

developmental disabled or HIV test result, without your authorization to the Food and Drug Administration (FDA).

We may disclose your HIV test result without your authorization to a person that may have sustained a contact that carries a potential for transmission of HIV. We may disclose your protected health information that is reasonably related to a work related illness or injury if an application for workers' compensation has been filed.

Victims of abuse, neglect or domestic violence: Krohn Clinic may disclose health information, except for an HIV test result, if we reasonably believe that an individual is a victim of child or elderly abuse.

Health oversight activities: Krohn Clinic will not disclose HIV test results to health care oversight agencies without an authorization. We may disclose your mental health, alcohol or drug abuse or developmental disability related health information to the Department of Health and Family Services, to the county for coordination of human services and to a representative of the board on aging and long-term care. The remainder of your protected health information may be disclosed without your authorization to a state or federal agency.

Judicial and Administrative Proceedings: Krohn Clinic may disclose your protected health information, excluding mental health, alcohol or drug abuse or developmental disabled or HIV test result, in response to a court order. We may disclose your protected health information in response to a subpoena if Krohn Clinic is a party to a court action, Krohn Clinic has received your authorization to disclose and has not complied within two business days or we failed to respond to a request for workers' compensation records.

Law enforcement: Krohn Clinic may disclose your protected health information, excluding mental health, alcohol or drug abuse or developmental disabled or HIV test result, if asked to do so by law enforcement official:

- As required by law;
- In response to a court order, subpoena, warrant, summons, administrative request or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the clinic;
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

For activities related to death:

- **Coroner or Medical Examiner:** Krohn Clinic may use or disclose your protected health information that is not an HIV test result or related to mental health, alcohol or drug abuse and developmental disabilities to a coroner or medical examiner.
- **Funeral Director:** Krohn Clinic may use or disclose your protected health information, including HIV test results, to funeral directors as necessary to carry out their duties.
- **Organ and Tissue Donation:** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Research: Krohn Clinic may use or disclose your protected health information for research purposes if the researcher has obtained your permission or fulfilled the stringent privacy requirements of state and federal law.

To avoid a serious threat to health or safety: Krohn Clinic may disclose your protected health information under limited circumstances to law enforcement officials to avert a serious threat to health or safety.

Disclosures for specialized government functions:

- **National Security and Intelligence Activities:** We may use or disclose protected health information about you to authorized federal officials; for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others:** We may use or disclose protected health information about you to authorized federal officials so they may provide protection of the President, other authorized persons or foreign heads of state to conduct special investigations.
- **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release protected health information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Workers compensation: Krohn Clinic may disclose protected health information reasonably related to a workers' compensation injury.

Other uses of medical information: Other uses and disclosures of protected health information not covered by

this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose protected health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose protected health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you. If you revoke your permission that was obtained as a condition of obtaining insurance coverage, other law still allows the insurance company to contest a claim under the policy.

Patient Complaint Process or Questions/Concerns

If you believe your privacy rights have been violated, you may file a complaint with Krohn Clinic or with the Secretary of the Department of Health and Human Services. There will be no retaliation against you for filing a complaint.

To file a complaint with Krohn Clinic, or if you have questions or concerns regarding your privacy rights or the information in this notice, contact Lonnie Simplot, the clinic's Privacy Officer at (715) 284-1896.

Effective Date: This Notice of Privacy Practice is effective as of April 14, 2003.

NPP-V2



610 W. Adams Street
Black River Falls, WI 54615-9110
(715) 284-4311
WEB SITE: www.krohnclinic.com

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 this information carefully.

