health information. We will notify you if a breach occurs involving your unsecured protected health information within 60 days of the discovery.

Right to Receive Paper Copy of this Joint Notice. You may request a paper copy of this Joint Notice at any time, even if you earlier agreed to receive this Joint Notice electronically.

Additional Rights and Privacy Protections for Substance Use Disorder

THIS NOTICE DESCRIBES

- HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
- YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION
- HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION

YOU HAVE THE RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH OUR PRIVACY OFFICE AT fhccompriskinreporting@familyhealthcenter.org OR 888-652-4637 IF YOU HAVE ANY QUESTIONS.

Records relating to SUD treatment have additional rights and privacy protections under federal law. These additional rights and privacy protections build off of the rights and privacy protections afforded to all individuals under HIPAA (described above).

Our Permitted Uses and Disclosures of SUD Treatment Records Without Consent. We may use and disclose treatment records to:

1. Communicate with other staff within our SUD program or an entity that has direct administrative control over our SUD program when such individuals have a need for such health information to provide diagnosis, treatment, or referral for treatment.
2. Qualified service organizations that provide services on our behalf when such services are provided under a written agreement.
3. A law enforcement agency or official if you commit or threaten to commit a crime on our premises or against a person who works for us.
4. Report suspected child abuse and neglect to the appropriate authorities.
5. Comply with a court order when that order includes a subpoena or other legal mandate. (See below for more information regarding legal proceedings.)
6. Medical personnel in a medical emergency.
7. For certain scientific research, financial audits conducted by governmental bodies or agencies or individuals acting on behalf of government authority, or program evaluations.
8. To a public health authority; provided, however, the treatment record has been de-identified.

Our Permitted Uses and Disclosures of SUD Treatment Records that Require Consent. For treatment, payment, and health care operations purposes, we require that you provide a single consent for all future uses or disclosures for treatment, payment, and health care operations purposes. When your treatment record is disclosed to a HIPAA covered entity (such as another health care provider or a health insurance company) or a business associate (companies that provide services on behalf of HIPAA covered entities), the recipient may re-disclose your treatment information consistent with HIPAA and this Joint Notice.

Revoking Consent. You may revoke your consent in writing at any time by submitting a request to your provider. We will no longer use or disclose your treatment record after such time. However, we cannot take back any uses or disclosures of your treatment information already made when we had your consent.

Using or Disclosing Treatment Information in Legal Proceedings. Your treatment records created by us, your treatment records received by us from another SUD program, or testimony about your treatment records cannot be used or disclosed in any civil, criminal, administrative, or legal proceeding against you without your written consent or a court order. Treatment records shall only be used or disclosed based on a court order after notice and an opportunity to be heard is provided to you or us. A court order authorizing use or disclosure must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the treatment record is used or disclosed.

Your Right to a List of Disclosures by an Intermediary. If you consent to share your treatment records through an intermediary, such as a health information exchange or research organization, you have a right to a list of disclosures by the intermediary for the past three years. To request a list of disclosures by an intermediary, you must submit your request to the intermediary

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Federal Department of Health and Human Services and Family Health Center of Marshfield, Inc. We will not retaliate against you for filing such a complaint. All complaints must be submitted in writing. To file a complaint, please contact our Privacy Office, **Family Health Center of Marshfield, Inc., 1307 N. Saint Joseph Ave., Marshfield, WI 54449.**

Questions

If you have any questions about your privacy rights or the information in this Joint Notice, you may contact our Privacy Office at **888-652-4637**.

Family Health Center of Marshfield, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex, age, physical or mental disability, or religion.

