

**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.

The Waukesha County Department of Health and Human Services (WCDHHS) must maintain the privacy of your personal health information and give you this notice that describes our legal duties and privacy practices concerning your personal health information. In general, when we release your health information, we must release only the information we need to achieve the purpose of the use or disclosure. However, all of your personal health information that you designate will be available for release if you sign an authorization form, if you request the information for yourself, to a provider regarding your treatment, or due to a legal requirement. We must follow the privacy practices described in this notice.

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. In the event of a change, WCDHHS will provide a copy of the revised notice to you upon your request.

Without your written authorization, we can use your health information for the following purposes:

1. **Treatment.** The County may share your health information with other internal or external providers providing service to you and your family members. 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 the County to receive payment for the services provided, your personal 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 part for payment.
3. **Health Care Operations.** 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.

In addition, we may want to use your 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. We may also review your health information to determine if another treatment or a new service we offer may be of benefit to you.

4. **WCDHHS may report as required or permitted by law**, report your health information to legal authorities, such as law enforcement officials, court officials, or government agencies. For example, we may have to report abuse, neglect, domestic violence or certain physical injuries, or to respond to a court order. 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**. 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 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.

6. **For 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.

7. **For 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.

8. **For 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.

9. **For research**. Under certain circumstances, and only after a special approval process, we may use and disclose your health information to help conduct research.

10. **To 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.

11. **For military, national security, or incarceration/law enforcement custody**. If you are involved with the military, national security 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.

12. **For workers' compensation.** We may disclose your health information to the appropriate persons in order to comply with the laws related to workers' compensation or other similar programs.

13. **To those involved with your care or payment of your care.** If people such as family members, relatives, disaster relief personnel, or close personal friends are helping care for you or helping you pay for the services you are receiving, we may release limited health information about you to those people. You have the right to object to such disclosure, unless you are unable to function or there is an emergency. It is our duty to give you enough information so you can decide whether or not to object to release of your health information to others involved with your care.

14. To other county departments and divisions with the Waukesha County Department of Health and Human Services which provide Business Association type functions or services to the Department of Health and Human Services, in order to coordinate treatment or services or payment of such services.

NOTE: Except for the situations listed above, we must obtain your specific written authorization on WCDHHS AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION form for any other release of your health information.

If you sign an authorization form, 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 your service provider or in their absence, the Privacy Officer.

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 contact your current service provider or in their absence, the Privacy Officer. 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 health information. However, 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 your health information is incorrect, you must make a written request to correct the information, 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, even if the restriction affects your treatment or our payment or health care operation activities. You may want to limit the health information provided to family,

disaster relief personnel, or friends involved in your care or payment of medical bills. However, we are not required to agree in all circumstances 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 different ways or places. For example, you may wish that information about your health status be sent to a private address. You may make a request at any time to your current service provider who will have you complete a Request for Alternative Communication of Protected Health Information form. We will accommodate reasonable requests that specify an alternative address or other method of contact and provide information as to how payment, if applicable, will be handled.

5. Receive a record of disclosures of your health information. In some limited instances, you have the right to ask for a list of the disclosures of your health information we have made during the previous six years, but the request cannot include dates before April 14, 2003. 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 must comply with your request for a list within 60 days, unless you agree to a 30-day extension, and we may not charge you for the list, unless you request such a list more than once per year. In addition, we will not include in the list disclosures made to you, or for purposes of treatment, payment, health care operations, national security, law enforcement/corrections, and certain health oversight activities.

6. Obtain a paper copy of this notice. Upon your request, you may at any time receive a paper copy of this notice.

7. Complain. If you believe your privacy rights have been violated, you may file complaint with us and with the federal Department of Health and Human Services. We will not retaliate against you for filing such a complaint. To file a complaint with either entity, please contact your current service provider or Privacy Officer.

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

The effective date for this Notice of Privacy Practices is 09/29/2009.