Right to Request Restrictions: You have the right to request certain restrictions of our use or disclosure of PHI for treatment, payment or health care operations. You also have the right to request a restriction on our disclosure of your PHI to someone involved in your care or the payment for your care. We are not required to agree to your request in most cases. If the Froedtert Health Affiliate agrees to the restriction, it will comply with your request unless the information is needed to provide you emergency treatment. We must, however, agree to your request to (1) restrict our disclosure of your PHI to the hospital, (2) restrict our disclosure of your PHI to our workforce, and (3) restrict our disclosure of your PHI to anyone for whom you are able to pay in full for the health care item or service we provided you. You may choose to withdraw or modify your request at any time before any costs are incurred.

Right to Request Alternate Means of Communication: You have the right to request that we communicate with you about your PHI in a certain way or at a certain location. We will accommodate all reasonable requests. You must make any such request in writing submitted to the Privacy Officer or designee.

Right to Require Authorization: Your authorization is required for most uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes, and disclosures that constitute a sale of PHI.

Right to Revoke Authorization: If you authorize the Froedtert Health Affiliates to use or disclose your PHI, you may revoke that authorization, in writing, at any time. You may contact the designated Health Information/Medical Records Department to do this. To revoke an authorization you must contact the designated Health Information/Medical Records Department.

Right to Complain: If you believe your privacy rights have been violated, you may file a complaint with the relevant Froedtert Health Affiliate or with the Secretary of the Department of Health and Human Services. To file a complaint with a Froedtert Health Affiliate, you must put your complaint in writing and address it to the designated Privacy Officer or delegate. This person will assist you in filing your complaint and the necessary paper work. Filing a complaint will not affect your treatment.

Important Notice: We reserve the right to revise or change this Notice and to make the new Notice provisions effective for all PHI the Froedtert Health Affiliates maintain. Each time you register for health care services at a site covered by this Notice, the most current copy of this Notice will be available for you. You have a right to obtain a paper copy of this Notice upon request.

Privacy Officer:
Froedtert Health ............................................414-805-2895
9200 W. Wisconsin Avenue, Wauwatosa, WI 53226
Medical College of Wisconsin ......................1-866-857-4943
8701 Watertown Plank Rd, Wauwatosa, WI 53226

Health Information/Medical Records Department:
Froedtert Hospital ...........................................414-805-2909
Medical College of Wisconsin ......................262-836-2510
Community Memorial Hospital ......................262-257-3400
St. Joseph’s Hospital .......................................262-836-5057
FMCCWP .....................................................262-836-2510

Patient Financial Services:
Froedtert Hospital ............................................414-777-1013
Medical College of Wisconsin ......................414-955-4511
Community Memorial Hospital ......................262-257-3850
St. Joseph’s Hospital .......................................414-777-1540
FMCCWP .....................................................855-329-6232

Web Sites:
Froedtert Health ............................................http://www.froedtert.com
Medical College of Wisconsin ......................http://www.mcw.edu

Office for Civil Rights, Region V
U.S. Department of Health and Human Services
233 N. Michigan Ave., Suite 240
Chicago, IL 60601

Voice Phone .................................................800-368-1019
FAX ............................................................262-619-3818
TTY ............................................................800-537-7697
E-mail .........................................................ocrmall@hhs.gov

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**OUR PLEDGE REGARDING YOUR HEALTH INFORMATION**

We are committed to the protection of patient health information in accordance with applicable law and accreditation standards regarding patient privacy. The health information about you is personal. This information may consist of paper, digital or electronic records but could also include photographs, videos and other electronic transmissions or recordings that are created during your care and treatment. A record of the care and services you receive is needed to provide you with quality care and to comply with legal requirements.

The law requires us to:

- Make sure that health information that identifies you is kept private.
- Give you this Notice of our legal duties and privacy practices with respect to health information about you.
- Notify you in the event of a breach of the confidentiality of your PHI.
- Follow the terms of this Notice that are currently in effect.

* Protected Health Information (PHI) is any individually identifiable health information, whether oral, written, electronic, transmitted or maintained in any form or medium that is created or received by a health care provider, a health plan, or a health care clearinghouse; and identifies an individual (for example, name, social security number, telephone number, the dates you received services, addresses, email addresses, and names of relatives or employers). When releasing your PHI, the Froedtert Health Affiliates will follow a “Minimum Necessary” standard, whereby we will make reasonable efforts to limit the use and disclosure of your PHI in order to accomplish the intended purpose or job.

Uses and disclosures of health information not covered by this Notice or the laws that apply to the Froedtert Health Affiliate will be made only with your authorization.

**IN CERTAIN CIRCUMSTANCES WE MAY USE AND DISCLOSE PHI ABOUT YOU WITHOUT YOUR WRITTEN AUTHORIZATION**

**For Treatment:** We will use health information about you to provide you with medical treatment or services. We will disclose PHI about you to doctors, residents, nurses, technicians, students in health care training programs, or other personnel who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes in order to slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals.

**For Payment:** We will use and disclose PHI to send bills and collect payment from you, your insurance company, or other payers, such as Medicare, for the care, treatment, and other services you receive. We may provide your name, address and insurance information to other health care providers related to your care. We may tell your health insurer about a treatment your doctor has recommended to obtain necessary approval or authorization before your plan will cover the cost of the treatment. For billing information, contact the Patient Financial Services Department.

**For Health Care Operations:** We may use and disclose PHI about you for the purpose of our business operations. These business uses and disclosures are necessary to make sure that our patients receive quality care and cost effective services. For example, we may use PHI to review the quality of our treatment and services, and to evaluate the performance of our staff. Additionally, business use and disclosure of PHI is necessary to allow us to carry on our operations. For example, we need PHI to provide you medical care following your hospital or clinic services.

**Disclosures to Others:**

- To a state or federal government agency to facilitate their audit or to enforce or comply with federal, state or local law or regulations.
- To workers’ compensation insurers, court orders, or other payers, such as Medicare, for the care, treatment, and other services you receive. We will disclose your health information about you to third parties that have contracted with us to keep any PHI confidential in the same way we do. For employer sponsored services provided at your employment site, summary, de-identified information may be permitted, and required in some cases, to release your PHI in certain circumstances to:
  - Employers, employees, or other payers, such as Medicare, for the care, treatment, and other services you receive. We may disclose PHI to your employer or organization about your health insurance status to contact you to raise money for the Froedtert Health Affiliate. We may share this information with a foundation associated with the Froedtert Health Affiliate to work on its behalf. You have the right to opt out of receiving fundraising communications from us.
- **Future Communications:** We may use your name, address, email and phone number to contact you to provide you information about new programs or other services we offer, or the Froedtert Health Affiliate newsletters. An example of this would be mailers to all patients regarding a walk or run for breast cancer. This same information may be used to develop new programs as part of promoting health.

**Public Health and Government Functions:** We will use and disclose PHI in certain circumstances to:

- Control or prevent a communicable disease, injury or disability, to report births and deaths, and for public health oversight activities.
- The Food and Drug Administration (FDA), to report adverse events or product defects, to track products, to enable product recalls, or to conduct post-market surveillance as required by law.
- To a state or federal government agency to facilitate their functions.

**Workers’ Compensation:** We will disclose your health information that is reasonably related to a workers’ compensation injury or illness following written request by your employer, workers’ compensation insurer, or the Department of Workforce Development or its representative.

**Employer Sponsored Health and Wellness Services:** We maintain PHI about employer sponsored health and wellness services we provide our patients, including services provided at their employment site. We will use the PHI to provide you medical treatment or services and will disclose the information about you to others who provide you medical care. For employer sponsored services provided at your employment site, summary, de-identified information may be provided to your employer for planning purposes. If you wish to have detailed health information provided to your employer, you must complete an authorization for release of PHI.