Our goal is to keep your information accurate and up-to-date. You may request access to a list of disclosures by writing to us at our address:

Vernon Memorial Healthcare
Manager of Health Information
507. S. Main St. Viroqua, WI, 54665

REQUESTS MAY BE MADE FOR ANY OF THESE FOLLOWING LOCATIONS:

Vernon Memorial Hospital, Bland Clinic-VMH, Hirsch Clinic-VMH, Kickapoo Valley Medical Clinic-VMH, LaFarge Medical Clinic-VMH, VMH Outpatient Specialty Care, VMH Pharmacy, Solar Town Pharmacy-VMH, and VMH Pharmacy-LaFarge.

WHO FOLLOWS OUR NOTICE OF PRIVACY PRACTICES

This joint notice includes practicing physicians, other credentialed individuals, and their employees who are part of VMH's Organized Health Care Arrangement. These other individuals and organizations participate in providing care or assist in health care operations. Those that participate in our Organized Health Care Arrangement will share your health information with each other as necessary for treatment, payment, and operations. This joint notice applies to all participants in the Organized Health Care Arrangement regardless of who provided it to you. Here is a list of individuals and organizations that participate in our Organized Health Care Arrangement and locations where they deliver services:

- All VMH facilities
- Gundersen Health System at the VMH hospital

VMH provides care to our patients in partnership with physicians and other professionals and affiliated health care organizations. This notice of privacy practices is followed by:

- Any of our health care professionals who care for you at any one of our locations or sites
- All locations, departments, and units that are a part of our organization and staffed by our workforce, regardless of geographical location
- All members of our workforce including employees, medical staff members, students, and volunteers

SHARED MEDICAL RECORD/HEALTH INFORMATION EXCHANGE

We participate in arrangements of health care organizations, which have agreed to work with each other to facilitate access to protected health information that may be relevant to your care. For example, if you are admitted to a hospital on an emergency basis and cannot provide important information about your health condition, these arrangements will allow us to make your health information from other participants available to those who need it to treat you at the hospital. When it is needed, ready access to your health information means better care for you. We store health information about our patients in a joint electronic medical record with other health care providers who participate in the arrangements. You may contact our Privacy Officer for a list of healthcare providers who participate in the joint electronic medical record.

FOR TREATMENT:

We use information about you to provide medical treatments or services. That information is available to authorized employees such as doctors, nurses, technicians, medical students, or other hospital personnel. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian you have diabetes so that we can arrange for appropriate meals. VMH has an agreement with all of its providers which include: Gundersen Health System, Mayo Clinic Health SystemFranciscan Healthcare and Scenic Bluffs. All providers will abide by our privacy practices.

FOR PAYMENT:

We may use and disclose information about you so that the treatment and services you receive can be billed to, and payment can be collected from you, an insurance company, or a third party. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. You may request restrictions on any services paid for out of pocket; with payment, VMH will restrict PHI disclosure of your PHI to a health plan.

FOR HEALTH CARE OPERATIONS:

We may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many hospital patients to decide what additional services VMH should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other VMH personnel for review and educational purposes. We may also combine the medical information from other healthcare systems to compare how we are doing and see where we can make improvements in the care and services we offer.

APPOINTMENT REMINDERS/TEST RESULTS:

We may contact you with appointment reminders by mail or phone, including answering machines, unless you request a different method of notification.

TREATMENT ALTERNATIVES:

We may use your protected healthcare information when we have face to face conversations with you, or send you information about possible treatment options or alternatives that may be beneficial to you.

MARKETING:

We may use or disclose medical information about you when we have face to face conversations with you about products or services that may be beneficial to you. Any other disclosures including any that constitute the sale of PHI requires an authorization from you.

FUNDRAISING ACTIVITIES:

We may use certain medical information about you to contact you in an effort to raise money for VMH and it's operation. We may disclose medical information to a foundation related to VMH so that the foundation may contact you in raising money for our facilities. We would only release contact information such as your name, address, phone number, dates of service, department of service or treating provider. If you do not want to be contacted for fund-raising efforts, you may opt out by notifying the:

Vernon Memorial Healthcare Development Coordinator
507 S. Main St., Viroqua, WI, 54665
608-637-4374 or foundation@vmh.org

HOSPITAL DIRECTORY:

Limited information about you may be included in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition (e.g. fair, stable, etc.), and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people to ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they do not ask for you by name. This is so your family, friends, and clergy may visit you in the hospital, and generally be aware of how you are doing.
If you do not want to be listed in the directory or do not want your information to be given-out, you must notify Patient Registration in writing at the time you sign your consent.

INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE:

We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care, i.e. workers compensation or similar programs.

RESEARCH:

Before we use or disclose medical information for research, the project will be approved by an approval process. We may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave our facilities. We will always ask for your specific permission if the researcher will have access to your name, address, or other information that reveals your identity.

AS REQUIRED BY LAW:

We may provide certain health information to others as permitted by law, such as: regulatory agencies, court order, and public health agencies and disaster relief efforts.

TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY:

We may use and disclose your medical information when necessary to prevent a serious threat to your health and safety or the health and safety of the public. Any disclosure would only be to someone able to help prevent the threat.