

Effective Date: 9/23/2013

## **Mercy Health System Corporation**

### **Notice of Privacy Practices**

This notice applies to Mercy Hospital & Trauma Center, Mercy Walworth Hospital, Mercy Harvard Hospital, and to all locations where Mercy Health System Corporation provides health care services. These locations include:

- All Mercy Health System Corporation Clinics
- Mercy Manor Transition Unit
- Mercy Harvard Care Center
- Mercy Assisted Care, Inc.
- Other Mercy Health System Corporation-sponsored programs and services

#### **This notice describes:**

- (1) How medical information about you may be used and disclosed; and**
- (2) How you can get access to this information.**

**Please review this notice carefully.**

**Contact Information:** If you have any questions about this notice, please contact the **Privacy Officer, Health Information Management Department, at 608-756-6751 or 1000 Mineral Point Avenue, PO Box 5003, Janesville, WI 53547-5003.**

#### **Our Duties Regarding Your Medical Information:**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of your medical information.

#### **We are required by law to:**

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to your medical information;
- Follow the terms of our notice that is currently in effect.

#### **Changes to this Notice of Privacy Practices**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice at health system treatment locations. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at or are admitted to the health system for treatment or health care services as an inpatient or outpatient, you may request a copy of the current notice in effect.

## **How We May Use & Disclose Medical Information About You for Treatment, Payment or Health Care Operations:**

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

### **For Treatment**

We may use or disclose your health care information in the provision, coordination or management of your health care. For example, we may use your information to call and remind you of an appointment or to refer your care to another physician. Our communication to you may be by telephone, cell phone, encrypted email, patient portal, or by mail. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other health system 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 may slow the healing process. In addition, the doctor may need to tell the dietitian you have diabetes so that we can arrange for appropriate meals. Different departments of the health system also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays.

We also may disclose medical information about you to people outside the health system who may be involved in your medical care after you leave the health system, such as family members, friends or others we use to provide services that are part of your care. We will disclose your general medical information to external providers with whom you also have a treatment relationship for coordination of care.

### **Health Information Exchange**

We may participate in a regional arrangement of health care organizations, who have agreed to work with each other, to facilitate access to health information that may be relevant to your care. For example, if you are admitted to a hospital on an emergency basis and cannot provide important information about your health condition, this regional arrangement will allow us to make your health information from other participants available to those who need it to treat you. When it is needed, ready access to your health information means better care for you.

### **For Payment**

We may use and disclose medical information about you so that the treatment and services you receive from the health system may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about surgery you received at the health system so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

## **For Health Care Operations**

We may use and disclose medical information about you for health system operations. These uses and disclosures are necessary to run the health system and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many patients to decide what additional services the health system should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other health system personnel for review and learning purposes. We may also combine the medical information we have with medical information from other health providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

### **How Mercy Health System May Use or Disclose Your Health Information Without Your Written Authorization**

The following categories describe the ways that Mercy Health System may use and disclose your health information without your authorization, and provide an explanation and example:

#### **Treatment Alternatives & Health Information Related Benefits and Services**

We may use and disclose medical information to tell you about or recommend possible treatment options, health-related benefits and services, or alternatives that may be of interest to you. This could include case management and care coordination, or value-added services.

#### **Marketing**

We may use or disclose medical information about you when we have face-to-face conversations with you about products or services that may be beneficial to you. We may also send information via mail or email that may pertain to your future health care needs. We will state whether any financial remuneration beyond our reasonable costs has been received from a third party in exchange for making the communication. You may opt out of these contacts at any time by contacting the Marketing Department at 608-743-2060, extension 0.

#### **Fundraising Activities**

We may use medical information about you to contact you in an effort to raise money for the health system and its operations. We may disclose medical information to a foundation related to the health system so that the foundation may contact you in raising money for the health system. We only would release contact information, such as your name, address and phone number and the dates you received treatment or services at the health system. If you do not want the health system to contact you for fundraising efforts, you must notify the Mercy Health System Foundation Director, 1000 Mineral Point Ave, PO Box 5003, Janesville, WI 53547-5003 or by phoning 608-755-8821. Each of our fundraising communications will include information on opting-out of further communications, and may include information on how to opt back in.

## **Health System Directory**

We may include certain limited information about you in the health system directory while you are a patient. This information may include your name, location in the health system, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest, pastor, or rabbi, even if they don't ask for you by name. This is so your family, friends and clergy can visit you in the facility and generally know how you are doing. If you do not want to be listed in the directory or for your information to be given out, you must notify the Manager, Admitting Department, in writing at 1000 Mineral Point Ave, PO Box 5003, Janesville, WI 53547-5003. If you do not object, and the situation is not an emergency, and disclosure is not otherwise prohibited by law, we are permitted to release your information under the following circumstances:

- To individuals involved in your care. We may release your health information to the following involved in your care or who help pay for care: A family member, other relative, friend or other person you identify.
- To family. We may use your health information to notify a family member, a personal representative, or a person responsible for your care, of your location, general condition, or death, and
- To disaster relief agencies. We may release your information to an agency authorized by law to assist in disaster relief activities, so your family can be notified of your condition, status and location.

## **Research**

Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. A special approval process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the health system. We will ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the health system, unless a research waiver has been granted.

## **As Required By Law**

We will disclose medical information about you when required to do so by federal, state or local regulations.

## **To Avert a Serious Threat to Health or Safety**

We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

## **Organ and Tissue Donation**

If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, 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 medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

## **Workers' Compensation**

We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

## **Public Health Risks**

We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.

## **Health Oversight Activities**

We may disclose medical information to health oversight agencies for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, licensure and other proceedings related to oversight of the health care system.

## **Lawsuits, Disputes and Administrative Proceedings**

We may disclose your health information in the course of an administrative or judicial proceeding in response to a court order. Under most circumstances, when the request is made through a subpoena, a discovery request or involves another type of administrative order, your authorization will be obtained before disclosure is permitted. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

## **Law Enforcement**

We may release medical information if asked to do so by a law enforcement official:

- As required by law
- In response to a court order, subpoena, warrant, summons, administrative request or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the health system; and
- In emergency circumstances, to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

## **Coroners, Medical Examiners and Funeral Directors**

We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the health system to funeral directors, as necessary to carry out their duties.

## **National Security and Intelligence Activities**

We may release medical information about you to authorized federal officials, for intelligence, counterintelligence, and other national security activities authorized by law.

## **Protective Services for the President and Others**

We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

## **Inmates**

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

## **Disclosure After Patient Death**

We may use or disclose your medical information without your authorization 50 years after the date of your death.

## **When Mercy is Required to Obtain an Authorization to Use or Disclose Your Health Information**

Except as described in this Notice of Privacy Practices, we will not use or disclose your health information without written authorization from you. For example, uses and disclosures made for the purpose of psychotherapy, marketing (except as described above) and the sale of protected health information require your authorization. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization, though we will be unable to take back any disclosures we have already made with your permission. Please submit your written request to revoke to the Director, Health Information Management, 1000 Mineral Point Ave, PO Box 5003, Janesville, WI, 53547-5003. If you revoke your permission that was obtained as a condition of obtaining insurance coverage, other law still allows the insurance company to contest a claim under the policy.

## **Your Rights Regarding Medical Information About You**

### **Right to Request Restrictions**

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the Director, Health Information Management. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, “disclosures to spouse.”

### **Self-Paid-in-Full-Services: Request to Restrict Disclosures to Insurer**

In the case of a disclosure restricted to a health plan, if the disclosure is for the purpose of carrying out payment or health care operations, and is not otherwise required by law, and the protected health information pertains solely to a health care item or service for which you, or the person other than the health plan on your behalf, has paid the covered entity in full, you may request restriction of this PHI from your health plan.

If you would like to make a request for restrictions, you must submit your request in writing to Privacy Officer, Health Information Management Department, 1000 Mineral Point Ave, PO Box 5003 Janesville, WI 53547-5003.

### **Right to Request Confidential Communications**

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Director, Health Information Management, 1000 Mineral Point Ave, PO Box 5003, Janesville, WI 53547-5003. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

### **Right to Inspect and Copy**

You have the right to inspect and obtain a copy of medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include information compiled in anticipation of a legal proceeding or psychotherapy notes.

To inspect and copy medical information you must submit your request in writing to the Mercy Health System Facility Health Information Management Department. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request and will provide you with access and/or copies within 30 days. You have the right to request that the copy be provided in an electronic form or format (e.g., DVD or CD).

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the health system will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

## **Right to Amend**

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the health system.

To request an amendment, your request must be made in writing and submitted to the Privacy Officer, Health Information Management Department., 1000 Mineral Point Ave, PO Box 5003, Janesville, WI, 53547-5003. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment
- Is not part of the medical information kept by, or for, Mercy;
- Is not part of the information that you would be permitted to inspect and copy;
- Is accurate and complete.

## **Right to an Accounting of Disclosures**

You have the right to request a list of the disclosures we have made of your medical information. To request this list or accounting of disclosures, you must submit your request in writing to Health Information Management Department Supervisor, 1000 Mineral Point Ave, PO Box 5003, Janesville, WI 53547-5003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request 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 a Paper Copy of This Notice**

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice by contacting a Mercy Health System Corporation provider location. You may obtain a copy of this notice at our Website: <http://www.mercyhealthsystem.org/>

## **Notification of Breach**

We are required by law to maintain the privacy of protected health information and provide you with notice of our legal duties and privacy practices with respect to protected health information and to notify you following a breach of unsecured protected health information.

## **Privacy Notice for Alcohol and Other Drug Abuse**

Patients enrolled in alcohol and other drug abuse programs have specific privacy rights enumerated within a privacy notice distributed to these patients.

## **Complaints**

If you believe your privacy rights have been violated, you are encouraged to file a complaint with Mercy Health System Corporation by contacting the Privacy Officer, Health Information Management Department, 1000 Mineral Point Ave. PO Box 5003, Janesville, WI 53547, or by calling 608-756-6751. We request that you file your complaint in writing to aid us in performing a thorough investigation. You may file a complaint with the Secretary of the Department of Health and Human Services at: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/> or call (800) 368-1019. You will not be penalized and we will not retaliate against you for filing a complaint.