

## FOR ACTIVITIES RELATED TO DEATH

**CORONER OR MEDICAL EXAMINER: Pediatric Diagnostic Imaging** may use or disclose your protected health information that is not an HIV test result or related to mental health, alcohol or drug abuse, and developmental disabilities to a coroner or medical examiner.

**FUNERAL DIRECTOR: Pediatric Diagnostic Imaging** may use or disclose your HIV test result to a funeral director.

**FOR CADAVERIC ORGAN, EYE OR TISSUE DONATION PURPOSES: Pediatric Diagnostic Imaging** may use or disclose your HIV test result to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes or tissue for the purpose of facilitating organ, eye or tissue donation and transplantation.

**RESEARCH: Pediatric Diagnostic Imaging** may use or disclose your protected health information for research purposes if the researcher has obtained your permission or fulfilled the stringent privacy requirements of state and federal law.

**TO AVOID SERIOUS THREAT TO HEALTH OR SAFETY: Pediatric Diagnostic Imaging** may disclose your protected health information under limited circumstances to law enforcement officials to avert a serious threat to health or safety.

**DISCLOSURES FOR SPECIALIZED GOVERNMENT FUNCTIONS: Pediatric Diagnostic Imaging** may disclose protected health information excluding mental health, alcohol or drug abuse, or developmental disabled or HIV test results for national security, for protection of the President and for medical suitability determination of Armed Forces personnel to a state or federal agency.

**Pediatric Diagnostic Imaging** may disclose protected health information to a limited staff of a correctional institution or a custodial law enforcement official for the provision of health care and the transport of inmates.

**WORKERS COMPENSATION: Pediatric Diagnostic Imaging** may disclose protected health information reasonably related to a workers compensation injury.

Except for the situations listed above, and treatment, payment or health care operation purposes, the use or disclosure of your health information requires Pediatric Diagnostic Imaging to obtain your written authorization in writing at any time by submitting your written withdrawal to Pediatric Diagnostic Imaging's privacy officer.

### PATIENT COMPLAINT PROCESS

*If you believe your privacy rights have been violated, you may file a complaint with **Pediatric Diagnostic Imaging** or with the Secretary of the Department of Health and Human Services. There will be no retaliation against you for filing a complaint.*

*To file a complaint with **Pediatric Diagnostic Imaging**, contact Pediatric Diagnostic Imaging's privacy officer who will provide you with necessary assistance.*

### QUESTIONS OR CONCERNS

*If you have any questions or concerns regarding your privacy rights or the information in this notice, please contact:*

*Office Manager  
Pediatric Diagnostic Imaging, SC  
8522 W. Capitol Drive  
Milwaukee, WI 53222*

*414-847-1800*



*A new level of care and access*

## 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.

## YOUR HEALTH CARE INFORMATION – PROTECTING YOUR PRIVACY

It is your right as a patient to be informed of the privacy practices of your health care provider as well as to be informed of your privacy rights with respect to your personal health information. This Notice of Privacy Practices is intended to provide you with this information.

### PEDIATRIC DIAGNOSTIC IMAGING

It is your right as a patient to be informed of Pediatric Diagnostic Imaging's legal duties with respect to protection of your personal health information.

#### **Pediatric Diagnostic Imaging is required to:**

- Maintain the privacy of your health information
- Provide you with a notice of the legal duties and privacy practices regarding protected health information collected and maintained about you
- Abide by the terms of this notice

**Pediatric Diagnostic Imaging** reserves the right to change the terms of the Notice of Privacy Practices and make new notice provisions effective for all protected health information that it maintains. Pediatric Diagnostic Imaging also reserves the right to change the terms of its notice with respect to any applicable more limited uses and disclosures.

**Pediatric Diagnostic Imaging** will promptly revise and distribute its notice whenever Pediatric Diagnostic Imaging makes a substantial change to any of its privacy practices.

**Pediatric Diagnostic Imaging** will not use or disclose your health information without your authorization, except as described in this notice.

### YOUR HEALTH INFORMATION RIGHTS

#### ***You have the right to:***

- Request a restriction on certain uses and disclosures of your health information
- Receive confidential communications
- Inspect and obtain a copy of your health record
- Amend your health record
- Obtain an accounting of disclosures of your health information
- Obtain a paper copy of the notice upon request

### USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

**Pediatric Diagnostic Imaging** is permitted by the federal privacy rule to use or disclose your protected health information for treatment, payment or health care operations.

**Pediatric Diagnostic Imaging** MAY USE OR DISCLOSE YOUR HEALTH INFORMATION FOR TREATMENT.

**Pediatric Diagnostic Imaging** may use or disclose your health information in the provision, coordination or management of your health care.

**Pediatric Diagnostic Imaging** MAY USE OR DISCLOSE YOUR HEALTH INFORMATION FOR PAYMENT.

**Pediatric Diagnostic Imaging** may use or disclose your health information to obtain reimbursement for the provision of health care services. The bill may include information that identifies you, your diagnosis and your treatment.

**Pediatric Diagnostic Imaging** MAY USE OR DISCLOSE YOUR HEALTH INFORMATION FOR ROUTINE HEALTH CARE OPERATIONS.

**Pediatric Diagnostic Imaging** may use or disclose your health information for evaluation of patient care services, evaluating the performance of health care providers, activities relating to compliance with the law, and business planning and development.

### USES OR DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION PERMITTED WITHOUT YOUR AUTHORIZATION

Without your written authorization, **Pediatric Diagnostic Imaging** may use or disclose your health information for the following purposes:

**AS REQUIRED BY LAW:** **Pediatric Diagnostic Imaging** may use or disclose protected health information to the extent that the use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of the law. Uses or disclosures required by federal privacy rule and limited by the more protective requirements of state law including the following:

- Disclosures about victims of elderly or child abuse
- Disclosures for judicial and administrative proceedings
- Disclosures for law enforcement purposes

**PUBLIC HEALTH:** **As required by law, Pediatric Diagnostic Imaging** may use or disclose your protected health information to the State of Wisconsin for the purpose of statutory reporting.

**Pediatric Diagnostic Imaging** may disclose your protected health information excluding mental health, alcohol or drug abuse or developmental disabled or HIV test results to a state or federal public health agency for the purpose of preventing or controlling disease, injury or disability.

**Pediatric Diagnostic Imaging** may disclose your protected health information excluding your HIV test result without your authorization to a county agency investigating child abuse.

**Pediatric Diagnostic Imaging** may disclose your protected health information excluding mental health, alcohol or drug abuse, or developmental disabled or HIV test results without your authorization to the Food and Drug Administration (FDA).

**Pediatric Diagnostic Imaging** may disclose your HIV test result without your authorization to a person that may have sustained a contact that carries a potential for transmission of HIV.

**Pediatric Diagnostic Imaging** may disclose your protected health information that is reasonably related to a work related illness or injury if an application for workers compensation has been filed.

**VICTIMS OF ABUSE, NEGLECT OR DOMESTIC VIOLENCE:** **Pediatric Diagnostic Imaging** may disclose health information except for an HIV test result if Pediatric Diagnostic Imaging reasonably believes that an individual is a victim of child abuse.

**HEALTH OVERSIGHT ACTIVITIES:** **Pediatric Diagnostic Imaging** may disclose your protected health information in response to a court order. Pediatric Diagnostic Imaging may disclose your mental health, alcohol or drug abuse, or developmental disability related health information to the Department of Health and Family Services, to the county for coordination of human services and to a representative of the board on aging and long-term care. The remainder of your protected health information may be disclosed without your authorization to a state or federal agency.

**JUDICIAL AND ADMINISTRATIVE PROCEEDINGS:** **Pediatric Diagnostic Imaging** may disclose your protected health information in response to a court order. Pediatric Diagnostic Imaging may disclose your protected health information in response to a subpoena if Pediatric Diagnostic Imaging is a party to a court action, Pediatric Diagnostic Imaging has received your authorization to disclose and has not complied within two business days or Pediatric Diagnostic Imaging failed to respond to a request for workers compensation records. Pediatric Diagnostic Imaging may disclose your protected health information excluding mental health, alcohol or drug abuse, or developmental disabled or HIV test results in response to a subpoena from a state or federal agency.