

WAUKESHA COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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.

Waukesha County Department of Health and Human Services (WCDHHS) is required by law to maintain the privacy of your health information. We call this information "protected health information." "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. This notice provides you with a notice of our legal duties and our privacy practices with respect to your protected health information. This notice describes your rights to access and control your protected health information.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our Notice of Privacy Practices at any time. The new Notice of Privacy Practices will be effective for all protected health information that we maintain at that time, including health information we created or received before we made the changes, as well as any records we create or receive in the future. Upon your request, we will provide you with any revised Notice of Privacy Practices. You may obtain the revised Notice by accessing our website ([www.waukeshacounty.gov](http://www.waukeshacounty.gov)), calling us and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment. We will post a copy of the most current Notice in a prominent location on site.

## **A. USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION**

Your protected health information may be used and disclosed by us for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support our operations. Following are examples of the types of uses and disclosures of your protected health information that we are permitted to make without your written authorization. These examples are not meant to be exhaustive.

1. **Treatment:** WCDHHS may use or release your protected health information to provide, coordinate or manage your care. This includes communication and consultation with other internal or external providers providing services to you and your family members.
  - a. For example, a doctor may use the information in your record to determine which treatment option, such as a drug or therapy, best addresses your health needs. The treatment selected will be documented in your record so that other professionals can make informed decisions about your care.
2. **Payment:** For services other than mental health or alcohol or drug abuse treatment, in order for WCDHHS to receive payment for the services provided, your protected health information will be provided to third party payers such as private insurance carriers or governmental insurance programs such as Medicaid or Medicare. This will typically include information that identifies you, your diagnosis, and the treatment provided to you. If you received mental health or drug abuse treatment services, your consent is required before we can bill a third party for payment.

3. **Health Care Operations:** We may use or disclose your protected health information for activities relating to the evaluation of client care, evaluating the performance of our providers, business planning and compliance with the law.
  - a. For example, we may review your diagnosis, treatment, and outcome information in order to improve the quality or cost of care we deliver. These quality and cost improvement activities may include evaluating the performance of your doctors, nurses and other professionals, or examining the effectiveness of the treatment provided to you.
  - b. In addition, we may use your protected health information for appointment reminders. For example, we may look at your record to determine the date and time of your next appointment with us and contact you with a reminder.
  - c. We may also review your protected health information to determine if another treatment or a new service we offer may be of benefit to you.
  - d. We may share your protected health information with third party "business associates" that perform various activities for us. Whenever we have an arrangement with a business associate that involves the use or disclosure of your protected health information, we have a written contract containing terms that protects the privacy of your protected health information.
4. **As Required by Law:** We may use or disclose your protected health information as required or permitted by federal, state or local law to legal authorities, such as law enforcement officials, court officials, or government agencies.
  - a. For example, we may have to report abuse, neglect, domestic violence or certain physical injuries, or to respond to a court order.
  - b. In addition, we are required to enter relevant information in eWISACWIS, the Statewide Automated Child Welfare Information System, as it may pertain to Child Abuse/Neglect Assessments or care and custody situations.
5. **For Public Health Activities:** When required by law, we may disclose your protected health information to public health authorities in certain circumstances to:
  - a. Control or prevent a communicable disease, injury or disability
  - b. Report births or deaths
  - c. Report reactions to medications or problems with products to the Food and Drug Administration
  - d. Poison Control
  - e. Wisconsin Immunization Registry
  - f. Report to your employer certain work-related illnesses and injuries so your workplace can be monitored for safety.
6. **For Law Enforcement:** We may disclose your protected health information when asked by a law enforcement official. For example, in response to a court order, warrant or summons. We may use or disclose your protected health information if it is necessary for law enforcement authorities to identify or apprehend a suspect, fugitive, material witness or missing person. We may disclose your protected health information if necessary to report crimes on our premises or to report a crime in an emergency. We may disclose your protected health information to correctional institutions or law enforcement personnel for certain purposes if you are an inmate or are in lawful custody.

**Outstanding Warrants Notice:**

The Waukesha County Juvenile Court considers the WCDHHS social workers to be agents of the Court and that if a client, involved in a Juvenile Court case, has an outstanding legal warrant, it is the Court's expectation that the social worker contact law enforcement. You realize that, in such circumstances, staff may contact law enforcement and you consent to such contact.

7. **Victims of Abuse, Neglect or Violence:** We may disclose your protected health information to a government authority authorized by law to receive reports of abuse, neglect or violence relating to children or the elderly.
8. **For Health Oversight Activities:** We may disclose your protected health information to health oversight agencies, including government agencies, so they can monitor, investigate, inspect, discipline or license those who work in the health care system or for government benefit programs.
9. **For Judicial and Administrative Proceedings:** We may disclose your protected health information in the course of an administrative or judicial proceeding in response to a court order. Under most circumstances, when the request is made through a subpoena, a discovery request or involves another type of administrative order, your authorization will be obtained before disclosure is permitted.
10. **For Deceased Clients:** We may disclose your protected health information to coroners, medical examiners and funeral directors when necessary to identify the deceased, determine the cause of death, or as otherwise authorized by law. We may also disclose your protected health information to a funeral director as necessary to carry out arrangements after death.
11. **For Organ, Eye or Tissue Donation:** We may disclose your protected health information to organizations that handle organ procurement or other health care organizations to make organ or tissue donation and transportation possible.
12. **For Research:** Under certain circumstances, and only after a special approval process, we may use and disclose your protected health information to help conduct research.
13. **To Avoid a Serious Threat to Health or Safety:** We may disclose your protected health information in a very limited manner to appropriate persons to prevent a serious threat to the health or safety of a particular person or the general public. Disclosure is usually limited to law enforcement personnel who are involved in protecting the public safety.
14. **For Specialized Government Functions:** We may release your protected health information to military and federal officials as required for lawful national security purposes, investigations or intelligence activities.
15. **For Workers' Compensation:** We may disclose your protected health information that is reasonably related to a worker's compensation injury as allowed by workers' compensation laws or other similar programs without your authorization. These programs may provide benefits for work-related injuries or illness.
16. **To Those Involved with Your Care or Payment of Your Care:** We may disclose relevant protected health information to a family member or friend who is involved with your care. We find that many clients want us to discuss their care with family members and others to keep them up to date on your care, to help you understand your care, to help in handling your bills, or to help in the scheduling of your appointments. If family members or friends are present while care is being provided, we will assume your companions may hear the discussion, unless you state otherwise. If you are not present or are incapacitated, we will use our professional judgment to determine whether disclosing limited protected health information is in your best

interest under the circumstances. If you do not want us to disclose your protected health information to your family members or others who are involved with your care or handling your bills, please let your physician, caseworker or other staff member know.

17. **Disaster Situations:** In a disaster situation, we may disclose your protected health information to people who handle disasters to assist in locating your family and as needed, for disaster management efforts.
18. **Hospital Directory (Mental Health Center):** We may include your name and location in our facility in our directory. This information is maintained by our staff to assist family members, other visitors or persons in locating you while you are in our facility. You can choose not to have such information released from the facility directory. If you do not want us to release such information, please inform the admitting staff or your nurse. In emergency circumstances, if you are unable to communicate your preference, you will be listed in the directory.
19. **To Other County Departments/WCDHHS:** We may disclose your protected health information to other county departments and divisions within Waukesha County Department of Health and Human Services (WCDHHS) which provide Business Associate type functions or services to the Department of Health and Human Services, in order to coordinate treatment, services or payment of such services.
20. **Information with Additional Protections:** Please be aware that state and federal law may have more requirements than HIPAA on how we use and disclose your health information. If there are specific more restrictive requirements, even for some of the purposes listed above, we may not disclose your health information without your written permission as required by such laws. For example, we will not disclose your HIV test results without obtaining your written permission, except as permitted by state law. We may also be required by law to obtain your written permission to use and disclose your information related to treatment for a mental illness, developmental disability, or alcohol or drug abuse. There may be other restrictions on how we use and disclose your health information than those listed above. We believe state and federal laws discussing such restrictions are Wisconsin Statutes Sections 146.82, 51.30, 252.15, 895.50 and 905.04; Wisconsin Administrative Code HFS 92 and 124.14; and 42 C.F.R. Part 2 and 45 C.F.R. Parts 160 and 164.

**Additional Information Pertaining to the Confidentiality of Drug and Alcohol Patient Records:**

Generally, we may not say to a person outside the AODA program that a client attends the AODA program, nor can we disclose any information identifying a client as an alcohol or other drug abuser unless:

- (1) The client consents by signing a written authorization;
- (2) A court order allows the disclosure; or
- (3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the federal law and regulations by an AODA program is a crime. Suspected violations may be reported to our Privacy Officer or to appropriate authorities in accordance with federal regulations. Federal law and regulations do not protect any information about a crime committed by a client either at the program or against any person who works for the program or about any threat to commit such a crime. Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

**With your written permission:**

We may disclose your protected health information to anyone for any purpose. If the reason we share your protected health information is not listed above, we must first obtain your specific written permission by having you complete and sign a "WCDHHS Authorization for Use and Disclosure of Health or Confidential Information" form. If you sign an authorization form, you may revoke your authorization at any time, as long as your

revocation is in writing. If you wish to revoke your authorization, please submit your written revocation request to the Centralized Records Supervisor at Waukesha County Department of Health and Human Services. Your written notice to revoke will not affect any uses or disclosures made while your authorization was in effect.

## **B. YOUR RIGHTS IN REGARDS TO YOUR PROTECTED HEALTH INFORMATION**

You have several rights with regard to your protected health information. The following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise your rights. If you wish to exercise any of the following rights, please contact the WCDHHS Privacy Officer.

### **1. Right to Inspect and Copy Your Protected Health Information**

You have the right to inspect and to request a copy of information maintained in our designated medical record about you. To obtain or inspect a copy of your medical record information, contact the records department at the location you had services at and complete a "WCDHHS Authorization for Use and Disclosure of Health or Confidential Information" form. We may charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request.

Most clients have full access to inspect and receive a copy of their full medical record. On rare occasions, we may deny a request to inspect and receive a copy of some information in the medical record. This includes psychotherapy notes or information gathered for judicial proceedings or if, in the professional judgment of your physician, the release of the information would be reasonably likely to endanger the life or physical safety of the client or another person.

### **2. Right to Request to Amend Your Protected Health Information**

You have the right to ask us to amend the information in your record, if you believe the information is incomplete or not correct. You must make your request in writing to the WCDHHS Privacy Officer. You will need to tell us why your protected health information should be amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment form and include the amendments in any future disclosures of that information. We may deny your request if we did not create the information you want amended, the information is already accurate and complete, the originator is no longer available to make the amendment or for certain other reasons. If we deny your request, we will provide you with a written explanation. You may respond with a statement of disagreement, which may be added to the information you wanted amended.

### **3. Right to Request Restrictions on Certain Uses and Disclosures**

You have the right to ask that we limit how your health information is used or disclosed for treatment, payment or health care operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your request must be in writing and submitted to the WCDHHS Privacy Officer. **We are not required to agree in all circumstances to your requested restriction.** If we agree to your request, we will abide by our agreement (except in an emergency or when the information is necessary to treat you). One restriction we are required to agree to is to prevent disclosure of your health information to a health plan for the purpose of carrying out payment or health care operations, but only if it pertains solely to a health care item or service which has been paid out-of-pocket in full.

### **4. Right to Receive Confidential Communications of Protected Health Information**

You have the right to ask that we communicate your health information to you in alternative ways or at an alternative location. For example, you may wish that information about your health status be sent to a private address or discussed in a private area. We will meet reasonable requests. We will require that you provide

an alternative address or other method of contact and how payment will be handled. If requesting confidential communication, you must ask in writing. You may make a written request at any time to the WCDHHS Privacy Officer who will have you complete a "Request for Alternative Communication of Protected Health Information form."

5. **Right to Receive an Accounting of Disclosures of Your Protected Health Information**

You may ask for a list of those who received information from your medical records within the last six years. This list must include the date your health information was given, to whom it was given, a brief description of the information given and why. We must give you this list within 60 days unless we give you notice that we need an extra 30 days to process your request. We may not charge you for the first list, but may charge you if you ask for a list more than once a year. The list will not include disclosures (a) for treatment, payment, health care operations, (b) as authorized by you, and (c) for certain other activities, including national security, law enforcement/corrections, certain health oversight activities and disclosures to you. To get a list, submit a written request to the WCDHHS Privacy Officer.

6. **Right to Obtain a Paper Copy of This Notice**

A paper copy of this Notice will be provided to you when you first start services with us and when there are changes to this Notice. Even if you have received a copy of this Notice before, you may still be asked to sign that you have received this Notice. You may request a copy of this Notice at any time by contacting the WCDHHS Privacy Officer at 262-548-7212. (You may obtain a copy of the current version of our Notice of Privacy Practices at our website, [www.waukeshacounty.gov](http://www.waukeshacounty.gov).)

7. **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with us by contacting the WCDHHS Privacy Officer or with the Secretary of the U.S. Department of Health and Human Services, Office of Civil Rights. We will not retaliate against you for filing such a complaint.

If you have any questions or concerns regarding your privacy rights or the information in this Notice, please contact the WCDHHS Privacy Officer at 262-548-7212.

The effective date for this Notice of Privacy Practices is October 2012.