period. For additional requests, we may charge a fee.

#### Ask for confidential communications

You can ask that we contact you in a certain way or at a certain location. For example, you can ask that we contact you only by mail or at work. We will honor your request if we can.

#### Change your mind

You can change your mind to no longer allow us to use or disclose your information for reasons other than for treatment, payment or health care operations. Request this change in writing at any time. We are unable to take back any disclosures (sharing of information) we have already made. Contact Medical Records to request this change.

#### File a complaint

You can file a complaint if you believe your privacy rights have been violated. To file a complaint with us, contact Patient Relations to help you. Doing this will not affect your care. You may also file a complaint with the Secretary of the Department of Health and Human Services.

# Who is covered by this joint notice

- This notice applies to all non-payer covered entities participating in the Children's Wisconsin organized health care arrangement (OHCA). This includes all Children's Wisconsin locations where health care services are provided. These participants will share your health information with each other as needed to provide treatment, payment or health care operations relating to the OHCA.
- A list of participants in the OHCA can be found at: childrenswi.org/about/organizedhealth-care-arrangement.

We can change the terms of this notice. A copy of the notice in use will be available for you each time you come to Children's Wisconsin. You will be given a copy if you ask for one.

# Information that needs your approval before sharing

- Selling your information
- Marketing purposes
- Mental health treatment notes for any reason (that is not allowed by state or federal laws)
- Disclosure of substance abuse treatment information (that is not allowed by state or federal laws)
- Other uses and disclosures not described in this notice

### Ways 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 the U.S.

Department of Health

and Human Services (877) 696-6775



PO Box 1997 Milwaukee, WI 53201-1997

childrenswi.org

## Joint notice of privacy practices



#### This notice describes:

- How medical information about you may be used and disclosed
- How you are able to get access to this information

#### Please review this notice carefully.

All members of Children's Wisconsin will follow the privacy practices in this notice. This includes employees, medical staff, students and volunteers. This covers all health information maintained by us or any of our affiliates at all our locations.



Kids deserve the best.

## **Our responsibilities**

We are required by law 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.

# Our use and sharing of health information

We may use and disclose your health information in the following ways:

#### Treatment

We may use and disclose health information to all health care staff who are taking care of you. For example, a doctor treating your injury may need to know if you have other health conditions. We may send health information to people who provide care to you outside of Children's Wisconsin.

#### Payment

We may use your health information to send bills and get payment from you, your insurance plan or other payers. For example, we may give health information to your health insurance plan so it may help pay for the care you received.

#### Health care operations

We may use and disclose your health information for our health care operations. We may disclose your health information to organizations that help us do this. For example, we may disclose your health information to organizations that coordinate your care.

#### **Hospital directory**

We may list your name and room number in the hospital directory. We may let people who ask for you by name know you are in the hospital. You can ask us not to give out that information. Talk to your nurse or admitting staff for help.

#### Fundraising

We may provide some of your personal and treatment information to the Children's Wisconsin Foundation. They may contact you to help raise money for the hospital. If you do not want to be contacted, call the Children's Wisconsin Foundation at (414) 266-6100.

#### Permitted or required by law

Children's Wisconsin may disclose your health information in some cases to:

- Public health agencies to prevent disease, report injury or disability, and report births and deaths.
- Health oversight agencies.
- A state or federal government agency to help with their work.
- Respond to a court order or related proceedings.
- Law enforcement.
- Agencies who are looking into cases of abuse, neglect, domestic violence, physical injury, death or violent crime.
- To prevent a threat to public health or safety.
- Medical examiners or funeral directors.
- Your court-appointed guardian or your health care power of attorney agent.
- Prison officials if you are in custody.
- Worker's Compensation officials if your injury or illness is work related.
- Organizations that get, store or transplant organs, eyes or tissue.
- · Comply with law.

#### Research

We may use and disclose your information for research. All research is reviewed and approved by a committee to ensure safeguards are taken. Sometimes you need to give consent to take part in research. You may choose to say no. Your decision will not affect your care.

#### Redisclosure

Any health information we disclose has the risk of being disclosed again by the party who received it. This is outside of our control and may result in this information no longer being protected by HIPAA.

# Reproductive health information rights

We may not use or disclose your reproductive health information to anyone who is trying to identify or investigate you for the purpose of imposing any criminal, civil or administrative penalty. For example, we will not disclose your reproductive health information to the State of Illinois investigating people who received

reproductive health care services legally in the State of Wisconsin. Before disclosing your reproductive health information to anyone, we must receive a signed attestation that they will not use it for any of those purposes.

For example, if the State of Wisconsin was collecting reproductive health information for health oversight purposes, we would require an attestation before we can provide this information to them.

## **Your rights**

# When it comes to your health information, you have certain rights. You have the right to: Be told when we find a breach of your information

You will be told if we find a breach of your information. This could mean someone may have been able to see or use your personal health information when you did not say it was okay.

#### Ask us to limit what we use or disclose

You can ask us not to use or disclose certain health information for treatment, payment or health care operations. We do not need to agree to your request. If we agree to your request, we may not honor it if you need emergency care. If you pay for your care in full and ask us not to tell your health plan, we will honor your request. Complete a form from Medical Records to request this.

#### Get a copy of your health records

You can see or get a copy of your health records. Contact Medical Records to get a copy. Contact Patient Financial Services for billing records.

#### Ask us to correct your health record

You can ask us to correct health information you think is wrong. We may refuse the request but will tell you why. Requests to change your information should be made in writing to Medical Records. We will respond to you within 60 days.

## Get a list of where we disclosed your information

You can ask for a list of the times we've disclosed your health information. The list will not include the times it was disclosed for your care, payment and health care operations, and times when we had your approval to do so. Submit your request in writing to Medical Records. We will provide the list one time for free during each 12-month