



**THE CROSSING**  
A HEALTHY FAMILY FOR EVERY CHILD

## **NOTICE OF PRIVACY PRACTICES**

### **I. THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Although we are a medical care provider, we are not subject to the HIPAA Privacy Rule because we do not engage in transactions that trigger HIPAA regulations. Therefore, this Notice outlines the privacy practices that we voluntarily follow, and it is not intended to create any contractual or legal rights for patients. We reserve the right to modify our privacy practices and this notice at any time.

### **II. Safeguarding Your Information**

We will extend certain protections to your information, including identifiable information about your past, present, or future health or condition and the provision of care to you. This Notice explains how, when, and why we may use or disclose your information. Except in specified circumstances, we will only use or disclose the minimum necessary information to accomplish the intended purpose of the use or disclosure. While we take steps to protect your health information, please note that we are not bound by HIPAA regulations, and the protections we extend are voluntarily implemented.

### **III. How We May Use and Disclose Your Information**

We use and disclose your information for a variety of reasons. This may be for the purposes of treatment or our operations. For uses beyond that, we will ordinarily obtain your written authorization. The following offers more description and some examples of the potential uses and disclosures of your information:

- **Uses and Disclosures Relating to Treatment or Health Care Operations:** We may disclose your information to doctors, nurses, and other health care personnel who are involved in providing your health care. Your information may be shared with outside entities performing ancillary services to your treatment. Also, we may use and/or disclose your information as may be reasonably necessary in the course of operating our medical support services. We may also send or communicate appointment reminders, but subject to our normal confidentiality policies and any special instructions that you have given.
- **Uses and Disclosures for Which Special Authorization Will be Sought:** For uses beyond treatment and operations purposes, we will ordinarily seek your written authorization before disclosing your information. However, we may disclose your information without authorization in situations where disclosure is required by law, for public health reasons, to avert a threat of harm to you or a third person, or in other circumstances that justify such disclosure under applicable laws.

### **IV. How You May Have Access to or Control of Your Information**

While we are not legally obligated under HIPAA, we extend the following rights regarding your health information as part of our privacy practices:

- **To request restrictions on uses/disclosures:** You may ask that we limit how we use or disclose your information. We will consider your request, but we are not legally bound to agree to the restriction. To the extent that we do agree to such restrictions, we will abide by such restrictions except in emergency situations. We cannot agree to limit uses/disclosures that are required by law.



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- **To choose how we contact you:** You may ask that we send you information at an alternative address or by alternative means. We will agree to your request so long as it is reasonable for us to do so.
- **To inspect and copy your information:** Unless your access is restricted for clear and documented treatment reasons, you will be permitted to inspect your information upon written request. We will respond to your request within 30 days. If we deny your request for access, we will give you written reasons for the denial. If you want copies of your information, we will make reasonable efforts to accommodate any such request. You may designate selected portions of your information for copying.
- **To request amendment of your information:** If you believe that there is a mistake or missing information in our record pertaining to your information, you may request in writing that we correct or add to the record. We will respond within 60 days of receiving your request. Any denial will state the reasons for the denial. If we approve the request for amendment, we will change the information and inform you of the change. We will also inform any others who have a need to know about such changes.
- **To find out what disclosures have been made:** You may request for us to provide you with a list of all disclosures of your information which we have made except for such disclosures as have been made in connection with your treatment, our operations, or as specifically required by law. We will respond to your request within 60 days of receiving it.
- **To receive this notice:** You may receive a paper or electronic copy of this notice upon request.

#### V. Contact Person

If you have any questions or concerns about our privacy practices, please contact The Crossing Medical Clinic Nurse Manager: [nurse@crossingmanitowoc.org](mailto:nurse@crossingmanitowoc.org)

#### VI. Acknowledgement

I acknowledge that I have received a copy of this Notice and understand that while this center follows privacy practices, it is not legally bound by HIPAA regulations.

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Printed Name/ Signature

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Date

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