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 it carefully.

When it comes to your health information, you have certain rights under the Health Insurance Portability and Accountability Act (HIPAA) and other applicable laws. This section explains your rights and some of our responsibilities to help you exercise those rights. If you have any questions or requests, you can contact us using the information listed at the bottom of this Notice.

You have the right to

Get an electronic or paper copy of your medical record
• If you have signed up for MyChart, many of your medical records will be available to you at no cost through the MyChart portal.
• You can also ask to see or get an electronic or paper copy of your health information through UW Health’s Health Information Management department. We will provide a copy or a summary of your requested health information within the timeframe required by law. We may charge a reasonable, cost-based fee in accordance with applicable laws.
• In limited situations, we may say “no” to your request for records. If your request is denied, we will tell you the reasons why in writing and tell you how to request further review of the denial or submit a complaint.

Ask us to correct your medical record
• You can ask us to correct health information about you that you think is incorrect or incomplete. You must submit this request in writing.
• We may say “no” to your request. If your request is denied, we will tell you the reasons why in writing. We will also tell you about further steps you may take, such as submitting a statement of disagreement.

Request confidential communications
• You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.

Ask us to limit what we use or share
• You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
• If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we have shared information
• You can ask for a list of the times we have shared your health information, who we shared it with, and why, for the six years prior to the date you ask. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one list a year for free but may charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice
• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the electronic version. We will provide you with a paper copy at any time.

Choose someone to act for you
• If you have a legal representative, such as an activated health care power of attorney or a legal guardian, that person can exercise your rights and make choices about your health information.

File a complaint if you feel your rights are violated
• You have the right to complain if you feel we have violated your rights. To file a complaint, you can contact us by using the information on the bottom of this Notice.
• You also have the right to file a complaint with the Secretary of the U.S. Department of Health and Human Services Office for Civil Rights.
• We will not retaliate against you for filing a complaint.

Our responsibilities
We are required by law to maintain the privacy and security of your health information and to provide you with notice of our legal duties and privacy practices related to health information. This means that we will:
• Let you know if a breach occurs that may have compromised the privacy or security of your information.
• Follow the duties and privacy practices described in this notice and give you a copy of this notice.
• Not use or share your information other than as described here unless you tell us in writing that we can. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
How we may use and disclose medical information about you

Friends and family, directory information, and disaster relief efforts
For certain health information, you can tell us your choices about what we share. In these cases, you have both the right and choice to tell us to:

• Share information with your family, close friends, or others involved in your care.
• Share information in a disaster relief situation.
• Include your information in a hospital directory.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when there is a serious and imminent threat to health or safety.

Uses and disclosures for treatment, payment, and operations
We may use or share your health information without your authorization for purposes of:

• Treatment
  We can use your health information and share it with other people who are treating you or are involved in your health care services.
  Example: A doctor treating you for an injury asks another doctor about your overall health condition.
• Running our organization
  We can use and share your health information to:
  - Conduct business activities.
  - Improve quality of care.
  - Reduce health care costs, for training and licensing activities.
  - Contact you when needed.
    Example: We may review your health information to evaluate the treatment and services provided, and the performance of our staff in caring for you.
• Billing for services
  We can use and share your health information to bill and get payment from health plans or other entities.
  Example: We share health information about you with your health insurance plan so it will pay for your services.

Other uses and disclosures permitted without your authorization
In some situations, we are allowed and/or required to share your information in other ways without your authorization. We have to meet many conditions before we can share your information for these purposes.

We may use or share your health information without your authorization for purposes of:

• Required by law
  We will share information about you if state or federal laws require it. This includes if the Department of Health and Human Services wants to see that we’re complying with federal privacy law.
• Public health activities
  We can share health information about you with certain people, organizations, state and federal agencies, and/or law enforcement for certain situations, such as to:
  - Prevent or control disease, injury, or disability.
  - Help with product recalls, report adverse reactions to medications, track products regulated by the Food and Drug Administration, and conduct post marketing surveillance.
  - Report suspected abuse, neglect, or domestic violence.
  - Prevent or reduce a serious threat to anyone’s health or safety.
  - Share information with your employer about certain workplace illnesses or injuries.
  - If you are a student, in some situations we may share proof of your immunizations with the school.
• Abuse, neglect or domestic violence
  To the extent required or permitted by law, we may notify the appropriate government authority if we believe an individual has been the victim of abuse, neglect or domestic violence.
• Health oversight activities
  We can share health information with health oversight agencies for activities authorized by law. This includes, but is not limited to, audits, investigations, inspections, licensure, certifications, and other proceedings.
• Lawsuits and legal actions
  We can share health information about you in response to certain legal requests, such as a court or administrative order, or in response to a subpoena.
• Law enforcement purposes
  We can (and are sometimes required to) share your health information for certain law enforcement purposes, such as:
  - Reporting some types of injuries, suspicious deaths, or crimes on the premises, or to comply with a court order, subpoena, warrant, or similar process.
  - Identifying or locating a suspect, fugitive, missing person, or witness.
  - Sharing information about the victim of a crime if we obtain the individual’s agreement or, under certain limited circumstances, if we are unable to obtain the individual’s agreement.
  - 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.
• Correctional institutions and other specialized government functions
  If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may share health information about you to the correctional institution or law enforcement official if it is necessary:
  - For the institution to provide you with health care.
  - To protect your health and safety or the health and safety of others.
  - For the safety and security of the correctional institution.
We may also share your health information for special government functions such as military, national security and presidential protective services.
• Medical examiners and/or funeral directors
  We can share health information with a coroner or medical examiner for identification purposes when a person dies, to help determine cause of death, or to comply with law. We can also share health information with funeral directors to carry out their duties.
• Organ and tissue donation requests
We may share health information with organ procurement organizations and other organizations involved in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue for purposes of organ, eye or tissue donation and transplantation.

• Conducting research
We conduct and support research. Our health care providers and researchers may use your health information to prepare for research. In certain circumstances, they may also use your health information to conduct research or share your health information with other researchers. Research may go through a special process to review protections for patients involved in research, including privacy protections. We may contact you about research opportunities.

• Threat to health or safety
Under certain circumstances, we may share your health information to prevent a serious and imminent threat to health and safety.

• Workers’ compensation
We can use or share health information about you to comply with laws related to workers’ compensation and/or other similar programs that provide benefits for work-related injuries or illness.

• Business associates
We may share your health information with our business associates and allow them to create, use and disclose your health information to perform services for us. For example, we may share your health information with a company that stores medical records on our behalf.

• Health information exchanges
We may participate in electronic health information exchanges (HIE) with other organizations who are permitted by law to access your health information. For example, HIEs often involve the sharing of health information between providers involved in the treatment of the same patient. You may ask to opt out of an HIE by submitting a release restriction request to UW Health’s Health Information Management.

Other state and federal laws
If Wisconsin or other applicable state or federal laws are more protective of your health information than federal regulations, we will comply with the more protective requirements. For example, certain sensitive types of records have heightened protections under state and federal laws such as mental health records, substance use disorder records, and HIV test results. In addition, UW Health facilities and/or departments that operate substance use disorder treatment programs follow the confidentiality protections of 42 C.F.R. Part 2. Those programs follow the privacy practices described in Appendix A of this Notice.

Emails, texts, calls, MyChart
By providing UW Health with your phone number, by setting your communication preferences accordingly, or by agreeing through an opt-in process, you authorize UW Health (or those acting on its behalf) to communicate with you by telephone (including cell phone), text message, and/or use of any automated or prerecorded message or call regarding services, payment for services and other billing information, scheduling appointments, refill reminders, healthcare operations activities, health maintenance reminders, pre-visit reminders, instructions and documentation, pre- and post-surgery information, patient surveys, research opportunities, fundraising, public health emergencies and other operational or informational messages. Calls may be monitored or recorded for any purpose permitted by law. Standard message and data rates may apply to text messages.

By providing UW Health with your email address, you agree to receive email messages from UW Health (or those acting on its behalf) for promotional, operational and informational purposes, including but not limited to those outlined above. If you have signed up for MyChart with UW Health, you also agree to receive these messages through the MyChart portal.

Emails and texts that contain your health information may not be secure. This creates a risk that third parties could view the information contained in the message. If you do not want to receive any emails, you should not provide an email address to UW Health. You may opt out of certain calls, emails, or text messages by:
• Managing your communication preferences directly through your MyChart account settings,
• Following the applicable unsubscribe or other opt-out instructions provided to you in the communication, or
• Contacting UW Health Registration.

Uses and disclosures that require your authorization
In most cases, your written authorization is required for us to use or share your health information for the following purposes:
• Psychotherapy Notes. Most uses or disclosures of psychotherapy notes require your authorization.
• Marketing. We will not use or disclose your health information for certain marketing purposes without your authorization.
• Sale of health information. Unless otherwise permitted by law, we will not sell your identifiable health information to third parties without your authorization.

We may contact you for fundraising efforts, but you can tell us not to contact you again.

Organized health care arrangements and affiliated covered entities
UW Health participates in Organized Health Care Arrangements (OHCAs) with other health care entities and health plans. The members of the OHCA may share your health information as permitted by law. UW Health also participates as an affiliated covered entity (ACE) with other organizations under common ownership or control. These organizations have designated themselves as a single ACE for purposes of compliance with HIPAA. For questions about UW Health’s participation in OHCAs and ACEs, contact us at privacy@uwhealth.org.

Changes to the terms of this notice
We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, posted in our facilities, and on our website.
This notice of privacy practices applies to the following organizations:

- The University of Wisconsin Medical Foundation, Inc.
- The University of Wisconsin Hospitals & Clinics Authority
- The University of Wisconsin-Madison School of Medicine and Public Health
- Generations Fertility Care, Inc.
- Madison Surgery Center, Inc.
- Wisconsin Sleep, Inc.

Contact information:

- UW Health Privacy Officer: privacyofficer@uwhealth.org, (608) 203-4631
- UW Madison Privacy Officer: hipaa@wisc.edu, (608) 262-2059

Effective date: 2023

Appendix A:

In addition to the privacy protections afforded to all medical records under HIPAA, there is another federal law that provides additional confidentiality protections for substance use disorder records. That law can be found at 42 U.S.C. §290dd-2 and 42 C.F.R. Part 2 (“Part 2”).

Certain UW Health facilities and/or departments operate as Part 2 programs, and this Appendix is intended to provide patients of those programs with a summary of the laws and regulations governing substance use disorder treatment records.

Disclosures of information subject to federal substance use disorder rules

The following is a summary of the limited circumstances under which we may acknowledge your presence or disclose information about you to individuals outside of the Part 2 program without your permission.

Qualified service organizations

We will disclose your information to our qualified service organizations to the extent necessary for these entities to provide services to the Part 2 program.

Reporting certain criminal conduct

The following information is not protected by Part 2:

- Information related to your suspected crime committed on the premises of a UW Health facility;
- Information related to your crime committed against UW Health personnel; and
- Reports of suspected child abuse and neglect made under state law to the appropriate state or local authorities.

Medical emergencies

We may disclose your information to medical personnel to the extent necessary during a medical emergency if you are unable to provide prior authorization of the disclosure. We may also disclose your identifying information to medical personnel of the Food and Drug Administration (“FDA”) who assert a reason to believe that your health may be threatened by an error in the manufacture, labeling, or sale of a product under FDA jurisdiction, and that the information will be used for the exclusive purpose of notifying patients or their physicians of potential dangers.

Research

In certain cases, we may disclose your information for scientific research, subject to certain safeguards.

Audit and evaluations

We may disclose information to others for specific audits or evaluations. This includes those who provide financial assistance to UW Health or those who conduct audits and evaluations required under federally funded health care programs and federal agencies who oversee those programs.

Persons involved in your care

Depending on your age and mental capacity, we may be allowed to disclose certain information to your legally authorized representative (such as a parent of a minor or court appointment guardian), for payment purposes. Your legally authorized representative may be allowed to authorize disclosures of your information.

Deceased patients

We may disclose your information relating to cause of death under laws which require the collection of death or other vital statistics or permitting inquiry into the cause of death. For other disclosures where authorization is required, we may disclose your information if authorization was given by an executor, administrator, or other personal representative appointed under applicable state law. If there is no such appointed representative, the authorization may be given by the patient’s spouse or, if none, by any responsible member of the patient’s family.

 Judicial proceedings

We may disclose information about you in response to a court order and subpoena that comply with the requirements of the regulations and other applicable law.

Communications within Part 2 program and UW Health

We may use or disclose information between or among personnel having a need for the information in connection with their duties that arise out of the provision of diagnosis, treatment, or referral for treatment of alcohol or drug abuse, provided such communication is either within the Part 2 program, or between the Part 2 program and UW Health. For example, our staff, including doctors, nurses, and other clinicians, will use your health information to provide your treatment care. Your health information may be used in connection with billing statements we send you and in connection with tracking charges and credits to your account. We may also use your health information to check for eligibility for insurance coverage and prepare claims for your insurance company where appropriate. We may use and disclose your health information in order to conduct our healthcare business and to perform functions associated with our business activities, including accreditation and licensing.

Violations of laws and regulations

A violation of the federal law and regulations governing the confidentiality of substance use disorder records is a crime. Suspected violations may be reported to the Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment at 5600 Fishers Lane Rockville, MD 20857 or (240) 276-1660 or to the US Attorney for the district in which the violation occurred.

PR-1276292-23