Wisconsin Diagnostic Laboratories (WDL) Notice of Privacy Practice

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

About You Without Your Written Permission.

We may use and disclose your PHI in order to accomplish the purposes of WDL, including employees, students and volunteers, will use and disclose PHI maintained by WDL. If you have any questions after reading this Notice, please contact the WDL Privacy Officer.

Your Protected Health Information

Your Protected Health Information (“PHI”) is any individually identifiable information, whether oral, written, electronic, or recorded, transmitted, or maintained in any form or medium, that is created or received by a health care provider, a health care clearinghouse, or a health plan, that relates to health care treatment, payment for health care services, or health care history. PHI includes information that either identifies you (for example, your name, social security number or medical record number) or can reasonably be used to identify you (for example, your address, telephone number, birth date, email address, and names of relatives or employers). We are committed to the privacy of your PHI, and we comply with applicable law and accreditation standards regarding patient privacy. PHI about you is personal. PHI may be in paper or electronic records but could also include photographs, videos and other electronic transmissions or recordings that are created during your course of treatment. The privacy of the care and services you receive is needed to provide you with quality care and to comply with legal requirements.

The law requires us to:

• Make sure that PHI is kept private.
• Give you this Notice of your legal duties and privacy rights with respect to PHI about you.
• Notify you in the event of a breach of your unsecured PHI.
• Follow the terms of this Notice that are currently in effect.

USES AND DISCLOSURES OF YOUR PHI

WDL uses and discloses your PHI for treatment purposes. In order to provide your PHI for treatment, your PHI must be maintained by a health care provider, a health plan, or a health care clearinghouse, that provides you with health care items or services. For example, a doctor treating you for a broken leg may need to know if you have diabetes because taking care of you. For example, if you test positive for a communicable disease, we are required by law to report to the applicable agency. The exchange will allow us to make your PHI available electronically to those who need it to improve the quality of our services, and to evaluate the performance of our health care providers, a health plan services, or health care history. PHI includes information that either identifies you (for example, your name, social security number or medical record number) or can reasonably be used to identify you (for example, your address, telephone number, birth date, email address, and names of relatives or employers). We are committed to the privacy of your PHI, and we comply with applicable law and accreditation standards regarding patient privacy. PHI about you is personal. PHI may be in paper or electronic records but could also include photographs, videos and other electronic transmissions or recordings that are created during your course of treatment. The privacy of the care and services you receive is needed to provide you with quality care and to comply with legal requirements.

For Treatment:

We will use and disclose PHI about you to provide you with services. We will disclose PHI about you to doctors, residents, nurses, technicians, students in health care training programs, or other 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 might slow the healing process. In addition, the doctor may need to know about your medical history so that we can arrange for appropriate meals. Different departments of WDL may share PHI about you in order to coordinate the services you need such as prescriptions and s.x.-tests. WDL may disclose PHI about you to people outside of WDL who provide your medical care. For example, we may provide PHI about your care and treatment to a doctor or nursing home that provides your care following your hospital or clinic discharge.

For Payment:

We may use and disclose your PHI to send bills and collection payment from you, your insurance company, or other payers, such as Medicare, for the services you receive or for billing information, you may contact the WDL Billing Department.

For Health Care Operations:

We may use and disclose PHI about you for the purpose of our business operations. These business uses and disclosures are necessary to make sure we receive quality care and cost-effective services. For example, we may use PHI to review the quality of our services, and to evaluate the performance of the employees, contracted staff, and students in caring for you. We may use or disclose your PHI to an outside company that assists us in operating our business. For example, we may send your PHI and sample(s) to an outside reference laboratory for testing and results, depending on the physician order. Outside companies that assist us are called "business associates" and they agree to keep any PHI they receive from us confidential in the same way we do.

Family Members and Friends: We may disclose PHI about you to a family member, relative, or another person identified by you who is involved in your health care or payment for your health care. If you are not present or are incapacitated to give consent or in case of death or disaster relief situation, we will use our professional judgment to determine whether disclosing limited PHI is in your best interest.

Future Communications: We may use your name, address, email and phone number to contact you to provide information about new programs or other services we offer, or to provide WDL newsletters.

Public Health Jurisdictions:

We will disclose your PHI in certain circumstances to:

• Control or prevent a communicable disease, injury or disability, to report births and deaths, and for public health oversight activities or interventions.
• The Food and Drug Administration (FDA), to report adverse events or product defects, to track products, or to conduct post-market surveillance as required by law.

Rights and Agreements of Healthcare Providers:

You have the right to request restrictions of use and disclosure of PHI if you believe your privacy rights have been violated or in any other manner in which we use or disclose your PHI, unless required to do so by law. You may request a restriction on disclosure of PHI to a health plan when you have paid us out-of-pocket in full for the health care item or service we provided you or (2) restrict our disclosure of your immunization data to the Wisconsin Immunization Registry. A request for restriction should be made in writing. To request a restriction, please contact the WDL Client Services 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. For copies of your PHI, requests must go to the WDL Client Services Department. There may be a charge for these copies. For copies of billing records, you may contact the WDL Billing Department.

Right to Amend:

If you feel that PHI we have about you is incorrect or incomplete, you may request that we amend it. We will make reasonable efforts to amend your PHI, for as long as WDL maintains the PHI. Requests for amending your PHI should be made to the WDL Client Services Department. WDL 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 with a written explanation. You may respond with a statement of disagreement to be appended to the PHI that is or has been amended. If we accept your request to amend the PHI, 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 PHI.

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, or health care operations in the last 12-month period, if you request it in writing. We will provide you with a list of disclosures that constitute a sale of PHI.

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.

Right to Require Permission: Your permission 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 Permission: If you authorize WDL to use or disclose your PHI, you may revoke that permission, in writing, at any time. We are unable to take back any disclosures that we have already made with your permission. To revoke a permission you must contact the WDL Client Services Department.

Right to Complain:

If you believe your privacy rights have been violated, you may submit a complaint to WDL or with the Secretary of the Department of Health and Human Services. To file a complaint with WDL, you must put your complaint in writing and address it to the Privacy Officer for Froedtert Health, as applicable. 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 that WDL maintains. Each time you register for a service or access our website, 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.


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How to Contact Us:

Froedtert Health Privacy Officer Monday - Friday: 8:30 AM - 4:30 PM
414-805-2885
920 W. Wisconsin Avenue, Wauwatosa WI 53226
WDL Client Services Department Monday - Friday: 8:30 AM - 4:30 PM
WDL Billing Department Monday - Friday: 8:30 AM - 4:30 PM

How to Contact the Office of 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: 1-800-368-1019
Fax: 202-619-3818
TTY: 1-800-537-7697
Email: ocrmail@hhs.gov

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