Your Protected Health Information Rights

Right to Request Restrictions: You have the right to request the restrictions of the use and disclosure of your PHI. Restrictions cannot be made for treatment, payment, or health care operations. You have the right to request restrictions if you feel that the use or disclosure of your PHI may be harmful or inappropriate. Your request will be granted if we are not required to use or disclose the PHI for treatment, payment, or health care operations. Restrictions will not apply to any PHI that we have already disclosed before you ask for the restriction.

Right to Inspect and Copy: You have the right to inspect and receive a copy of your PHI maintained by Medical College of Wisconsin in connection with the provision of your health care. Your request for inspection and copy must be made in writing. We will provide you with a written statement listing the items inspected. We will also provide you with a copy of the PHI that we have inspected. You have the right to ask in writing for a summary of the PHI that we have inspected. A request for inspection and copy must be made to the Health Information/Medical Records Department.

Right to Amend: You have the right to request that your PHI be amended if you believe it is incorrect or incomplete. You may request in writing that your PHI be amended. Your request will be reviewed and you will be provided with a written response.

Right to a List of Disclosures: You have the right to request a list of all disclosures of your PHI that we have made in the past six years. If you request a list of disclosures, you must specify the time period for which the list is to be provided. If you request a list of disclosures in writing, you will be provided with a list of the PHI that we have disclosed.

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. Your request must be made in writing.

Right to Require Authorization: Your authorization is required for uses and disclosures of PHI except uses and disclosures that are necessary for treatment, payment, and health care operations. An authorization is required for any use or disclosure of PHI to third parties except for treatment, payment, or health care operations. An authorization may be made to the Health Information/Medical Records Department.

Your Request for Restriction: The request for restriction must be made in writing. If you do not provide a written request, your request for restriction will not be processed.

Right to Complain: If you believe your privacy rights have been violated, you may file a complaint with Medical College of Wisconsin or with the Secretary of the Department of Health and Human Services. To file a complaint, you must provide a written complaint to the designated Privacy Officer or delegate. You have the right to file a complaint to the Secretary of the Department of Health and Human Services.
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 your unsecured 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 relates to an individual’s past, present, or future physical or mental health condition, health care treatment, or the past, present or future payment for health care services to the individual; and either identifies an individual (for example, name, social security number or medical record number) or can reasonably be used to find out the person’s identity (address, telephone number, birth date, e-mail address, and names of relatives or employers).

When releasing your PHI, MCW 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 MCW 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 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 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 MCW may share health information about you in order to coordinate the services you need, such as prescriptions, lab work and x-rays. We may disclose health information about you to people outside MCW who provide your medical care. For example, we may provide information about your care and treatment to a doctor or nursing home that provides your care following your hospital or clinic services.

For Payment: We will 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 treatment, and other related 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 prior approval to determine whether 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, contracted employees and students in caring for you. We may use or disclose your PHI to an outside company that assists us in operating our hospital or clinic. For example, when your doctor dictates a summary of the visit with you, an outside company types up the document for our medical records. These outside companies are called “business associates”, who have contracted with us to keep any PHI received from us confidential in the same way we do.

Family Members and Friends: We may disclose PHI about you to a family member, relative, or another person identified by you who is involved in your health care or payment for your health care. If you are not present or are incapacitated or it is an emergency or disaster relief situation, we will use our professional judgment to determine whether disclosing limited PHI is in your best interest under the circumstances.

Hospital Directory: When you are an inpatient admitted to the hospital, or are admitted as an outpatient to the surgery center, MCW may list certain information about you, such as your name, your 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 given to members of the clergy 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 inform the admitting staff or your nurse. They will assist you in this request. In emergency circumstances, if you are unable to communicate your preference, you will be listed in the directory.

Fundraising Activities: We may use PHI, such as your name, address, phone number, the dates you received services, department of service information, treating physician, outcome information, and health insurance status to contact you to raise money for MCW. We may share this information with a foundation associated with MCW 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, and phone number to contact you to provide you information about new programs or other services we offer, or the MCW 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 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 surveilance as required by law.
- To a state or federal government agency to facilitate their functions.

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 prisoner’s health care provider.
- A medical examiner, coroner, and funeral director regarding a death.
- Laws and regulations 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: MCW may use and share your health information for certain kinds of research. MCW has a research review board that reviews and approves research projects. The review board may approve using your health information without your written authorization when the board determines that the researcher will follow all privacy rules. Other research projects submitted to the review board will require your written authorization to use the information before the research begins. Whether or not your health information is used in a research project, your care and treatment will not be affected.

Workers’ Compensation: We will disclose your health information that is reasonably related to a work related compensable illness or injury following written request by your employer, worker’s 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.

- over -