

**UW HEALTH REHABILITATION HOSPITAL**

**NOTICE OF PRIVACY PRACTICES**

**HOSPITAL NOTICE OF PRIVACY PRACTICES  
(ACCORDING TO THE HEALTH INFORMATION PORTABILITY AND  
ACCOUNTABILITY ACT-HIPAA)  
EFFECTIVE SEPTEMBER 1<sup>ST</sup>, 2013**

**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.**

**OUR PLEDGE REGARDING MEDICAL INFORMATION**

We understand that medical information about you and your health is personal. At the hospital, we are committed to protecting your medical information. We create a record of the care and services you receive at our Hospital. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by the Hospital, whether made by Hospital personnel or your personal doctor. Your personal doctor may have different policies or notices regarding his or her use and disclosure of your medical information created in the office or clinic.

We are required by law to:

- Make sure that medical information that identifies you is kept confidential;
- Give you this Notice of our legal duties and our privacy practices with respect to medical information about you;
- Follow the terms of the Notice that is currently in effect; and
- Notify you if there is a breach of your unsecured protected health information.

**WHO WILL FOLLOW THIS NOTICE?**

This notice describes our Hospital's practices and that of:

- Any health care professional authorized to enter information into your Hospital record.
- All departments and units of our Hospital.
- Any member of a volunteer group we allow to help you while you are in the Hospital.
- All employees, staff and other Hospital personnel.
- The Hospital and the joint venture partner may share medical information with each other for purposes of treatment, payment or hospital operations described in this Notice.

**HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

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

## **TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS**

- **For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, other Hospital personnel, or healthcare providers who are involved in your medical care. For example, the doctor may need to tell the dietician if you have diabetes so that we can arrange for appropriate meals. Different departments of the Hospital may also share medical information about you to coordinate your different health care needs.
- **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at the Hospital may be billed to and payment may be collected from you, an insurance company or a third party.
- **For Health Care Operations.** We may use and disclose medical information about you for Hospital operations. These uses and disclosures are necessary to run the Hospital 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.

## **GENERAL USES AND DISCLOSURES OF HEALTH INFORMATION**

- **Appointment Reminders.** We may use and disclose your medical information to contact you and remind you of an appointment for treatment or medical care at the Hospital.
- **Treatment Alternatives.** We may use and disclose your medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** We may use and disclose your medical information to tell you about health-related benefits or services that may be of interest to you.
- **Hospital Directory.** We may include certain limited information about you in the Hospital directory while you are a patient at the Hospital. This information may include your name, location in the Hospital, your general condition, and your religious affiliation. If you do not wish to be listed in the Hospital directory, you may choose to opt out of the Hospital directory during your hospitalization.
- **Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member who is involved in your medical care or who helps pay for your care. With your permission, we may also tell your family or friends your condition and that you are in the Hospital.

## USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION FOR RELEASE

- **As Required By Law.** We will disclose your medical information when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose your medical information when necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person.
- **Organ and Tissue Donation.** If you are an organ donor, we may release your medical information to organizations that handle organ procurement, organ, eye or tissue transplantation, or organ donations, 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 medical information 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 your medical information to comply with requirements of workers' compensation programs and associated state laws. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose your medical information 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. We will only make this disclosure if you agree or when required or authorized by law.
- **Health Oversight Activities.** We may disclose your medical information to a health oversight agency for activities authorized by law.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Business Associates.** We may disclose certain health information about you to business associates. A business associate is an individual or entity on behalf of the Hospital (other than a member of the workforce) that creates, receives, maintains, or transmits protected health information. Examples of business associates, include, but are not limited to, consultants, accountants, lawyers, medical transcriptionist and third-party billing companies. The Hospital requires the business associate to protect the confidentiality of your health information.

- **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:
  - In response to a court order, subpoena, warrant, summons or similar process and after consulting legal counsel;
  - 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 Hospital; 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 may have committed the crime.
- **Coroners, Medical Examiners and Funeral Directors.** We may release your 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 Hospital 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 for the purpose of providing protection to the President or foreign heads of state or for the purposes of conducting special investigations.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your medical information to the correctional institution or law enforcement official.

## **USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION FOR RELEASE**

- **Psychotherapy Notes-** We may not use or disclose psychotherapy notes without your authorization unless the use or disclosure is to carry out treatment, payment or health care operations, to use by the Hospital for its own training program, or for the Hospital to defend itself in a legal action or other proceeding brought on your behalf.
- **Marketing-** We will not use or disclose your personal health information for marketing purposes unless the form of communication is face to face by the Hospital to you about treatment options and other health-related information such as disease management programs or for a promotional gift of nominal value provided by the Hospital.
- **Sale of Protected Health Information-** We will not sell your protected health information to a third party without authorization. The authorization will state if the disclosure will result in remuneration to the Hospital.

## **OTHER USES OF MEDICAL INFORMATION.**

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to the use and disclosure of your medical information will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. We cannot, however, take back any disclosures we have already made with your permission.

## **YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION**

- **Right To Inspect and Copy.** You have the right to inspect and copy your medical information, including medical and billing records, but not psychotherapy notes.  
To inspect and copy your medical information, you must submit your request in writing to the Hospital's medical records 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. We may deny your request to inspect and copy in 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 Hospital will review your request and the denial. The person conducting the review will not be the person who denied your request.
- **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. To request an amendment, your request must be made in writing, and submitted to the Hospital Administrator, and include a reason that supports your request.

### **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 the Hospital;
  - Is not part of the information which you would be permitted to inspect and copy; or
  - Is accurate and complete.
- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you.

To request this list or accounting of disclosures, you must submit your request in writing to the Hospital administrative office. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12 month period is 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 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. For example, you could ask that we not use or disclose information about a surgery you had. We may require you to make such requests in writing. We are not required to grant restriction requests except for restriction requests to a health plan regarding services for which you have paid the Hospital in full. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.
- **Right to Request Alternative Means of Communicating Confidential Information.** You may ask us to communicate your information by alternative means (such as by fax) or to an alternative location (such as a business address). We may require patients to make such requests in writing.
- **Right to a Notice of Privacy Practices.** 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. You may obtain a paper copy of this notice from the Hospital administrative office.

## **CHANGES TO THIS NOTICE**

We reserve the right to change the information in this Notice. Any changes we make will remain consistent with applicable federal and state laws protecting patient information. We will post a copy of the current notice in the Hospital. Each time you register at or are admitted to the Hospital for treatment or health care services as a patient, we will offer you a copy of the current Notice in effect. You may also request a copy of the current Notice by calling or writing the Privacy Officer for the hospital.

## **COMPLAINTS**

If you have a question or would like to file a complaint with us, contact the Privacy Officer as listed below. If you believe your privacy rights have been violated, you may file a written complaint with us or the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

- 1.) Privacy Officer  
Health Information Management  
UW Health Rehabilitation Hospital  
5115 North Biltmore Lane  
Madison, WI 53718  
608-592-8122

2.) Kindred Healthcare  
Attn: Compliance Officer\*  
680 South Fourth Street  
Louisville, KY 40202  
(800) 359-7412

\*This hospital is a part of Kindred Healthcare, so be sure to mention Kindred.

3.) Office for Civil Rights, Region V  
U.S. Department of Health & Human Services  
233 N. Michigan Ave., Suite 240  
Chicago, IL 60601  
(312) 886-2539  
(312) 353-5693 (TDD)

**You will not be retaliated against for filing a complaint.** All complaints will be acted upon. You will be notified of the results of the review in a reasonable amount of time. If for any reason you are not satisfied with the results or information received, please feel free to contact the CEO or the Administrator-on-Call for further direction.