

information is incorrect or incomplete, you have the right to request to amend the information. You may do this by sending your request in writing to the Health Department, including your reason for the request. We may deny your request if the information was not created by us, is not part of the health information maintained by us, or if it is determined that the health information is correct. You may appeal our decision by sending a written request to us.

3. You have the right to request a list of all of our disclosures of your health information, except for information disclosed for service, payment or health care operations, or for those disclosures you specifically authorized. To request this list you must send your request in writing to the Health Department. Your request must tell us a specific time period (beginning after April 14,2003) of not more than six years. The first disclosure list you request in any 12-month period is free. We may charge a fee for additional lists.
4. You have the right to ask that we limit how we use and disclose health information about you. You may do so by submitting a request in writing to the Health Department, telling us how and what information to limit. We will consider your request but are not legally required to accept it. We also are not required to agree to your request. If we do agree, we will follow your request unless the information is needed to provide you with emergency services.
5. You have the right to ask us to send information to you at a different address (for example, sending information to your work address instead of your home address) or in a different way (for example, in an unmarked

envelope instead of our regular mailing envelope). You may do so by sending a request in writing to the Health Department. We have the right to decide whether the request is reasonable. We do not have to comply with an unreasonable request.

6. You have the right to receive a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time or you may print a copy from our Web site at www.wauwatosanet.net.

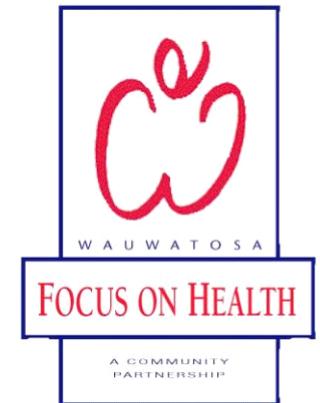
Complaints

If you feel that your privacy rights have been violated, you may file a complaint utilizing the existing complaint process with the City of Wauwatosa, 7725 W. North Avenue, Wauwatosa, WI 53213. You also may file a complaint with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

Changes to this Notice

We reserve the right to change this Notice and our privacy policies at any time. Before we make an important change to our policies, we will promptly revise this Notice and post a new Notice within our facilities and on our Web site. Any changes will apply to the health information we have on file and health information we create or receive after the effective date of the new Notice. You may request a copy of the current Notice from the contact person listed above or by looking at the Notice on our Web site at www.wauwatosanet.net. The effective date of this Notice is April 13, 2003.

Your Privacy is Important to Us



Wauwatosa Health Department
7725 W. North Ave.,
Wauwatosa, WI 53213
(414) 479-8936

Adapted from "Your Privacy is Important to Us",
Covenant Healthcare System, Inc. 2002

Notice of Privacy Practices

THIS NOTICE OF PRIVACY PRACTICES (“NOTICE”) DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We are required by law to keep your health information private and provide you with a copy of this Notice. We are also required by law to follow the terms of this Notice as long as it is in effect. If you have any questions about this Notice, please contact our privacy officer at City of Wauwatosa, Attorney’s Office, 7725 W. North Ave., Wauwatosa, WI 53213, (414) 479-8904.

Who Will Follow This Notice?

The privacy practices summarized in this Notice will be followed by:

1. Health care professionals and others who enter information into the health record we maintain about you.
2. Our employees, nurses, allied health professionals, students, and volunteers.
3. Our department, community clinic sites and on-site clinics.
4. Members of our health care system with whom we share health information.
5. Any business associate with whom we share health information.

This Notice applies to all of the records relating to your care maintained by the Wauwatosa Health Department, regardless of whether such records are generated or received and/or whether they were created by health department staff or

your health provider. However, please note that your healthcare provider may have separate policies and/or notices about the use and disclosure of health information that is maintained in his or her private office.

How We May Use And Disclose Health Information About You

1. We may use and disclose health information about you to:
 - a. Provide you with services (such as sharing information with a consulting physician who has been asked to examine your health information). Unless you object, we also may share health information about you with people outside our organization who may be involved with your health care or treatment. These people include family members, home health agencies, nursing homes, or others we use to help provide services that are part of your care;
 - b. Bill and collect payment from you, an insurance company or a third party if applicable. For example, we may need to give a health plan information about a service performed for you so that they will pay us, or reimburse you, for the cost of the procedure. We also may share health information with our business associates. Our business associates include billing companies, claims processing, clearinghouses and others that process our health care claims.
 - c. Assist us with our healthcare operations. For example, we may use health information about you to review our treatment and services and/or to evaluate the performance of our staff.

2. We may contact you to remind you that you have an appointment, to follow up on health care services that were provided to you, to tell you about alternatives or to tell you about other health related benefits and services that may be of interest to you.
3. We may share health information about you with family members or friends whom you indicate are involved in your care. In certain disasters and related emergency situations, we share health information about you with disaster relief organizations (such as the Red Cross, etc.) so that your family can be notified about your condition, status and location.
4. In certain situations, we may use and share health information about you for research purposes. However, all research projects will ensure the privacy of your health information. No personal identifiers will be used.
5. We may use or disclose health information about you without your permission only as allowed by law. Examples of situations where we may be required to release health information about you include: emergencies, public health, health or safety threats, reporting abuse or neglect, health oversight and audit activities, national security, coroners, medical examiners, funeral directors, and workers’ compensation. We also may be required by the law to provide health information about you in response to requests from law enforcement officials in limited circumstances, correctional institutions, or as part of legal proceedings in response to valid judicial or administrative orders and/or other valid legal authority.

Other Uses Of Health Information

Uses or disclosures of your health information that are not covered by this notice or the law will be

made only with your written permission. (This includes those used for marketing purposes other than materials sent to you about health care services or other treatment options). In further support of your right to privacy, we cannot accept your blanket authorization to disclose health information for services you have not yet received. If you permit us to use or share health information about you, you may take back that permission, in writing, at any time. If you take back your permission, we will no longer use or share the health information you specified for the reasons you noted in writing. You understand that when you take back your permission we are unable to retrieve any information we may have already shared with your permission. We also are required to maintain original records of the care that we provide to you.

Your Rights Regarding Health Information About You

1. You have the right to see and receive a copy of health information about you. To do so, you must submit your request in writing to the City of Wauwatosa Health Department. If you request a copy, it must be requested in advance and we may charge a fee for the cost of copies, postage and/or other supplies. In

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certain situations, we may deny your request. If we deny your request we will tell you, in writing, why your request was denied and explain to you your right to have the denial reviewed.

2. If you feel that our record of your health