

## **Joint Notice of Privacy Practices**

This notice describes:

- How health information about you may be used and disclosed
- How you can get access to this information

**Please review this notice carefully.**

This notice will be followed by all members of the Children's Hospital of Wisconsin (Children's) workforce, including employees, medical staff members, students and volunteers with respect to health information maintained by Children's Hospital of Wisconsin or any of its affiliates at all locations.

We are required to:

- Follow everything in this notice
- Keep health information private
- Tell you about our legal duties and privacy practices
- Tell you if there is a privacy breach of your health information

### **How we may use and share your health information**

#### **Treatment**

We may use and send health information to doctors, residents, nurses, technicians, students in training or Children's staff 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. We may send health information to people outside Children's who provide care after you leave Children's. For example, a doctor that provides care following your visit to Children's may be sent information about your care during your visit.

#### **Payment**

Children's may use and send your health information to send bills and collect payment from you, your insurance company or other payers. For example, we may send health information to other providers, such as the Medical College of Wisconsin, who bill for services for your care.

#### **Health Care Operations**

Children's may use and share health information about you for business operations. For example, we may use health information to review the quality of our services, develop new programs or evaluate our performance. We may share your health information with organizations that assist us in our operations.

#### **Hospital Directory**

When you are in the hospital, Children's may list your name and room number in the patient directory. Children's may let people who ask for you by name know you are in the hospital. You may ask that we not give out that information. Talk to your nurse or admitting staff for assistance.

#### **Future Communications**

Children's may contact you to provide information about services or to raise money. If you do not want to be contacted by Children's to raise money, call the Children's Foundation at (414) 266-6100.

#### **Required or Permitted by Law**

Children's is required by law to disclose your health information in certain cases to:

- Public health agencies to control or prevent disease, injury or disability, and to report births and deaths

- The Food and Drug Administration to report certain diseases, product defects, and to track products to help with recalls
- A state or federal government agency to assist with their work
- Respond to a court order
- Law enforcement or agencies for investigations of abuse, neglect, physical injury, death, violent crime or other threats to health or safety
- Your court-appointed guardian or your agent under a health care power of attorney
- Prison officials if you are in custody
- Worker's Compensation officials if your injury or illness is work related
- Organizations that obtain, bank or transplant organs, eyes or tissue

### **Research**

Children's may use and disclose your health information for research purposes. A research project might look at your past medical history if given permission by the privacy board. In other cases, you may be asked to give approval to participate in a research project. You may choose not to participate. Your decision will not affect your care.

### **Shared Medical Records/Health Information Exchange**

When sharing your information with others outside Children's, we share only what is necessary. If we are sharing information to help treat you, in response to your written permission or as the law requires, we share all the information that you, your health care provider or the law has requested.

### **Use and Disclosure of Your Information that Needs Your Approval**

- Selling your information
- Use and disclosure of your information for marketing purposes
- Use or disclosure of psychotherapy notes for any reason other than treatment, training programs or a legal action.

### **Your Privacy Rights**

#### **• Right to be Notified of a Breach**

You have the right to be told if Children's finds a breach of your information.

#### **• Right to Ask for Restrictions**

You have the right to ask for restrictions of Children's use or disclosure of information for care, payment or operations. Children's is not required to agree to your request if it interferes with your care or Children's operations or payment. If Children's agrees to your request, we may not honor it if you need emergency care. If you choose to pay for your care in full and ask that we not tell your health plan, we will honor your request. To ask for a restriction, you must complete a form that is available from Medical Records.

#### **• Right to Your Health Records**

You have the right to see and get a copy of your health records. For copies of your health information, contact Medical Records. For billing information, contact Patient Financial Services.

#### **• Right to Change**

If you feel that information we have about you in your health record is wrong, you may ask us to change it. Children's is not required to agree to your request. Requests to change your information should be made in writing to Medical Records. We will respond to you within 60 days.

#### **• Right to a List of Disclosures**

You have a right to ask for a list of disclosures of your information, with the exception of information shared for your care, payment or operations or when you have provided us with an approval to do so. You must submit your request in writing to Medical Records. We will provide the list one time at no cost during each 12-month period. For additional requests, we may charge you a fee.

**• Right to Ask for Confidential Communications**

You have the right to ask that we communicate with you about your health information in a certain way or at a certain location. For example, you can ask that we contact you only at work or by mail. We will honor your request if we can.

**• Right to Change Authorization**

If you allow Children's to use or disclose your information, other than for care, payment or operations, you may change that approval in writing anytime. We are unable to take back any disclosures we have already made. To change an approval, you must contact Medical Records.

**• Right to Complain**

If you believe your privacy rights have been violated, you may file a complaint with Children's or with the Secretary of the Department of Health and Human Services. To file a complaint with Children's, contact Patient Relations. Patient Relations will assist you in filing your complaint. Filing a complaint will not affect your care.

We reserve the right to revise or change this notice. Each time you come to Children's, a copy of the notice in effect at that time will be available for you. You will be given a copy if you ask for one.

Effective Date: November 2018

How to Contact Us:

Privacy Officer (414) 266-2215

Medical Records (414) 266-2100

Patient Financial Services (414) 266-6200

Patient Relations (414) 266-7848

Secretary of Department of Health and Human Services (877) 696-6775

Children's Hospital of Wisconsin

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chw.org

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Children's complies with Federal civil rights laws. We do not discriminate based on race, color, national origin, age, disability or sex. Si no habla inglés, se programarán servicios de idiomas en forma gratuita. Llame al (414) 266-7848 (TTY: 414-266-2465). Yog hais tias koj tsis txawj hais lus Askiv, peb yuav teem sij hawm muab kev pab txhais lus pub dawb rau koj. Hu rau (414) 266-7848 (TTY: 414-266-2465). OP176 1118