NOTICE OF PRIVACY PRACTICES
For
BADGER PRAIRIE HEALTH CARE CENTER

This notice describes how medical information about you may be used and disclosed and how you can gain access to this information. Please review it carefully.

The Health Insurance Portability and Accountability Act of 1996 and state law requires facilities such as Badger Prairie Health Care Center to maintain the privacy of patient information that is protected health information under the law and to explain our duties and practices in protecting that information. The Badger Prairie Health Care Center policy is to guard against any unnecessary disclosures of your health information. Badger Prairie Health Care Center must follow the policy established by this notice, and must revise this policy before changing its practices in any important way.

Unless you or your legal representative give authorization, health information that identifies who you are will not be released by Badger Prairie Health Care Center for any purpose unless otherwise authorized by law.

However, the facility is permitted under the law to use or disclose patient health information for each of the following purposes: treatment, to obtain payment for treatment, unless you pay entirely privately from your own funds, or to carry out its operations as a health care facility. Use or disclosure for treatment may involve sharing information with physicians who contract with the Center or other consultants such as a dentist, psychologist, psychiatrist, or pharmacist. To obtain payment, patient health information may be shared with state or federal government payment agencies such as Medicare. To carry out operations of the facility, patient health information must be shared by staff of different shifts and units, for example food service or physical therapy, within the facility. To carry out operations requiring court oversight your information may be shared with the parties involved, such as actions required by guardianship and protective placement law.

Unless you object, we may use your name and other information about you for our directory. The information about you in the directory may be disclosed to those involved in your care and to your friends and relatives, but will not be disclosed to those not associated with you or our facility without your consent. We will not use your name or image for marketing purposes without you or your legal representative giving us consent to do so.

Other situations in which the Center may be required by law to release patient health information without consent or written authorizations include:

- To prevent or control disease, disability, injury or abuse.
- To report adverse events due to product defects.
- If staff are exposed to diseases in patient blood.
- To comply with state or federal inspections or surveys.
- To law enforcement investigating a case.
- To coroners and medical examiners.
- If ordered by a judge or legal administrative officer.
- To meet state or federal data requirements as in an audit, census or nursing home database.

Patient Rights: You have the following rights with regard to health information that is maintained by Badger Prairie Health Care Center.
You or your legal representative may ask to restrict use or disclosure of information for purposes related to treatment, payment, or facility operations. You could ask that certain information not be shared with certain treatment providers. The facility need not agree to restrictions related to treatment, payment, or center operations.

You or your legal representative may ask the facility communicate confidentially with you in a different way or in different places.

You or your legal representative may inspect and copy protected health information.

You or your legal representative may make a written request stating reasons to add, delete, or change information in your patient record. The facility may deny a request to amend under certain circumstances. You or your legal representative may request the facility to account for disclosures it has made of your protected health information that did not relate to your treatment, obtaining payment, or operations of the facility not going back more than six (6) years, or electronic health records not going back more than three (3) years.

You or your legal representative have the right to be informed in the event that there is a breach of your unsecured protected health information.

You or your legal representative both have a right to a paper copy of this notice.

**Complaints:** If you have any complaints about violation of your privacy rights, you may contact and file a written complaint with Steven Handrich, BPHCC Administrator, at 1100 East Verona Avenue, Verona, Wisconsin, 53593 or contact the Secretary of the United States Department of Health and Human Services.

---

Resident or Legal Representative

Date

By my signature below, I acknowledge the facility’s notice of privacy practices regarding health information.

Resident or Legal Representative

Date