Medical Record/Health Information Exchanges: We maintain PHI about our patients in electronic medical records that allow Froedtert & MCW to share PHI. We also participate in various electronic health information exchanges that facilitate access to PHI by other health care providers who provide you with care. For example, if you are admitted on an emergency basis to another hospital that participates in the health information exchange, the exchange will allow us to make your PHI available electronically to those who need it to treat you at the hospital.

Sensitive Information: We may limit certain uses and disclosures of sensitive information; for example, in cases of behavioral and mental health information, substance use disorder information, or HIV status. Froedtert & MCW may be subject to more stringent state or federal laws applicable to your information.

YOUR PROTECTED HEALTH INFORMATION RIGHTS

Right to Request Restrictions: You have the right to request restrictions on uses and disclosures 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 who is involved in your care or the payment for your care. We are not required to agree to your request in most cases. If we agree to the restriction, we will comply with your request unless the PHI is needed to provide you emergency treatment. We must, however, agree to your request to: (1) restrict our disclosure of your PHI to your health plan when you have paid out-of-pocket in full for the health care item or service we provided you; or (2) restrict our disclosure of your immunization data to the Wisconsin Immunization Registry. A request for restriction should be made in writing. To request a restriction, please contact the Health Information/Medical Records Department.

Right to Inspect and Copy: You have the right to inspect and receive a copy of PHI about you that may be used to make decisions about your health. A request to inspect your records may be made by your nurse or doctor while you are an inpatient or to the Health Information/Medical Records Department. There may be a charge for these copies. Froedtert Health & Affiliates will allow you to inspect and copy your medical record in person, or you may request that we make the copies available to you in an alternative format. To request a copy, please contact the Patient Financial Services Department.

Right to Amend: If you feel that PHI about you has been incorrect or incomplete, you may ask us to amend the PHI, as long as Froedtert & MCW maintains the PHI. Requests for amending your PHI should be made to the Health Information/Medical Records Department. The Froedtert Health Affiliate that maintains the PHI, or MCW if it maintains your PHI, will respond to your request within 60 days after you submit the written amendment request form. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement, and that disagreement will be appended to the PHI you wanted amended. If we accept your request to amend the PHI, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changed information in the PHI. The amendment and statement of disagreement will be maintained with the PHI.

Right to a List of Disclosures: You have the right to request a list of instances in which we or our business associates disclosed your PHI for purposes other than treatment, payment, health care operations, disclosures authorized by you or made to you, and certain other activities. A request for this list must be made in writing to the Health Information/Medical Records Department. The first list you request from each Froedtert Health Affiliate and/or MCW within a 12-month period will be free. For additional lists, we may charge costs of preparation of the list. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Alternates 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.

Right to Require Permission: Your permission is required for 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 Permission: If you authorize Froedtert & MCW to use or disclose your PHI, you may revoke that permission, in writing, at any time. We are unable to take back any disclosures we have already made with your permission. To revoke a permission, please contact the Health Information/Medical Records Department.

Right to Complain: If you believe your privacy rights have been violated, you may file a complaint with MCW or the applicable Froedtert Health Affiliate or with the Secretary of the Department of Health and Human Services. To file a complaint with MCW or a Froedtert Health Affiliate, you may make your complaint in writing to the Privacy Officer for MCW or the Privacy Officer for Froedtert Health, as applicable. Filing a complaint will not affect your care and treatment.

Right to Appoint a Personal Representative: If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your PHI.

Important Notice: We reserve the right to revise or change this Notice and to make the new Notice provisions effective for all PHI that Froedtert & MCW 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. You have the right to obtain a paper copy of this Notice upon request.

More information about Froedtert Health is available at: www.froedtert.com
More information about MCW is available at: www.mcw.edu

How to Contact Us

Compliance Department
Froedtert Health & Affiliates ................................1-833-942-0798
N74 W12501 Leatherwood Court
Menomonee Falls, WI 53051
froedterthotline.ethicspoint.com

Medical College of Wisconsin (MCW) ................................1-844-703-8171
8701 Watertown Plank Rd, Wauwatosa, WI 53226

Health Information/Medical Records Department:
Froedtert Health Affiliates and MCW ..................................1-844-805-2909

Patient Financial Services:
Froedtert Health & Affiliates .......................................1-800-466-9670
Medical College of Wisconsin ..................................1-844-239-1939

Web Sites:
Froedtert Health & Affiliates ........................................www.froedtert.com
Medical College of Wisconsin ....................................www.mcw.edu

How to Contact the Office for Civil Rights, Region V:
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 ..................................................1-800-368-1019
TTY Phone ..................................................1-800-537-7697
Fax .............................................................1-202-619-3818
E-mail ..................................................ocrmil@hhs.gov

ACA Section 1557 Notice of Nondiscrimination

We comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. Attention: If you speak another language, assistance services, free of charge, are available to you. Call: 414-805-3000 (TTY: 1-800-947-3529)


Hmoob (Hmong): LNES CEEY: Yooy tias haj hais hmoob
Hmoob, cov kev kah tsox tsox, muaaj kev kah davb rau kj.
Hnaw rau: 414-805-3000 (TTY: 1-800-947-3529)

Effective Date: April 14, 2003
Last Revision Date: May 30, 2023
Item #: 37974 (supersedes 02/21, 03/20, 10/19, 10/16, 06/16, 05/15, 07/13, 03/12, 09/10, 04/10, 07/09)

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

Esta información está disponible en español. (This information is available in Spanish.)

This Notice applies to all protected health information (" PHI " ) that Froedtert Health, the Froedtert Health Affiliates, and MCW participate in one or more Organized Health Care Arrangements (each, an “OHCA”) and provide clinically integrated health care services. More information about the OHCA’s and about the Froedtert Health Affiliates to which this Notice applies is available at www.froedtert.com, or you may obtain a copy from Froedtert Health’s Privacy Officer or Froedtert Health’s Privacy Officer at the address and phone numbers listed under the HOW TO CONTACT US section at the end of this Notice.

This Notice describes how members of the Froedtert Health Affiliates’ and MCW’s respective workforces, including employees, medical staff members, students and volunteers, will use and disclose PHI maintained by Froedtert Health, the Froedtert Health Affiliates, and MCW. In addition, since this Notice, the Froedtert Health Affiliates, or MCW may participate in one or more Organized Health Care Arrangements associated with one or more OHCA’s. More information about the OHCA’s and about the Froedtert Health Affiliates to which this Notice applies is available at www.froedtert.com.
Our Pledge Regarding Your Health Information

Protected Health Information (“PHI”) is any individually identifiable health information that we create, receive, maintain, or transmit in any form or medium, that is created or received by a health care provider, health plan, or health care clearinghouse, and that relates to, present, past, or future physical or mental health or condition of an individual, the provision of health care to an individual, or the past, present or future payment for the provision of health care to an individual, and that either identifies an individual (for example, an individual’s name, social security number, or medical record number) or can reasonably be used to identify the individual (for example, your address, telephone number, or birth date).

We are committed to the privacy of your PHI, and we comply with applicable law and accreditation standards regarding patient privacy. PHI about you is personal, PHI may be in paper or electronic records but could also include photographs, videos and other electronic forms of communication. PHI includes any information 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 that PHI kept private.
- • Give you this Notice of our legal duties and privacy practices with respect to PHI about you.
- • Notify you in the event of a breach of your unsecured PHI.
- • Follow the terms of this Notice that are currently in effect.

Uses and Disclosures of Your PHI

Froedtert & MCW may use or disclose your PHI for treatment purposes or for other purposes permitted or required by law. We are permitted, and required in some cases, to release your PHI when doing so is determined necessary to prevent or lessen the serious and imminent threat. We may use and disclose your PHI to persons who may be able to prevent or lessen the threat or help the potential victim of the threat.

Required or Permitted by Law:

We will disclose your PHI when required to do so by federal, state, or local law. We are permitted, and required in some cases, to release your PHI in certain circumstances to:

- • Report suspected elder or child abuse to law enforcement or other governmental agencies responsible to investigate or prosecute abuse.
- • Respond to a valid court order.
- • The Department of Health Services (DHS), the Department of Children and Families (DCF), a protection or advocacy agency, law enforcement authorities investigating abuse, neglect, physical injury, death, and suspicious wounds, burns, or gunshot wounds.
- • Your court appointed guardian or agent you have appointed under a health care power of attorney.
- • A military treatment extended care provider.
- • A medical examiner, coroner, and funeral director regarding a death.
- • Law enforcement officials with regard to crime victims, crimes on our premises, crime reporting in emergencies, and identifying or locating suspects or other persons.
- • Organ, Eye and Tissue Donation:
  We will disclose PHI to organizations that obtain, bank or transplant organs or tissues.

Research:

Froedtert & MCW may use and share your PHI for certain kinds of research. Froedtert & MCW have one or more research review boards that review and approve recommendations for use of your PHI. Froedtert & MCW may share PHI about you in order to conduct research as long as the researcher will follow all privacy rules, or regulations. Froedtert & MCW will disclose PHI to a state or federal government agency to facilitate their surveillance as required by law.

In certain Circumstances We May Use And Disclose PHI About You Without Your Written Permission.

For Treatment:

Froedtert & MCW may use or disclose your PHI to provide you with medical treatment or services. We may 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 or nurse treating leg may need to know if you have diabetes because diabetes might slow the healing process. In addition, the doctor may need to tell the dietician if you have diabetes so that we can arrange for appropriate meals. Different departments of Froedtert & MCW may use or disclose your PHI for treatment, in the provision of health care to an individual, or the past, present or future payment for the provision of health care to an individual, and that either identifies an individual (for example, an individual’s name, social security number, or medical record number) or can reasonably be used to identify the individual (for example, your address, telephone number, or birth date).

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We are committed to the privacy of your PHI, and we comply with applicable law and accreditation standards regarding patient privacy. PHI about you is personal, PHI may be in paper or electronic records but could also include photographs, videos and other electronic forms of communication. PHI includes any information 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.

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Required or Permitted by Law:

We will disclose your PHI when required to do so by federal, state, or local law. We are permitted, and required in some cases, to release your PHI in certain circumstances to:

- • Report suspected elder or child abuse to law enforcement or other governmental agencies responsible to investigate or prosecute abuse.
- • Respond to a valid court order.
- • The Department of Health Services (DHS), the Department of Children and Families (DCF), a protection or advocacy agency, law enforcement authorities investigating abuse, neglect, physical injury, death, and suspicious wounds, burns, or gunshot wounds.
- • Your court appointed guardian or agent you have appointed under a health care power of attorney.
- • A military treatment extended care provider.
- • A medical examiner, coroner, and funeral director regarding a death.
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- • Organ, Eye and Tissue Donation:
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