

**WAUKESHA COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
NOTICE OF PRIVACY PRACTICES REGARDING HEALTH INFORMATION**

**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” or “PHI”. Your PHI is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health conditions 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 permitted or required by law. This notice provides you with information about our legal duties and our privacy practices with respect to your PHI, and it describes your rights to access and control of your PHI in both physical (paper) and electronic formats. This notice also describes our obligation to you concerning the use and disclosure of your PHI.

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 a copy of our most current Notice of Privacy Practices.

You may also obtain the most current version of the Notice by accessing our website at the following address: (www.waukeshacounty.gov/HealthAndHumanServices/general-information/eop-and-hipaa/), by calling us and requesting that a revised copy be sent to you in the mail, or by asking for a copy at the time of your next appointment. If you have any questions about any part of this Notice, or if you would like more information about the privacy practices of WCDHHS, please contact the WCDHHS Compliance Program Coordinator by telephone at 262-548-7662 or by email at: hhsprivacy@waukeshacounty.gov.

Providers participating in the Organized Health Care Arrangement (OHCA) may all use the same electronic medical record to document and review the health care services they provide to you. Use of the electronic medical record allows your providers to coordinate your care, improve exchange of important information about your treatment, and get complete and up-to-date information to any provider who uses the shared electronic medical record. Your health information will be stored, viewed, and shared by your health care providers in an electronic medical record system. When you are treated by any of these health care providers, each provider will use the same electronic medical record to document information about your treatment. Please note that once your information is combined in the electronic medical record system, it cannot be separated. We provide care to our patients in partnership with physicians and other professionals and organizations. Our privacy practices will be followed by:

- a. Any health care professionals/health and human services professionals who care for you at any of our locations
- b. All locations, divisions, and units of WCDHHS staffed by our workforce, regardless of geographic location
- c. All members of our workforce including employees, contracted workers, students, interns, and volunteers
- d. Any business associates or authorized service organizations with whom we share health information

WCDHHS is dedicated to keeping your PHI private. When we release your PHI, we will make reasonable efforts to limit the use and release of your information to only the minimum necessary for the specific purpose.

A. USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

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

1. **Treatment:** WCDHHS may use or release your PHI to provide, coordinate or manage your care. Our communications to you may be by telephone, e-mail, patient portal, or by mail. This includes communication and consultation with other internal or external providers who provide services to you and your family members.

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- a. For example, a doctor may use the information in your record to determine which treatment option, such as a drug or therapy, best meets your health needs. The treatment selected will be documented in your record so other healthcare professionals are better able to make informed decisions about your care.
 - b. We may also use or disclose your health information to:
 - i. Schedule a test, such as a blood test or X-ray
 - ii. Send a prescription to your pharmacy
 - iii. Continue your care following your hospital stay or clinic services
2. **Payment:** We may use and disclose your health information to send bills and collect payment from you, your health plan, or other third-party payers such as government insurance programs like Medicaid or Medicare for the services we provided to you. This will typically include information that identifies you, your diagnosis, and 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. For example, we may:
- a. Send a bill and/or medical documentation that includes your name, your diagnosis, and the care you received to your insurance company. We provide this information to your insurance company to assist with receiving payment for your medical bills.
 - b. Use and disclose protected health information that your health plan may require before it approves and/or pays for health care services. Your health plan may require this information for:
 - i. Deciding eligibility or coverage for insurance benefits
 - ii. Making a medical necessity decision about services you received
 - iii. Auditing purposes
 - c. Disclose your health information to another healthcare provider if the information is needed by that healthcare provider for payment of medical services provided to you.
 - d. Disclose your health information to a family member who is responsible for payment of your medical bills.
3. **Health Care Operations:** We may use or disclose your PHI for activities relating to the evaluation of client care, evaluating the performance of our providers, for business planning, and to ensure compliance with the law. If the activities require disclosure of your information outside of our organization, we will request your written authorization before making the disclosure unless the disclosure is permitted by law. For example, we may:
- a. Review your diagnosis, treatment, and outcome information to improve the quality or cost of care and services we deliver. These quality and cost improvement activities may include:
 - i. Evaluating the performance of your doctors, nurses, and other professionals, or examining the effectiveness of the treatment provided to you
 - ii. Comparing the success of your treatment to the treatment of other patients
 - iii. Calling and leaving a message for you as a reminder of a previously scheduled appointment, to schedule an appointment, or to reschedule an appointment
 - iv. Contacting you to provide information about treatment alternatives, disease management, or about other health-related products and services we offer.
 - b. Use your name and address to send you newsletters about programs and services we are offering. Further, we may use your name, address, and health information to send you notices and invitations to celebration events offered by us. (You may contact The WCDHHS Centralized Records Supervisor to request that these materials not be sent to you).
 - c. Use your information when conducting training, accreditation, certification, or credentialing activities.
 - d. Use your information for Medical reviews, risk management, legal services, and auditing, to include fraud and abuse detection and compliance.
 - e. Use your information for business planning and development
 - f. Use your information for business management and general administrative activities, including management activities relating to privacy, customer service, resolution of patient complaints and grievances, and for creating de-identified health information.
 - g. Incidentally have access to your protected health information, either in paper or electronic format, while performing routine business.

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- h. Disclose your health information to referring doctors, clinics, hospitals, and emergency medical transportation companies that previously cared for you to assist them in facilitating their quality improvement and other health care operations activities.
 - i. Share your PHI with third party “business associates” or authorized service organizations that perform various activities for us, such as billing, collections, patient satisfaction surveys, and transcription services. Whenever we use or disclose your PHI to a business associate or authorized service organization, we have a written contract with them that protects the privacy and confidentiality of your protected health information.
 - j. Review your PHI to determine if another treatment or a new service we offer may benefit you.
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 other authorized government agencies. For example:
 - a. We are required to report actual and suspected abuse, neglect, domestic violence, and other certain physical injuries.
 - b. We may be required to disclose your protected health information in response to a court order.
 - c. We are required to enter relevant information in the Statewide Automated Child Welfare Information System (eWISACWIS), related to Child Abuse/Neglect Assessments and/or care and custody.
5. **For Public Health Activities:** When required by law, we may disclose your PHI to public health authorities in certain circumstances to:
 - a. Control or prevent injury, disability, or spread of a communicable disease
 - 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 and Correctional Institutions:** We may disclose your PHI when asked by a law enforcement official in response to a court order, warrant, or summons. We may use or disclose your PHI if it is necessary for law enforcement to identify or apprehend a suspect, fugitive, material witness, or to locate a missing person. We may disclose your PHI to report crimes that occur on our premises or to report a crime during an emergency. We may also disclose your PHI 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 Court considers WCDHHS social workers and workforce members “agents of the Court”. As a result, if a client involved in a Court case has an outstanding warrant, it is the expectation of the Court that WCDHHS contact law enforcement.
7. **Victims of Abuse, Neglect, or Violence:** We may disclose your PHI to a government authority authorized by law to receive reports of abuse, neglect, or violence relating to children or elderly persons.
8. **For Health Oversight Activities:** We may disclose your PHI to health oversight agencies, including government agencies, so they can monitor, investigate, inspect, discipline, and/or license individuals who work in the healthcare system or provide services for government benefit programs.
9. **For Judicial and Administrative Proceedings:** We may disclose your PHI during 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 another type of administrative order, your authorization will be obtained before disclosure is permitted.
10. **For Deceased Clients:** We may disclose PHI of deceased clients to coroners, medical examiners, and funeral directors when necessary to identify the deceased, determine a cause of death, or as otherwise authorized by law. We may also disclose PHI of a deceased client to a funeral director as needed to carry out arrangements after death.

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11. **For Organ, Eye, or Tissue Donation:** We may disclose a deceased client's PHI to organizations that handle organ, eye, or tissue procurement or to other healthcare organizations for organ, eye, or tissue donation transportation when a deceased client is confirmed to be a donor.
12. **For Research:** Under certain circumstances, and only after a special approval process, we may use and disclose your PHI for research purposes. For example, your information may be used to assess how well a drug is working or whether certain treatments are working better than others to treat a diagnosis.
13. **To Avoid a Serious Threat to Health or Safety:** We may disclose your PHI in a very limited manner to appropriate persons to prevent a serious threat to the health or safety of a particular person or the public. Disclosure is usually limited to law enforcement personnel involved in public safety.
14. **For Specialized Government Functions:** We may release your PHI to military or federal officials as required for lawful national security purposes, investigations, or intelligence activities.
15. **For Workers' Compensation:** We may disclose PHI that is reasonably related to a worker's compensation injury to workers' compensation or other similar programs without your authorization. These programs may provide benefits for work-related injuries or illnesses.
16. **To Those Involved with Your Care or Payment of Your Care:** We may disclose relevant PHI to a family member or friend involved with your care. Many clients want us to discuss their care with family members and others to keep them informed so those individuals can help them understand their care, handle their bills, or to schedule appointments. If family members or friends are present while your care is being provided, we will assume they are permitted to hear the discussion unless you state otherwise. If you are not present or are incapacitated, we will use professional judgment to determine whether disclosing limited PHI to those individuals is in your best interest under the circumstances. If you do not want us to disclose your PHI to your family members or others involved with your care or with handling your bills, please inform your physician or your caseworker.
17. **Disaster or Pandemic Situations:** In response to disasters, including a pandemic, we may disclose your PHI to authorized disaster or pandemic relief workers as needed to assist in disaster and pandemic management efforts.
18. **Facility Directory (Mental Health Center):** The facility directory is maintained by our workforce members while you are being treated in the inpatient hospital and may include your name, your location within our facility, your condition (described in general terms that does not communicate specific medical information about you), and your religious affiliation. This information may be disclosed to members of the clergy, family members, and to other persons who ask for you by name while you are in our care. We are required to inform you of your right to opt out of being included in the directory or to decide what information may be included and disclosed (and to whom) if you choose to have your information included. Even if you choose to have your information included in the directory and permit that information to be disclosed initially, you can change that decision and restrict any or all of your information from being disclosed from the directory at any time. If you do not want to be included in the directory, you do not want us to disclose your information, or if you have specific restrictions as to what information may be disclosed to whom, you can inform your nurse or any workforce member involved in your care, and we will ensure your instructions are followed. In emergency circumstances where you are unable to object to the inclusion or disclosure of your information in the directory, WCDHHS may include your information within the directory and disclose that information if the inclusion and disclosure of your information is consistent with your previously expressed preferences and if the disclosure of your information is in your best interest as determined by your WCDHHS provider through the exercise of professional judgment. (NOTE: WCDHHS must provide you with an opportunity to object to the use and disclosure of your information in our facility directory as soon as it becomes possible to do so.)
19. **To Other County Departments/WCDHHS:** Except for mental illness, alcohol and drug abuse, and developmental disability information, we may disclose your PHI to other Waukesha County departments and divisions that provide Business Associate services to WCDHHS for coordination and/or payment of treatment and services.
20. **Information with Additional Protections:** Please be aware that certain PHI may have additional protection under state and federal laws. For example, PHI about HIV/AIDS, mental health, alcohol and drug abuse, and genetic testing

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results may be treated differently than other PHI. If there are specific, more restrictive requirements within the laws, even for some of the purposes listed above, we may not disclose that information without your written permission. For example, we will not disclose your HIV test results without obtaining your written permission, except as required by law. We may also be required by law to obtain your written permission to use and disclose information related to your 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. State and Federal Laws governing such restrictions can be found in Wisconsin Statutes §§ 51.30, 146.82, 252.15, 895.50, and 905.04; Wisconsin Administrative Code DHS 92 and 124.14; and Federal Law 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 cannot disclose that a client attends the AODA program to unauthorized persons, nor can we disclose any information identifying a client as an alcohol or other drug user/abuser unless:

- (1) The client consents by signing a written authorization; or
- (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 laws and regulations by an AODA program is a crime. Suspected violations may be reported to the WCDHHS Compliance Program Coordinator for investigation, and if it is determined that a violation has occurred, the incident will be reported to appropriate authorities in accordance with federal laws. You may also direct suspected violations of the confidentiality of drug and alcohol records to the United States Attorney for the Eastern District of Wisconsin using the following contact methods and information:

Postal Mail: **U.S. Attorney's Office**
517 E. Wisconsin Ave, Ste 530
Milwaukee WI 53202

Main Phone: **(414) 297-1700**

Federal laws and regulations do not prevent disclosure of 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 laws and regulations also do not prevent disclosure to appropriate state or local authorities of information about suspected child abuse or neglect.

Some parts of this general Notice of Privacy Practices may not apply to certain kinds of PHI. Please contact the WCDHHS Compliance Program Coordinator with any questions about special protections.

When WCDHHS is Required to Obtain an Authorization to Use or Disclose Your Health Information:

Except as described in this Notice of Privacy Practices, we will not use or disclose your health information without written authorization from you. For example, uses and disclosures made of psychotherapy notes (apart from allowing the originator of psychotherapy notes to use them for your treatment), for marketing purposes, or the sale of PHI requires your authorization. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time by submitting your written request to the WCDHHS Centralized Records Supervisor. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization, though we will be unable to take back any disclosures that were already made with your permission.

B. YOUR RIGHTS IN REGARD TO YOUR PROTECTED HEALTH INFORMATION

You have several rights regarding your PHI. The following is a statement of your rights 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 Centralized Records Supervisor or the WCDHHS Compliance Program Coordinator.

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. This includes medical and billing records maintained and used by us to make decisions about your care. To obtain or inspect a copy of your record, contact the records department at the location you received services and

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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.

You have the right to obtain an electronic copy of your record if you choose. You may direct us to transmit the copy to another entity or person that you name - provided the choice is clear, conspicuous, and specific. We may charge a fee for the labor costs needed to provide the electronic copy. If the form and format are not readily producible, WCDHHS will work with you to provide it in a reasonable electronic form or format.

Most clients have full access to inspect and receive a copy of their full record. On rare occasions, we may deny a request to inspect and receive a copy of some information in the 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. Please contact the WCDHHS Centralized Records Supervisor or the WCDHHS Compliance Program Coordinator if you have any questions about access to your record.

2. Right to Request to Amend Your Protected Health Information

You have the right to request amendments to the information in your record if you believe the information is incomplete or incorrect. You must make your request in writing to the WCDHHS Centralized Records Supervisor or the WCDHHS Compliance Program Coordinator. You will need to explain why your PHI should be changed. 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 have requested to be amended, if the information is verified as accurate and complete, if the originator is no longer available to make the amendment but had made the entry based upon professional judgment, or for certain other reasons. If we deny your request, we will provide you with a written explanation for the denial. You may respond with a statement of disagreement, which will be added to the information for which you requested the amendment.

3. Right to Request Restrictions on Certain Uses and Disclosures

You have the right to request 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 PHI not be disclosed to family members or friends involved in your care. Your request must state the specific restrictions requested and to whom the restrictions apply. Your request must be in writing and must be submitted to the WCDHHS Centralized Records Supervisor or WCDHHS Compliance Program Coordinator. **We are not required to agree in all circumstances to a requested restriction.** If we agree to your request, we will abide by our agreement (except in an emergency or when information is necessary to treat you). You may cancel restrictions at any time. In addition, we may cancel a restriction at any time if we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation. We are required to agree 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 and in full. This restriction does not apply to use or disclosure of health information related to your medical treatment.

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 different ways or places. For example, you may wish that information about your health status be sent to a private address or be discussed in a private area. We will accommodate all 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 make the request in writing. You may make a written request at any time to the WCDHHS Centralized Records Supervisor or the WCDHHS Compliance Program Coordinator 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 have the right to request a list of the disclosures of your PHI that we have made in compliance with federal and state law. This list will include the date of each disclosure, who received the disclosed information, a brief description

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of the information disclosed, and why the disclosure was made. For some types of disclosures, the list will also include the date and time the request for disclosure was received and the date and time the disclosure was made.

For example, you may request a list that indicates all the disclosures your health care provider has made from your record in the past six months. To request this accounting of disclosures, you must submit your request in writing to the WCDHHS Centralized Records Supervisor or the WCDHHS Compliance Program Coordinator. We must comply with your request for a list of disclosures within 60 days, unless you agree to a 30-day extension, and we may not charge you for the list, unless you request a list of disclosures more than once a year.

6. **Right to 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. 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 Centralized Records Supervisor at 262-548-7679 or by contacting the WCDHHS Compliance Program Coordinator at 262-548-7662. You may also obtain a copy of the current version of our Notice of Privacy Practices on our website, www.waukeshacounty.gov.

7. **Right to Receive Notice of Breach**

We are required by law to maintain the privacy of protected health information and to notify you by first class mail of any breach of your protected health information.

8. **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with us by contacting the WCDHHS Compliance Program Coordinator directly at 262-548-7662 or the WCDHHS Centralized Records Supervisor at 262-548-7679. They will provide you with any needed assistance in submitting your complaint. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, Office of Civil Rights. If your complaint relates to your privacy rights while you were receiving treatment for mental illness, alcohol or drug abuse, or a developmental disability you may also file a complaint with a workforce member or administrator of the treatment facility or community mental health program. We will not retaliate against you in any way 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 Compliance Program Coordinator directly at 262-548-7662 or the WCDHHS Centralized Records Supervisor at 262-548-7679. You may also submit questions, concerns, or complaints using the following email address: hhsprivacy@waukeshacounty.gov, or you may submit them by traditional mail at the following mailing address:

Waukesha County Department of Health and Human Services
Attn: Compliance Program Coordinator
514 Riverview Avenue
Waukesha, WI 53188.

The effective date of this Notice of Privacy Practices is February 28, 2022.