

MILWAUKEE HEALTH DEPARTMENT

Privacy Notice

A Summary of Your Rights

Regarding the Use and Disclosure of Your Medical Information by the City of Milwaukee Health Department

The City of Milwaukee Health Department (MHD) is required by Federal and State Law to maintain the Privacy of Protected Health Information (PHI). PHI includes any personally identifiable information that we obtain from you or others that relates to your health or the health care you receive.

PERMITTED USE AND DISCLOSURES

The following list is a description of how the MHD may use and disclose your medical information:

Treatment: Use of disclosure of your medical information to a physician or other health care provider in order to provide treatment.

Payment: Use and disclosure of your medical information in order to receive payment for such services.

Health Care Operations: Use and disclosure of your medical information in connection with our health care operations.

On Your Authorization: If you provide us written authorization to use or disclose your medical information for any specific purpose.

Other Permitted and Required Uses and Disclosures That May be Made Without Authorization or Opportunity to Object

- Required by Law
- Public Health
- Abuse or Neglect
- Law Enforcement
- Inmates
- Research Approved by an IRB
- Legal Proceedings
- Health Oversight
- Food and Drug Administration
- Coroners and Funeral Directors
- Workers Compensation

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the MHD by calling the Privacy Officer at (414) 286-8052. We will not take action against you for filing a complaint.

This is a summary of the MHD Notice of Privacy Practices. For a full version of the document, contact the Privacy Officer.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the right to inspect and copy any PHI about you. Under Federal Law, you may not inspect or copy psychotherapy notes, information compiled in anticipation of or use in a civil, criminal or administrative action or proceeding, and PHI that is subject to law that prohibits its access.

Right to Request Restrictions of Your PHI

You have the right to request a restriction or limitations on the medical information we use or disclose about you for treatment, payment or health care operations. We are not required to agree to your request if it is not in your best interest.

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.

Right to Amend your PHI

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information

Right to an Accounting of Disclosures

You have the right to request an accounting of all disclosures made after April 14, 2003 of medical information except for treatment, payment or health care operations.

Right to Obtain a paper copy of this notice in full

You have the right, upon request, to receive a paper copy of the full version of MHD's Notice of Privacy Practice at any time. You may obtain a copy by contacting the Privacy Officer at 414-286-8052 or alreed@milwaukee.gov.

