

The Open Door Clinic, Inc.
(Located in the First Presbyterian Church)
P.O. Box 271
Chippewa Falls, WI 54729
Tel. 715-720-1443

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.

The purpose of this publication is to provide you with adequate notice of the uses and disclosures of your protected health information that may be made by The Open Door Clinic, Inc. (“Clinic”), your rights, and the Clinic’s legal duties with respect to your protected health information. Protected Health Information (“PHI”) means health information, including demographic information, created by the Clinic or other health care provider, which identifies you, or can be used to identify you, that relates to your past, present, or future health or condition, including the care you receive, and any payments made for that care.

Uses and Disclosures

- The Clinic will use and disclose your PHI to provide your care and treatment. This includes communication and consultation among Clinic physicians, nurses, technicians, pharmacists, and other members of the Clinic staff. In addition, the Clinic uses outside clinics for laboratory testing on samples taken from patients. For example, you may have your blood drawn at the Clinic and the sample will be sent to another clinic or hospital for tests, and the results returned to the Clinic for analysis.
- Clinic services are provided free of charge, so that your PHI would not be used or disclosed for payment purposes. However, the Clinic may use your PHI in order to obtain prescribed medications on your behalf. For example, if you qualify for a patient assistance program with a drug company, the clinic will use your PHI when completing the application for that program.
- The Clinic may use your PHI for monitoring and improving patient care, training purposes, and managing health care operations. For example, your PHI may be used to evaluate the effectiveness of care provided by the Clinic.
- The Clinic will use or disclose your PHI when authorized or required by federal or state law, or court order. For example, to avert a serious threat of harm, to comply with government agency requests, workers’ compensation claims, to report abuse or neglect, to report communicable diseases, to comply with health oversight committee requests, and to report injuries sustained as a result of a crime.
- The Clinic may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.
- The Clinic may contact you to raise funds for the Clinic.
- Other uses and disclosures will be made only with your written authorization. You may revoke your authorization, in writing, at any time, except to the extent that the

Clinic or other health care provider has already taken action in reliance upon your authorization.

Individual Rights

- You have the right to request restrictions on certain uses and disclosures of your PHI. The Clinic is not required to agree to a requested restriction.
- You have the right to request to receive confidential communications of your PHI from the Clinic by alternative means or at alternative locations. The Clinic is required to accommodate all reasonable requests.
- You have the right to inspect and copy your PHI, with limited exceptions.
- You have the right to request an amendment to your PHI.
- You have the right to receive an accounting of disclosures of your PHI.
- You have the right to receive a paper copy of this Notice.

In order to exercise any of these rights, please send a written request to Dr. Deb Bieging at The Open Door Clinic, Inc., P.O. Box 271, Chippewa Falls, WI 54729.

Clinic's Duties

- The Clinic is required by law to maintain the privacy of your PHI and to provide you with notice of its legal duties and privacy practices with respect to your PHI.
- The Clinic is required to abide by the terms of the notice currently in effect.
- The Clinic reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that the Clinic maintains. If the Clinic changes the terms of this notice, you will receive a revised Notice at your next visit with the Clinic.

Complaints

- You may complain to the Clinic and to the Secretary of the Department of Health and Human Services if you believe that your privacy rights have been violated. To complain to the Clinic, please send a letter to Dr. Deb Bieging at The Open Door Clinic, Inc., P.O. Box 271, Chippewa Falls, WI 54729. You will not be retaliated against for filing a complaint.

Contact: You may call 715-720-1443 for further information.

Effective Date: The effective date of this notice is February 14, 2008. It amends the prior notice dated March 1, 2006.

THIS NOTICE IS INTENDED TO COMPLY WITH 45 C.F.R. § 164.520.