

SUMMARY OF OUR NOTICE OF PRIVACY PRACTICES

Health information is created whenever you receive a service from Public Health Madison and Dane County (PHMDC) or your information has been given to us so we can help you. Health information may be written, spoken or electronic. This Notice tells you how we may use or share your medical information and about your rights concerning your health care records. Please review it carefully.

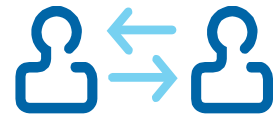
Your Privacy

We take great care to keep your medical information private. Please look at the full length Notice of Privacy Practices for complete information about our privacy practices.

Your Medical Information

We Can Share or Use Your Medical Information Without Your Permission For:

- Your treatment;
- Payment, unless you pay the bill on your own;
- Appointment reminders and communications with you;
- Public health activities, like audits, planning, and some research.
- Uses permitted or required by law.



You can let us know if you do not want us to share your medical information with family members, friends, or others involved in your care.

How Can I Send My Medical Information To Another Doctor or Clinic?

If you would like us to share the medical information that we have about you with another doctor or clinic, you may fill out and sign a consent form. If you want us to stop sharing this information, please send a written request to our Privacy Officer.

Your Privacy Rights

1. You may see the medical records we have about you, and ask for a paper or electronic copy.
2. You can ask for changes to your medical records if you think something is not right.
3. You can tell us how you prefer to be contacted.

4. You may ask that your health information only be used for certain purposes. Please note that we may not be able to agree to what you have asked.

5. If you are 18 years of age or older, you are the only person who can sign the consent form to give your permission to share your medical information. If you are under the age of 18, your parent or guardian must sign this form for you. However, there are many situations in which this general rule does not apply. For more information, contact the Privacy Officer.

6. You may receive a copy of our Notice of Privacy Practices, either in this format or in the full-length format.

Questions and Complaints

If you feel that we may have violated your privacy rights, or you disagree with a decision we made, you may contact the PHMDC Privacy Officer. You also may send a written complaint to the U.S Department of Health and Human Services, Office for Civil Rights, by contacting their Hotline at 1-800-368-1019. You may freely file your complaint with PHMDC or directly with the U.S. Department of Health and Human Services, without any penalty from us.

Contact Information

Privacy Officer
Public Health Madison and Dane County
2300 S. Park St, Room 2010
Madison, WI 53713
(608) 266-4821

Acknowledgement of Notice of Privacy Practices

Under federal privacy laws, we are required to provide you with our Notice of Privacy Practices. You are not required to sign and return a form saying that you have read the Notice of Privacy Practices. If you would like to please sign the form we have given you, please return it to PHMDC staff or the Privacy Officer.