



privacy notice

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.



**Sacred Heart
Hospital**

AN AFFILIATE OF HOSPITAL SISTERS HEALTH SYSTEM

We understand that health information is personal and we are committed to fulfilling our legal obligation to protect the privacy of your health information. This Notice describes our legal duties and privacy practices concerning your health information. We must follow the privacy practices described in this Notice or a notice then in effect.

We reserve the right to change the privacy practices described in this notice, in accordance with the law. Changes to our privacy practices would apply to all health information we maintain. If we change our privacy practices, a revised copy of the privacy notice is posted on the Sacred Heart Hospital website at www.sacredhearteauclaire.org and in designated patient areas in the hospital.

Who follows this Notice and where does it apply?

This Notice applies only to your health information created or obtained in connection with care provided to you at Sacred Heart Hospital, 900 West Clairemont Avenue, Eau Claire, WI by the hospital, physicians and allied health professionals on the hospital's Medical Staff and members of the hospital's workforce (collectively, "we" or "us"). It also applies to your medical information, including your medical record, for all services provided to you in our clinically integrated care setting at the hospital and other Sacred Heart physician offices and clinics. It does not apply to services provided at your physician's office or the office or facility of any other health care providers. These other providers should provide you with a notice of privacy practices describing their privacy practices.

Use and disclosure of your health information without your written authorization.

The following items describe different categories of uses and disclosures of your health information that we may make without your written authorization. We have provided an example for each category, but have not listed every kind of use or disclosure within the category. We will ask for your written authorization for certain other categories of uses and disclosures of your health information, which are described under the section entitled "Other Uses and Disclosures of Health Information."

1. **Treatment.** For example, the hospital may disclose the information in your medical record to your doctors, nurses and others involved in your care so they can determine which treatment option, such as a drug or surgery, best addresses your health needs. The treatment selected will be documented in your medical record, so that other health care professionals can make informed decisions about your care. In addition, we may want to use your health information to contact your pre or post-admission, such as for appointment reminders or to discuss possible treatment options, alternatives or services that may be of interest to you.
2. **Payment.** In order for an insurance company, Medicare or another government health care program to pay for your treatment, the hospital submits a bill that identifies you, your diagnosis, and the treatment provided to you. As a result, we will pass such health information on to an insurer or government program in order to receive payment for your hospital bills.
3. **Health Care Operations.** We may need your diagnosis, treatment, and outcome information in order to improve the quality or cost of care we deliver or to perform administrative and other hospital operational activities. The quality and cost improvement activities may include evaluating the performance of your doctors, nurses and other health care professionals, or examining the effectiveness of the treatment provided to you when compared to patients in similar situations.
4. **Legal Representatives.** We may disclose your health information to your legal representatives, such as your parents if you are a minor.
5. **Those Involved With Your Care or Payment of Your Care.** If people such as family members, relatives, or close personal friends are involved in your care or helping you pay your hospital bills, we may release your health information to those people if the disclosure is related to their involvement. You have the right to object to such disclosure, unless you are unable to function, there is an emergency, or you are otherwise unable to object and we believe that the disclosure is in your best interests.

6. Sacred Heart Hospital Patient Directory. Unless you object, we may use your health information, such as your name, location in our facility and your religious affiliation for our hospital patient directory. The information about you contained in our Hospital patient directory will be released to people who ask for you by name. However, the information about your religious affiliation will only be disclosed to clergy members.
7. Business Associates. From time to time, in order to carry out payment and health care operations activities, we may disclose your health information to a vendor, known as a “business associate”, to assist us with activities involving health information such as quality improvement, billing, hospital management, legal services or accounting. Business associates will sign a contract under which they agree to use or disclose health information only as permitted by the agreement or as permitted by law.
8. Fundraising. We may use and disclose limited information about you (including your name, address, phone number and dates on which you received care from us.) If you do not wish to be contacted for fundraising purposes, send a written request to Sacred Heart Hospital, Privacy Officer, 900 West Clairemont Avenue, Eau Claire, WI 54701.
9. Required or Permitted by Law. Sometimes we must report some of your health information to legal authorities, such as law enforcement officials or government agencies to comply with a federal, state or local law.
10. Law Enforcement. We may disclose your health information to the police or other law enforcement official for law enforcement purposes required or authorized by law, such as alerting law enforcement to a death that we believe may be the result of criminal conduct.
11. Lawsuits and Disputes. We may disclose your health information in connection with a lawsuit or administrative proceeding to respond to a court or administrative order, a subpoena or other similar request for information authorized by law.
12. Public Health Activities. We may be required to report your health information to authorities to help prevent or control disease, injury, or disability. This may include using your medical record to report certain diseases, injuries, birth or death information, information of concern to the Food and Drug Administration, or information related to child abuse or neglect. We may also have to report to your employer certain work-related illnesses and injuries so that your workplace can be monitored for safety.
13. Health Oversight Activities. We may disclose your health information to authorities so they can monitor, investigate, inspect, discipline or license those who work in the health care system or for government benefit programs.
14. Activities Related to Death. We may disclose your health information to coroners, medical examiners and funeral directors so they can carry out their duties related to your death, such as identifying the body, determining cause of death, or in the case of funeral directors, to carry out funeral preparation activities.
15. Organ, Eye or Tissue Donation. We may disclose your health information to people involved with obtaining, storing or transplanting organs, eyes or tissue of cadavers for donation purposes.
16. Research. Under certain circumstances, and only after approval by our research committee, we may use and disclose your health information to conduct research. Such research might try to find out whether a certain treatment is effective in curing an illness.
17. Avoid a Serious Threat to Health or Safety. As required by law and standards of ethical conduct, we may release your health information to the proper authorities if we believe, in good faith, that such release is necessary to prevent or minimize a serious and approaching threat to your or the public’s health or safety.

18. Military, National Security, or Incarceration/Law Enforcement Custody. If you are involved with the military, national security, protective services for the President of the United States, or intelligence activities or you are in the custody of law enforcement officials or an inmate in a correctional institution, we may release your health information to the proper authorities so they may carry out their duties under the law.

19. Workers' Compensation. We may disclose your health information to the appropriate persons in order to comply with the laws related to worker's compensation or other similar programs. These programs may provide benefits for work-related injuries or illness.

20. Disaster Relief Efforts. In addition, we may release your health information to organizations authorized to handle disaster relief efforts so those who care for you can receive information about your location, condition or health status.

Uses and Disclosures with Your Written Authorization.

Except for the situations previously listed or as permitted by law, any other use or disclosure of your health information requires us to obtain your written authorization. You may withdraw your authorization at any time, as long as your withdrawal is in writing. If you wish to withdraw your authorization, please submit your written withdrawal to Sacred Heart Hospital, Privacy Officer, 900 West Clairemont Avenue, Eau Claire WI 54701. Your withdrawal will be effective except to the extent that we have already acted upon it. For instance, we will obtain your written authorization for the following categories of use and disclosure of your health information.

1. Highly Sensitive Information. Federal and state law may require us to obtain your written authorization to disclose highly sensitive health information under certain circumstances. Highly sensitive health information includes health information that is: (1) in a therapist's psychotherapy notes; (2) about mental illness or developmental disabilities; (3) in alcohol and drug abuse treatment program records; (4) in HIV/AIDS test results; or (5) about genetic testing.
2. Fundraising. If we choose to use information found in your medical record, other than your name, address, phone number and treatment date, for fund-raising purposes we will obtain your authorization before doing so. If you do not wish to be contacted for fundraising purposes, send a written request to Sacred Heart Hospital, Privacy Officer, 900 West Clairemont Avenue, Eau Claire, WI 54701.
3. Marketing. We will obtain your written authorization before using your health information to send you any marketing materials. However, we may provide you with marketing materials in a face-to-face encounter or give you a promotional gift of minimal value without your authorization. We may also communicate with you about products or services relating to your treatment, care settings or alternative therapies without your written authorization.
4. Research. If required by law or our committee which oversees our research activities, we will obtain your written authorization before using or disclosing your health information for research purposes.

Your Health Information Rights

You have several rights with regard to your health information. If you wish to exercise any of the following rights, please send a written request to Sacred Heart Hospital, Privacy Officer, 900 West Clairemont Avenue, Eau Claire, WI 54701 or call 715-717-3755. Specifically, you have the right to:

1. Inspect and copy your health information. With a few exceptions, you have the right to inspect and obtain a copy of your medical records, billing records and other records used to make treatment or billing decisions about you. For instance, this right does not apply to psychotherapy notes or information gathered for judicial proceedings. In addition, we may charge you a reasonable fee if you want a copy of your health information.

2. Request to correct your health information. If you believe any of your health information contained in medical records, billing records and other records used to make treatment or billing decisions is incorrect, you may request that we correct the information. You may be asked to make such requests in writing and give a reason as to why your health information should be changed. However, if we did not create the health information that you believe is incorrect, or if we disagree with you and believe your health information is correct, we may deny your request.
3. Request restrictions on certain uses and disclosures. You have the right to ask for restrictions on how your health information is used or to whom your information is disclosed, for your treatment or our payment or health care operation activities. You may also request that the hospital limit the health information provided to family or friends involved in your care or payment for your hospital bills. You may also request that the hospital limit the health information provided to authorities involved with disaster relief efforts. However, we are not required to agree to your requested restriction.
4. As applicable, receive confidential communication of health information. You have the right to ask that we communicate your health information to you in a certain way or place. For example, you may wish to receive information at your office rather than at home. We will accommodate reasonable requests.
5. Receive a record of disclosures of your health information. You have the right to ask for a list of certain disclosures of your health information that we have made during the previous six years. This list must include the date of each disclosure, who received the disclosed health information, a brief description of the health information disclosed, and why the disclosure was made. We may not charge you for the list, unless you request such list more than once per year.
6. Obtain a paper copy of this Notice. Upon your request, you may at any time receive a paper copy of this notice, even if you earlier agreed to receive this notice electronically.
7. Right to make a complaint. If you believe your privacy rights have been violated, you may file a complaint with us and/or with the United States Department of Health and Human Services Office of Civil Rights. We will not retaliate against you for filing such a complaint. To file a complaint with us please contact Sacred Heart Hospital's Privacy Officer in writing at 900 West Clairemont, Ave, Eau Claire, WI 54701 or call at 715.717.3755.

To file a complaint with the Regional Office of Civil Rights please contact:

Regional Manager
Office for Civil Rights
U.S. Department of Health and Human Services
233 N. Michigan Ave., Suite 240
Chicago, IL 60601
Voice Phone (312)886-2359
FAX (312)886-1807
TDD (312)353-5693

This Notice of Medical Information Privacy is Effective September 2, 2011.
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