

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

Notice of Privacy Practices of Waukesha County Department of Health and Human Services

**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.**

This notice describes:

HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

**HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR
HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION**

**YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS
IT WITH HHS COMPLIANCE AT 262-548-7662 OR AT HHS COMPLIANCE@WAUKESHACOUNTY.GOV IF
YOU HAVE ANY QUESTIONS.**

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. Unless otherwise called out, PHI may include any substance use disorder (SUD) records. Certain programs within WCDHHS are considered Part 2 Programs because they treat substance use disorders. In addition to the privacy protections afforded to all PHI, our Part 2 Programs are further required by federal law (42 C.F.R. Part 2) to protect the confidentiality of substance use disorder (SUD) client records.

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 obligations to you concerning the use and disclosure of your PHI. Where different rules apply to SUD records this Notice addresses those separately.

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 PHI 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 we send a revised copy 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 HHS Compliance by telephone at 262-548-7662 or by email at: hhscompliance@waukeshacounty.gov.

Providers participating in the Organized Health Care Arrangement (OHCA) may all use the same electronic health record to document and review the health care services they provide to you. Use of the electronic health 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 health record. Your health information will be stored, viewed, and shared by your health care providers in an electronic health record system. When you are treated by any of

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these health care providers, each provider will use the same electronic health record to document information about your treatment. Please note that once your information is combined in the electronic health record system, it cannot be separated. We provide care to our clients 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, though additional protections on use and disclosure will apply to SUD records. Following are examples of the types of uses and disclosures of your PHI, excluding SUD records, that we may make without your written authorization. These examples are not meant to be exhaustive. Your PHI may be subject redisclosure by the recipient and no longer protected by the HIPAA Privacy Rule.

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.
 - 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 substance use disorder 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 WCDHHS, we will request your written authorization before making the disclosure unless the disclosure is permitted by law. For example, we may:

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- 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 clients.
 - 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 Health Information Management 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 client 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.
 - 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 on our behalf, 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 PHI.
 - 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. Report relevant information to Poison Control.
 - e. Enter required information into the 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

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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, adults at risk, 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 or through a subpoena, a discovery request, or another type of administrative order.
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.
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 follow applicable law and 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 provider or your caseworker.

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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. Unless you request that we do not provide the following information to your parent, child, sibling, spouse or domestic partner, we may confirm if you are in the hospital or provide your current location after discharge. We cannot confirm your inpatient status to others not involved in your care or reveal if you have a substance use disorder without your written informed consent. 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. 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 any workforce member involved in your care at any time, 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 that is consistent with your previously expressed preferences and if it 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:** We may disclose your PHI to other Waukesha County departments and divisions that provide Business Associate services to WCDHHS for payment, treatment, and healthcare operations.
20. **Information with Additional Protections:** Please be aware that certain PHI may have additional protections under state and federal laws. For example, PHI about HIV/AIDS, mental health, substance use disorders, and genetic testing results may be treated differently than other PHI. When there are specific, more restrictive requirements within the laws, 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 substance use disorder. 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 §§ 46.23, 51.30, 146.816, 146.82, 252.15, 905.04, and 995.50; Wisconsin Administrative Code Ch. DHS 92; 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 Substance Use Disorder Records:

Generally, our Part 2 Programs cannot disclose that a client attends the Part 2 Program to unauthorized persons, nor can we disclose any information identifying a client as having a substance use disorder unless:

- (1) The client or their personal representative consents by signing a written authorization; or
- (2) A court order allows the use or disclosure; or
- (3) The use or disclosure is to a qualified service organization providing services to our Part 2 Program; or
- (4) The use or disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Federal laws and regulations do not prevent disclosure of information about a crime committed by a client, either at the Part 2 Program or against any person who works for the Part 2 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.

Requirements for use or disclosure in any civil, administrative, criminal, or legislative proceedings against the client:

- (1) SUD records, or testimony relaying the content of such records, shall not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against the client unless based on specific written consent or a court order; and

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- (2) SUD records shall only be used or disclosed based on a court order after notice and an opportunity to be heard is provided to the client or the holder of the record, where required by 42 U.S.C. 290dd-2 and 42 C.F.R. Part 2; and
- (3) A court order authorizing use or disclosure must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the SUD record is used or disclosed; and
- (4) Client consent for use and disclosure of SUD records (or testimony relaying information contained in a record) in a civil, criminal, administrative, or legislative investigation or proceeding cannot be combined with a consent to use and disclose an SUD record for any other purpose.

Our Part 2 Programs may not use or make further disclosure of your SUD records for treatment, payment or healthcare operations, without your consent. You may provide a single consent for all future uses or disclosures for treatment, payment, and health care operations purposes. SUD records disclosed to a Part 2 Program, covered entity, or business associate pursuant to the your written consent for treatment, payment, and health care operations may be further disclosed by that Part 2 Program, covered entity, or business associate, without your consent, to the extent HIPAA regulations permit such disclosure.

Some parts of this general Notice of Privacy Practices may not apply to certain kinds of PHI. Please contact HHS Compliance 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 or SUD counseling notes (apart from allowing the originator of psychotherapy or SUD counseling notes to use them for your treatment), for marketing and fundraising purposes, or the sale of PHI requires your authorization. If you 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 Health Information Management Supervisor, attention our Centralized Records Unit at 514 Riverview Ave. Waukesha, WI 53188, or by email at HHSRecordsRequest@Waukeshacounty.gov. 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 HEALTH INFORMATION

You have several rights regarding your health information and records, including PHI and SUD records. 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 Health Information Management Supervisor or HHS Compliance.

1. Right to Inspect and Copy Your Health Records

You have the right to inspect and to request a copy of information maintained in your health 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 records, contact the Records Unit at the location you received services and complete a release or authorization 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 records 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. If the format is not readily producible, WCDHHS will work with you to provide it in a reasonable electronic 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, SUD counseling notes, or information gathered for judicial proceedings, or if, in the professional judgment of your provider,

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the release of the information would be reasonably likely to endanger a person's life or physical safety. Please contact the Health Information Management Supervisor or HHS Compliance if you have any questions about access to your records.

2. Right to Request to Amend Your Health Information

You have the right to request amendments to the information in your records if you believe the information is incomplete or incorrect. You must make your request in writing to the Health Information Management Supervisor or HHS Compliance. You will need to explain why your health information 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 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 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 we will add to the information you requested for us to amend.

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. This includes SUD records where you authorized a release for treatment, payment, or healthcare operations. You may also request that we not disclose any part of your PHI 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 submitted to the Health Information Management Supervisor or HHS Compliance. **We are not required to agree to a requested restriction in all circumstances.** 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. If you pay for health care items or services, including SUD treatment, out of pocket and in full, we must agree to requests to prevent the disclosure of those items or services to a health plan for the purposes of carrying out payment or health care operations. We may still disclose your health information if it is necessary for treatment purposes.

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 request that information about your health status is sent to an alternative address or discussed in a requested location. We will accommodate all reasonable requests. If appropriate, we will require that you provide an alternative address or other method of contact and information on how payment will be handled. If requesting confidential communication accommodations, you must make the request in writing. You may make a written request at any time to the Health Information Management Supervisor or HHS Compliance who will have you complete a "Request for Alternative Communication of Protected Health Information" form.

5. Right to Receive an Accounting of Disclosures

You have the right to request a list of the disclosures of your PHI that we made in compliance with federal and state laws. This list will include the date of each disclosure, who received the disclosed information, a brief description of the information disclosed, and why the disclosure was made. For some types of disclosures, the list may also include the dates and times requests for disclosure were received and completed. Not all disclosures may be accounted for, including those made for treatment, payment, or healthcare operations.

For example, you may request a list that indicates all the disclosures your health care provider has made from your electronic health record in the past three years. To request this accounting of disclosures, you must submit your request in writing to the Health Information Management Supervisor or HHS Compliance. We must provide you the requested list of disclosures within 60 days unless you agree to a 30-day extension. We may not charge you for the list unless you request a list of disclosures more than once a year.

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6. Right to Obtain a Paper Copy of This Notice

We post the most current version of this Notice on our website. You may also receive this Notice by email if you have agreed to electronic notice and such agreement has not been withdrawn. You may request a paper copy of this Notice at any time, even if you agreed to receive this Notice electronically. A paper copy of this Notice will be provided to you when you first start services with us or as soon as practicable after any emergency treatment, and at your request. You may request a copy of this Notice by contacting the Health Information Management Supervisor at 262-548-7679 or by contacting HHS Compliance 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/health-and-human-services/eop-and-hipaa. Any changes to this Notice will be posted on our premises and made available on our website, and a physical copy may be requested at any time.

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 or by email if you agree to receive notices electronically of any breach of your unsecured protected health information.

8. Complaints

If you believe your privacy rights have been violated, you may file a complaint with us by contacting HHS Compliance directly at 262-548-7662 or the Health Information Management 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, substance use disorder, 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 a complaint.

If you have any questions or concerns regarding your privacy rights or the information in this Notice, please contact HHS Compliance directly at 262-548-7662 or the Health Information Management Supervisor at 262-548-7679. You may also submit questions, concerns, or complaints using the following email address: hhscompliance@waukeshacounty.gov, or you may submit them by traditional mail to:

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

The effective date of this Notice of Privacy Practices is February 16, 2026.