within 60 days after you submit the written amendment if it maintains your PHI, will respond to your request for copies of billing records, you may contact the appropriate 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 care. For example, if you are admitted on an emergency basis to another Froedtert Health Affiliate 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.

**YOUR PROTECTED HEALTH INFORMATION RIGHTS**

**Right to Request Restrictions:** You have the right to request restrictions of certain uses or disclosures of PHI maintained by Froedtert & MCW for treatment, payment or health care operations. You also have the right to request a restriction of 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) limit our disclosure of 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 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.

**Right to Revise:** 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 contact the Privacy Officer for the Froedtert Health Affiliate to which this Notice applies or by calling 414-259-0290.

**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. Your request to inspect your records may be made by your nurse or doctor while you are an inpatient of one of the Froedtert Health Affiliates or by the Health Information/Medical Records Department while an outpatient or in other circumstances. For copies of your PHI, requests must go to the Health Information/Medical Records Department. There may be a charge for these copies. For more information, please contact the appropriate Patient Financial Services Department.

**Right to Amend:** If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the PHI, for 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 to 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 change in the PHI, for as long as Froedtert & MCW maintains 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 you costs of predisclosure. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any such request is made.

**Right to Request a Restriction:** You have the right to request restrictions of certain uses or disclosures of PHI maintained by Froedtert & MCW to use or disclose your PHI, requests must go 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 you costs of predisclosure. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any such request is made.

**Right to Request to Access:** You have the right to review and request access to 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 you costs of predisclosure. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any such request is made.

**Right to Request to Change:** You have the right to request corrections to PHI, including those who need it to treat you at the hospital.

**Right to Request a Representation and Agreement:** If you feel that we have denied your request for access to your PHI or have limited our use or disclosure of your PHI as requested, you may ask us to have the dispute reviewed by an independent third party reviewer. To ask for a review of our denial or limitation, you must submit a written request to the Privacy Officer for the Froedtert Health Affiliate to which this Notice applies or by calling 414-259-0290.

**Right to Revoke:** 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 File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with the Health Information/Medical Records Department or with the Department of Health and Human Services. To file a complaint with the Health Information/Medical Records Department, you may contact the Privacy Officer for Froedtert Health & Affiliates or MCW or by calling 414-259-0290 or 800-242-1649.

**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.

**Right to Revise:** 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 the Health Information/Medical Records Department or with the Department of Health and Human Services. To file a complaint with the Health Information/Medical Records Department, you may contact the Privacy Officer for Froedtert Health & Affiliates or MCW or by calling 414-259-0290 or 800-242-1649.

**Right to Request a Representation and Agreement:** If you feel that we have denied your request for access to your PHI or have limited our use or disclosure of your PHI as requested, you may ask us to have the dispute reviewed by an independent third party reviewer. To ask for a review of our denial or limitation, you must submit a written request to the Privacy Officer for the Froedtert Health Affiliate to which this Notice applies or by calling 414-259-0290 or 800-242-1649.

**Right to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with the Health Information/Medical Records Department or with the Department of Health and Human Services. To file a complaint with the Health Information/Medical Records Department, you may contact the Privacy Officer for Froedtert Health & Affiliates or MCW or by calling 414-259-0290 or 800-242-1649.

**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.
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 images. PHI is 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 PHI is 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 may use or disclose your PHI without your consent, except when using or disclosing your PHI for treatment purposes or when using or disclosing your PHI as required by applicable laws, rules, or regulations. Froedtert & MCW will always use or disclose your PHI in a “Minimum Necessary” standard and will make reasonable efforts to limit the use and disclosure of your PHI in order to accomplish the intended purpose.

Used and disclosures of PHI not covered by this Notice or the laws that apply to Froedtert & MCW may be made only with your consent.

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, your doctor’s chart leg may need to know you have diabetes because diabetes might 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. Different departments of Froedtert & MCW may share PHI about you so that they can provide the services you need, such as prescriptions, lab work and x-rays. We may disclose PHI about you to people outside of Froedtert & MCW who provide your medical care. For example, we may disclose PHI about you to a doctor or nursing home that provides your care following your hospital or clinic services.

For Payment: We may use and disclose your PHI to send bills and collect payment from you, your insurance company, or other payers, such as Medicare, for the care, treatments, or services we provide you. We may also use or disclose your PHI about you to the insurance company to determine whether your plan will cover the cost of the treatment. For billing information, you may contact the Froedtert Health Patient Financial Services Department or the MCW 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 and disclose PHI to the quality review committee to determine whether your plan will cover the cost of the treatment. For billing information, you may contact the Froedtert Health Patient Financial Services Department or the MCW Patient Financial Services Department.

Appointments and Transportation Services: We may use and disclose your PHI to remind you of or to confirm your appointments, such as your appointments for treatment or medical care. For example, if your provider has sent you to a test, the place where the test will be done may call and will make reasonable efforts to limit the use and disclosure of your PHI in order to accomplish the intended purpose.

Future Communications: We may use PHI to conduct outreach to confirm the time and place of your appointment. We may use or disclose your contact information for case management and care coordination purposes.

Business Associates: We may use or disclose your PHI to contractors or associates in operating our business. For example, when your doctor dictates a summary of the visit with you, a contracted company or individual may type up the document for our medical records. These contractors that assist us, if they are not providing the service in the capacity of a health care provider, health plan or health care clearinghouse, and that either identifies an individual (for example, your name, location in the hospital, and your religious affiliation in a hospital directory. The hospitals can disclose this information, except for your religious affiliation, to people who ask for you by name. Your religious affiliation may be disclosed to a religious organization even if they do not ask for you by name. You may request that no information contained in the directory be disclosed. To restrict use of information listed in the directory, please contact Froedtert & MCW.

Organ, Eye and Tissue Donation:

We are permitted, and required in some cases, to release your PHI that has been specifically identified as the target or potential victim of the threat. We may disclose PHI to persons who may be able to prevent or lessen the threat of the threat or help the potential victim of the threat. State law may require such disclosure when an individual or group has been specifically identified as the target or potential victim of the threat. In addition, the disclosure may involve school violence.

Report a Suspected Elder or Child Abuse to Law Enforcement or Other Governmental Agencies 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 prevent the 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 member of the clergy or a hospital chaplain.
- 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.

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 all research projects. The research review board may approve using your PHI without your written permission when the board determines that the researcher will follow all privacy rules. Other research projects submitted to a research board will require your written permission to use the PHI before the PHI is used in the research. If you are not using PHI in a research project, your care and treatment will not be affected.

Public Health and Government Functions: We will disclose your 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 or interventions.
- 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 activities.

Workers’ Compensation: We will disclose your PHI that is reasonably related to a worker’s compensation illness or injury following written request by your employer, worker’s compensation insurer, or the Department of Workforce Development.

Employer-Sponsored Health and Wellness Services: We maintain information about employer-sponsored health and wellness services, including services we provide at employer sites. We may use and disclose your information that we maintain about you in connection with employer-sponsored health and wellness services, including to persons who provide you medical care or health or wellness services. For employer-sponsored services provided at your employer site, information may be provided to your employer and/or your employer’s group health insurance plan as permitted by applicable laws, rules, or regulations.