

Kenneth H. Yuska MD, S.C.
Devoted to Care of the Spine and Joints
4726 East Towne Blvd.
Madison, WI 53704
Phone 608-663-4550

Notice of Privacy Policy

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Please Read It Carefully

Uses and Disclosures

Treatment. Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, MRI tests and office notes will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment. Your health information may be used to seek payment from your health plan or from other sources of coverage that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Workers' Compensation. We may release personal health information about you as legally required for workers' compensation or similar programs that provide benefits for work-related injuries or illness. For example, if you have had a work related injury, your employer may request information about your treatment and progress to determine any benefits you may receive.

Health care operations. Your health information may be used as necessary to support the day-to-day activities and management of Dr. Yuska's practice. For example, training; medical research; insurance activity; medical review and auditing.

Law enforcement. Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government-mandated reporting.

Public health reporting. Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purpose other than those listed above require your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization

Additional Uses of information

Your health information will be used by our staff to call you for appointment reminders. We may leave a message on answering machine.

We maintain a website with patient comments and appreciate your presence to share your good experiences with others. This is voluntary participation, which we appreciate very much. Thank you to all that participate.

Your health information may be used to send you information that you may find interesting on the treatment and management of your medical condition. We may also send you information describing other health-related products and services that we believe may interest you.

Individual Rights

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information
- The right to receive confidential communications concerning your medical condition and treatment
- The right to inspect and copy your protected health information
- The right to amend or submit corrections to your protected health information
- The right to receive an accounting of how and to whom your protected health information has been disclosed
- The right to receive a printed copy of this notice

Dr. Yuska's Duties

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices.

We also are required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the recently revised privacy policy. The revised policies and practices will be applied to all protected health information we maintain.

Requests to Inspect Protected Health Information

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting Dr. Yuska's administrative assistant or his privacy officer. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

Complaints

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Kenneth H. Yuska, M.D., S.C.
4726 East Towne Blvd., Ste 110
Madison, WI 53704

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address

You will not be penalized or otherwise retaliated against for filing a complaint.

Contact Person

You may contact the privacy officer at 608-663-4550 or at the above address for further information concerning our privacy practices.

Effective Date

This notice is effective beginning April 7th, 2003