

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.

Sherwood Lodge ("Facility") is required by law to maintain the privacy of your Protected Health Information ("PHI") and to provide you with this notice of our legal duties and privacy practices with respect to your PHI. Protected Health Information includes information that can be used to identify you in connection with your past present or future health care or payment for that health care.

With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the need for the information.

Facility is required to abide by the terms of the Notice currently in effect. However, we reserve the right to change the terms of this Notice and make the new notice provisions effective for all protected health information that it maintains. In the event of a revision of this Notice, Facility will provide you with notice of the changes by posting the Notice prominently within Facility. You have the right to a copy of the revised Notice.

PERMITTED USES & DISCLOSURES OF YOUR INFORMATION

Without your authorization, Facility is permitted to use and disclose information about you for treatment, payment and healthcare operations. Not all types of uses and disclosures can be described in this Notice, but we have listed some common examples below.

For Treatment

We may share your medical information when we coordinate services you may need, such as clinical services, therapy, dietary needs, hospitalization, or medications.

Example: We may share your medical information to a pharmacist when you need a prescription filled or a therapist to coordinate your physical, occupational or speech therapy.

For Payment

We may disclose your medical information for billing purposes or to collect payment for service and treatment that you receive.

Example: We may disclose your information to our business associates, such as our billing and claims processing company in order to coordinate benefits and collect payment for the care we provided to you.

For Health Care Operations

We may use and disclose your medical information in connection with our health care operations. This may include quality assessment and improvement activities, evaluating provider

performance, conducting training programs, licensing and credentialing activities, medical and legal review services, auditing, fraud & abuse detection, business planning and development, business management and general administrative activities, resolution of internal grievances, and customer service. We may use and disclose your information to ensure that the services we provide and you receive are appropriate.

We may disclose your information to another entity which has a relationship with you, and is subject to the federal Privacy Rules, for their health care operations relating to quality assessment and improvement activities.

Example: We may use your information to review the quality of our services and to evaluate the performance of our staff in caring for you.

For Public Benefit

We may use or disclose your information as authorized by law for certain purposes deemed to be in the public interest or benefit: as required by law; for public health activities, including disease reporting, FDA oversight, and to employers regarding work-related illness or injury; to report adult abuse or neglect; to health oversight agencies; in response to court and administrative orders and other lawful processes; to law enforcement officials pursuant to subpoenas and other lawful processes, concerning crime victims, suspicious deaths, crimes on our premises, reporting crimes in emergencies, and for purposes of identifying or locating a suspect or other person; to coroners, medical examiners, and funeral directors; to avert a serious threat to health or safety; in connection with certain research activities; to the military and federal officials for lawful intelligence, counterintelligence, and national security activities; to correctional institutions regarding inmates; and as authorized by state workers' compensation laws. You may be able to opt out of certain disclosures to government agencies

For Disaster Relief

We may use or disclose your name and location to a public or private entity authorized by law or by its charter to assist in disaster relief efforts. We may not disclose confidential medical information (except in response to a written request from a government agency) in these circumstances without your written permission.

Disclosure for reasons other than those necessary for treatment, payment or operations, as outlined in this Notice (*see above*), or as otherwise permitted by state or federal law, will be made only with your written authorization.

USES & DISCLOSURES OF YOUR INFORMATION THAT REQUIRE YOUR PRIOR WRITTEN AUTHORIZATION

You may give us written authorization to use your medical information or to disclose it to anyone for any purpose. For situations not described above, we will require it. You may revoke your authorization at any time, provided that your revocation is in writing. Facility will no longer disclose your information to the prior authorized recipient(s), except to the extent that we previously relied on your original authorization to release the information.

USES & DISCLOSURES WHERE YOU HAVE AN OPPORTUNITY TO AGREE OR DISAGREE

Without your written permission, we will provide you with the opportunity to object to the release of your health information pursuant to our facility directory or to a family member, friend or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. You may make this objection at any time. If you are not present, or the opportunity to agree or object to the use or disclosure cannot practicably be provided due to your incapacity or in the event of an emergency, Facility may exercise its professional judgment to determine whether the use or disclosure is your best interest, and, if so, disclose only that PHI which is directly relevant to the person's involvement with your health care.

YOUR RIGHTS REGARDING YOUR PHI

You have the right to request limits on how we use and disclose your PHI. We are not required to agree to a requested restriction, but if we accept your request, we will abide by it except in emergency situations. We will notify you if we deny your request. Please complete a restriction request form from Facility's Privacy Official.

You have the right to choose how we communicate PHI to you. All of our communications to you are deemed highly confidential. You have the right to ask that we send information to you at a specified address or by alternative means. We will accommodate your request to the extent it is reasonable.

You have the right to access, inspect and copy your PHI. You have the right to view and copy your treatment, payment, or other records used to make decisions about you in the course of providing care, services or other benefits. Your request must be in writing and submitted to the Facility Privacy Official. We may charge you a fee for costs associated with your request. We are not required to share with you or allow you to copy any psychotherapy notes or information prepared for use in legal actions or proceedings, where applicable.

You have the right to amend your PHI. If you believe your medical information is incorrect or incomplete, you may submit a request to

Facility to correct or update the information. Your request must be submitted in writing to Facility's Privacy Official. Facility is not required to approve your request. In the event your request is granted, we will notify you. If we deny your request, we will explain the reason(s) for our decision.

You have the right to receive an accounting of disclosures of protected health information. Upon your request, we will provide you with a list of dates when your health information was disclosed and why, to whom your health information was disclosed, and a description of the information disclosed. This list will not include disclosures for treatment, payment and health care operations, or on accountings previously given to you. We may also exclude from the list of disclosures those made prior to April 14, 2003, or disclosures made six (6) years before your request. You may request an accounting of disclosures one time every twelve (12) months free of charge.

You have the right to obtain a paper copy of this notice upon request, even if you have agreed to receive this notice electronically. Please contact the Privacy Official.

HOW TO FILE A COMPLAINT OR WHO TO CONTACT FOR MORE INFORMATION ABOUT OUR PRIVACY PRACTICES

If you are concerned that we may have violated your privacy rights, you may complain to Facility and to the Secretary of the U.S. Department of Health and Human Services.

You may file a complaint with the Secretary of the U.S. Department of Health and Human Services by writing to the Privacy Official, Department of Health and Human Services, Region V Office of Civil Rights, 233 North Michigan Avenue, Suite 240, Chicago, IL 60611. For more information call (312) 886-2359, Fax (312) 886-1877, TDD (312) 353-5693.

If you want more information about our privacy practices, or to file a complaint with Facility, please write the Privacy Official, Sherwood Lodge, 116 Cherry Street, Williams Bay, WI 53191. You may also call (262) 245-7320.

We support your right to the privacy of your medical information. You will not be retaliated against for filing a complaint with us or with the U.S. Department of Health and Human Services.

Effective Date of This Notice

This notice originally went into effect on April 14, 2003. We have since revised it. The effective date of this Notice as revised is January 15, 2012.