



**NOTICE OF
PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

staff member if you need a copy in Spanish.)

This notice applies to all protected health information (“PHI”) maintained by The Medical College of Wisconsin (“MCW”) for services provided at MCW Clinics. This notice will be followed by all members of our workforce, including employees, medical staff members, students and volunteers with respect to PHI maintained by MCW. If you have any questions after reading this Notice, please

these copies. For copies of billing records, you may contact Patient Financial Services.

Right to Amend: If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the information, for as long as MCW maintains the information. Requests for amending your PHI should be made to the Health Information/Medical Records Department. MCW who maintains the information 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 information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

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. To request this list of disclosures, you must submit your request in writing to the designated Health Information/Medical Records Department. The first list you request from MCW within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

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 or designee.

Right to Require Authorization: Your authorization is required for most uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes, and disclosures that constitute a sale of PHI.

Right to Revoke Authorization: If you authorize MCW to use or disclose your PHI, you may revoke that authorization, in writing, at any time. We are unable to take back any disclosures we have already made with your permission. To revoke an authorization, you must contact the designated Health Information/Medical Record Department.

Right to Complain: If you believe your privacy rights have been violated, you may file a complaint with MCW or with the Secretary of the Department of Health and Human Services. To file a complaint with MCW, you must put your complaint in writing and address it to the designated Privacy Officer or delegate. This person will assist you in filing your complaint and the necessary paper work. Filing a complaint will not affect your care and treatment.

Important Notice: We reserve the right to revise or change this Notice and to make the new Notice provisions effective for all PHI MCW maintains. Each time you register for health care services at a site covered by this Notice, the most current copy of this Notice will be available for you. You have a right to obtain a paper copy of this Notice upon request.

HOW TO CONTACT US

Privacy Officer:

Medical College of Wisconsin1-844-703-8171
8701 Watertown Plank Rd, Wauwatosa, WI 53226

Health Information/Medical Records Department:

Medical College of Wisconsin.....262-836-2510

Patient Financial Services:

Medical College of Wisconsin 800-242-1649

Web Sites:

Medical College of Wisconsin <http://www.mcw.edu>

How to Contact the Office for Civil Rights, Region V:

Office for Civil Rights, Region V
U.S. Department of Health and Human Services
233 N. Michigan Ave., Suite 240, Chicago, IL 60601
Voice Phone..... 800-368-1019
FAX..... 202-619-3818
TTD 800-537-7697
E-mail..... ocrmail@hhs.gov

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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.

Shared Medical Record/Health Information Exchanges:

We maintain PHI about our patients in shared electronic medical records that allow 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 hospital 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 certain restrictions of our use or disclosure of PHI for treatment, payment or health care operations. You also have the right to request a restriction on 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 MCW agrees to the restriction, it will comply with your request unless the information is needed to provide you emergency treatment. We must, however, agree to your request to restrict our disclosure of your PHI to your health plan when you have paid us out-of-pocket in full for the health care item or service we provided you. A request for restriction should be made in writing. To request a restriction, please contact the Health Information/Medical Records Department.

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. A request to inspect your records may be made to your nurse or doctor while you are an inpatient or to the Health Information/ Medical Records Department while an outpatient. For copies of your PHI, requests must go to the Health Information/ Medical Records Department. There may be a charge for

