

# Notice of Privacy Practices

Important Information from Ascension Wisconsin



**Ascension**



## Our Mission

Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable.

Our Catholic health ministry is dedicated to spiritually centered, holistic care which sustains and improves the health of individuals and communities.

We are advocates for a compassionate and just society through our actions and our words.

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

### OUR RESPONSIBILITIES

We take the privacy of your health information seriously, as both an ethical and a legal obligation. We are required by law to:

- Maintain the privacy of your health information.
- Provide you with this Notice of Privacy Practices (“Notice”), which tells you about our legal duties and privacy practices with respect to your health information.
- Notify you if a breach of your unsecured health information occurs.

This Notice summarizes our duties and your rights concerning your health information. We are required to abide by the terms of our Notice that is currently in effect.

### WHO WILL FOLLOW THIS NOTICE?

Ascension Wisconsin facilities located in Wisconsin (including all healthcare organizations wholly owned, controlled and/or managed indirectly or directly by Columbia St. Mary's, Inc., Ministry Health Care, Inc. or Wheaton Franciscan Healthcare – Southeast Wisconsin, Inc. or their successor organization) provide health care to our patients, residents and clients (“Ascension Wisconsin”) in partnership with physicians and other professionals and affiliated health care organization. Our privacy practices will be followed by:

- Any of our health care professionals who care for you at any one of our locations or sites.
- All locations, departments and units that are part of Ascension Wisconsin and staffed by our workforce, regardless of geographic location.
- All members of our workforce including medical staff members and other healthcare providers granted privileges to provide patient care in our facilities, employees, students and volunteers and our business associates.

Those following this Notice participate in an organized health care arrangement which will share protected health information with each other, as necessary to carry out treatment, payment, or health care operations relating to the organized health care arrangement.

## USES AND DISCLOSURES OF HEALTH INFORMATION WE MAY MAKE WITHOUT WRITTEN AUTHORIZATION

The following categories describe different ways we may use and disclose your health information **without your written authorization**. Not every use or disclosure is listed. Health information is most often used and disclosed to provide treatment, to obtain payment for treatment or for health care operations. References to “you” and “your” information include your minor child’s information, when appropriate.

- **For Treatment.** We may use and disclose your health information to provide treatment, health care or other related services. Your health information may be used by or disclosed to doctors, nurses, aides, technicians or other healthcare providers or employees who are involved in your care. Additionally, we may use or disclose your health information to manage or coordinate your treatment, health care or other related services. For example, we may use or disclose health information about you when you are referred to a specialist for care or when we send a prescription to a pharmacy to be filled for you.
- **For Payment.** We may use and disclose your health information to bill and collect for the treatment and services we provide to you. We may send your health information to your insurance company or other third party payer for payment purposes. For example, we may use and disclose health information about you in order to send claims to your HMO for payment or to find out whether a proposed treatment is covered by your insurer.
- **For Health Care Operations.** We may use and disclose your health information for health care operations. For example, we may use and disclose health information about you in order to renew our governmental licenses or other accreditations, and for quality improvement activities and teaching purposes.
- **Information Provided to You.** We may use your health information to assist us in communicating with you about appointment reminders, test results and treatment information. Our communications to you may be by telephone, cell phone, e-mail, patient portal or by mail.
- **Facility Directory.** If you are a patient at one of our hospitals, we may include certain limited information about you in our hospital directory. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information may be disclosed to people who ask for you by name, except for your religious affiliation, which may only be disclosed to clergy members. You have the right to not have your information included in our hospital directory (“opt-out”). To opt-out of our facility directory, we ask that you make this request during patient registration.
- **Individuals Involved in Your Care or Payment for Your Care.** We may disclose to your family member, relative, close personal friend or other person identified by you, health information that is directly relevant to that person’s involvement with your care or payment for your care. We will not share this information with these individuals if we are aware of your desire not to have this information shared. If you are unable to object, our health professional will use their best judgment in communicating with your family or others.
- **Fundraising.** We may use or disclose your health information for the purpose of raising funds to help support our mission. You have the right to opt-out of receiving fundraising communications. Our fundraising materials will indicate how you should let us know that you no longer want to receive them.
- **Research.** Under certain circumstances, we may use and disclose your health information for research purposes. For example, a research project may involve comparing the health and recovery of all individuals who receive one medication to those who receive another. All research projects are subject to a special approval process.

- **Immunization Records.** We may disclose your immunization records to a school where you are or will be a student, if the school is required by law to have proof of immunizations for admission purposes. We may also disclose your immunization records to the Wisconsin Immunization Registry.
- **For Public Health Purposes.** We may disclose your health information for public health activities. Public health activities include, for example: preventing and controlling disease, injury or disability; reporting births and deaths; and reporting defective medical devices or problems with medications.
- **About Victims of Abuse.** We may disclose your health information to notify the appropriate government authority if we believe that you have been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Health Oversight Activities.** We may disclose your health information to a health oversight agency for health oversight activities authorized by law. These activities include audits, investigations, licensure and disciplinary actions, and related activities which are necessary to monitor the health care system, governmental benefit programs, and compliance with civil rights laws.
- **Judicial and Administrative Proceedings.** We may disclose your health information in response to a subpoena, court order, or administrative order, if certain requirements are met.
- **Law Enforcement.** We may release your health information to law enforcement if the disclosure is required by law, necessary to identify or locate a suspect or missing person, about criminal conduct at an Ascension Wisconsin facility, about a victim of crime under certain circumstances, and in certain emergency situations.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose your health information when we believe it is necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure would only be to someone able to help prevent or lessen the threat, or to law enforcement authorities.
- **Coroner, Medical Examiners, and Funeral Directors.** We may disclose your health information to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties authorized by law. We may disclose your health information to a funeral director, consistent with law, to permit the funeral director to carry out his/her duties.
- **Organ Donation Purposes.** We may disclose your health information to organ procurement organizations and others engaged in procurement, banking or transplantation of cadaveric organs, eyes, or tissue, as necessary to facilitate organ or tissue donation and transplantation.
- **Military and Veterans.** If you are a member of the armed forces, we may release your health information as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.
- **National Security and Intelligence Activities.** We may release your health information to authorized federal officials for intelligence, counterintelligence and other national security activities as authorized by law.
- **Protective Services for the President and Others.** We may disclose your health information to authorized federal officials so they may provide protection to the President or other authorized persons, or for the conduct of special investigations authorized by law.

- **Inmates.** If you are an inmate or in the custody of a correctional institution or law enforcement, we may disclose your health information to the correctional institution or law enforcement official for treatment and safety purposes.
- **Worker's Compensation.** We may disclose your health information as authorized by and to the extent necessary to comply with worker's compensation laws or laws relating to similar programs.
- **As Required by Law.** We may disclose your health information when required to do so by federal, state or local law, including the Secretary of Health and Human Services.

## HEALTH INFORMATION EXCHANGE AND SHARED ELECTRONIC RECORD

In an effort to provide the best care to you, Ascension Wisconsin participates in arrangements between health care organizations that facilitate access to health care information that may be relevant to your care. For example, if you have an emergency and you cannot provide important information about your health, these arrangements will allow us to obtain information to treat you. Some Ascension Wisconsin facilities participate in health information exchange organizations ("HIE") that permit computer-based transfer of health information directly between health care providers at different locations and institutions to facilitate your care and treatment. Some facilities store information in a shared electronic medical record with other health care providers who participate in this regional arrangement. The participants may share your medical information with each other through the shared electronic medical record.

## SPECIAL RESTRICTIONS UNDER STATE AND OTHER FEDERAL LAWS

*We will also comply with all other applicable state and federal laws. For example, under state law, there are more limits on when HIV and AIDS information may be disclosed. Under other federal law, there are more limits on when drug or alcohol abuse treatment information may be disclosed. We abide by all applicable state and federal laws.*

## USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

Any other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your authorization. An authorization is a special written permission from you that grants authority to Ascension Wisconsin to use or disclose your health information.

- We must obtain your authorization to use or disclose psychotherapy notes. Psychotherapy notes may only be used for limited purposes, such as by the treating professional. Disclosures are permitted only as required by law, for certain health oversight activities, or to avert a serious threat to health or safety.
- We must obtain your authorization to use or disclose health information for marketing purposes (which does not include materials sent to you about health care services or other treatment options, including promotional gift of nominal value, by us), or for disclosures that constitute the sale of health information.
- If you provide us an authorization to use or disclose your health information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your authorization. We want you to understand that when you take back your permission we are unable to retrieve any information we may have already shared with your permission. We also are required to maintain original records of the care that we provide to you.

## YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION.

- **Right to Request Restrictions.** You have the right to request additional restrictions or limitations on the health information we use or disclose about you for treatment, payment or health care operations. We ask that you make this request in **writing**. **We are not required to agree to your requested restrictions except in the limited situation in which you (or someone on your behalf) pays for an item or service out-of pocket and you request that information concerning such item or service not be disclosed to your health plan.** If we do agree to your requested restrictions, we will comply with your request unless the information is needed to provide you with emergency medical treatment.
- **Right to Request Confidential Communications.** Typically, we communicate with you regarding your health care either by calling your primary phone or sending mail to your home address. You have the right to request that we communicate with you in an alternative way or at an alternative location. We will accommodate reasonable requests.
- **Right to Access.** You have the right to access your health information by requesting to inspect and/or obtain a copy of your health information, with limited exceptions. We ask that your request be made in **writing**. You may request the copy of your health information be provided in a summary format. You may also request the copy be provided on paper (“hard copy”) or in an electronic form or format. We will also transmit a copy of your health information to another person designated by you in writing. We may charge reasonable fees for copies.
- **Right to Request Amendments.** You may request that we amend your health information. To request an amendment, we ask that your request be made in **writing**. In addition, you must provide a reason that supports your request. We may deny your request in certain circumstances, such as if the information was not created by us, or if we believe the information in your record is accurate and complete. If we deny your request, you may appeal the denial.
- **Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures that we have made of your health information, not including those made for payment, treatment or health care operations. Your request must state a time period which may not be longer than six years. The first accounting of disclosures you request within a twelve (12) month period will be provided to you free of charge. We may charge a reasonable cost based fee for all subsequent requests during that twelve (12) month period.
- **Right to Notification of a Breach.** We must notify you if your unsecured protected health information has been the subject of a breach.
- **Right to a Paper Copy of this Notice.** You may ask us to give you a paper copy of this Notice upon request. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

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**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-462-4973.

**LUS CEEV:** Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-855-462-4973.

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-462-4973.

**ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-462-4973.

**注意：**如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-462-4973。

**Als u Nederlands spreekt, zijn er gratis taalondersteuningsdiensten beschikbaar.** Bel: 1-855-462-4973.

**UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-462-4973.

تنبيه: إذا كنت تتحدث اللغة العربية، فهناك خدمات مساعدة لغوية مجانية متوفرة لك. اتصل برقم  
.1-855-462-4973

**ВНИМАНИЕ:** если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-462-4973.

**ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-462-4973.

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-462-4973.

यान दे: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-462-4973 पर कॉल करें।

**ໂປດຊາບ:** ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-855-462-4973.

**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-462-4973 번으로 전화해 주십시오.

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-462-4973.

## CHANGES TO THIS NOTICE

We reserve the right to make changes to this Notice at any time. We reserve the right to make the revised Notice effective for health information we already have, as well as any information we receive or create in the future. The Notice will contain the current effective date. We will post a copy of the current Notice in our locations and on our website. The Notice is also available to you upon request.

## COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Ascension Wisconsin or with the Secretary of the Department of Health and Human Services. To file a complaint with Ascension Wisconsin, please notify our Privacy Officer. **We will not retaliate against you for filing a complaint.**

**If you have any questions about this Notice or a complaint, please contact:**

**Ascension Wisconsin**

**Attn: Privacy Officer**

**Corporate Responsibility Department**

**400 W. River Woods Parkway**

**Glendale, WI 53212**

**Corporate Responsibility Values Line 1-800-707-2198**



# Ascension