

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 in both paper and electronic formats. This notice describes our obligation to you concerning the use and disclosure of 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 a copy of our most current Notice of Privacy Practices.

You may obtain the revised Notice by accessing our website (www.waukeshacounty.gov), calling us and requesting that a revised copy be sent to you in the mail or asking for a copy at the time of your next appointment. We will post a copy of the most current Notice in a prominent location on site. If you have any questions about any part of this Notice or if you want more information about the privacy practices of WCDHHS, please contact the WCDHHS HIPAA Privacy and Security Coordinator directly at 262-548-7679 or via email to: 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. Once your information is combined, 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 of the health care professionals/health and human services professionals who care for you at any one of our locations,
- b. All locations, departments and units that are part of our organization and staffed by our workforce, regardless of geographical location,
- c. All members of our workforce including employees, contracted staff members, students and volunteers,
- d. Any business associate with whom we share health information.

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

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. Our communications to you may be by telephone, cell phone, e-mail, patient portal or by mail. 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.
 - 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 governmental insurance programs such as Medicaid or Medicare for the services we provided to you. 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.
 - a. For example, we may send to your insurance company a bill and/or medical documentation that gives your name, your diagnosis, and the care you received. We will give this health information to help get payment for your medical bills.
 - b. We may also use and disclose protected health information that your health plan may require before it approves or pays for health care services, such as:
 - i. Making a determination of eligibility or coverage for insurance benefits.
 - ii. Making a medical necessity decision about services you received.
 - iii. Undertaking utilization review activities.
 - iv. We may disclose your health information to another healthcare provider if the information is needed by that health care provider to get paid for medical services provided to you.
 - v. We may 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 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. If the activities require disclosing outside of our organization we will request your written authorization before disclosing that information.
 - 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:

- i. Evaluating the performance of your doctors, nurses and other professionals, or examining the effectiveness of the treatment provided to you.
 - ii. Looking at the success of your treatment and comparing the success to other patients.
 - iii. We may call and leave a message for you for a new, reminder, or rescheduled appointment.
 - iv. We may contact you to provide information about treatment alternatives, disease management, or other health-related products and services we offer.
 - b. We may use your name and address to send you a newsletter about the 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 HIPAA Privacy/Security Coordinator to request that these materials not be sent to you.
 - c. Other healthcare operations for which we can use or disclose your health information include:
 - i. Conducting training programs, accreditation, certification, licensing or credentialing activities.
 - ii. Medical review, risk management, legal services and auditing, including fraud and abuse detection and compliance.
 - iii. Business planning and development.
 - iv. Business management and general administrative activities, including management activities relating to privacy, customer service, resolution of patient complaints and grievances, and creating de-identified health information.
 - v. Waukesha County staff may incidentally have access to protected health information, either in paper or electronic format, while performing routine business.
 - vi. We may disclose your health information to referring doctors, clinics, hospitals, and emergency medical transportation companies that previously cared for you to facilitate their quality improvement and other health care operations activities.
 - vii. We may share your protected health information with third party "business associates" that perform various activities for us, including, for example, billing, collection, patient satisfaction survey and transcription services. 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.
 - viii. 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.
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 and Correctional Institutions:** 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 and Waukesha County staff 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 or Waukesha County staff contact law enforcement.

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 which may involve an assessment of how well a drug is working or whether a certain treatment is working better than another.
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 that is maintained by our staff to assist family members, other visitors or persons in locating you while you are in our facility. It is our duty to give you enough information so you can decide whether or not to object to release of this information for our directory. The information about you contained in our directory will not be disclosed to individuals not associated with our health care environment without your authorization. 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:** With the exception of mental illness, Alcohol and Drug Abuse and developmental disability information, we may disclose your protected health information to other county departments and divisions within Waukesha County and within WCDHHS which provide Business Associate type functions or services to the WCDHHS, in order to coordinate treatment, services or payment of such services.
20. **Information with Additional Protections:** Please be aware that certain types of protected health information may have additional protections under state and federal laws. For example, protected health information about HIV/AIDS, mental health, alcohol and drug abuse and genetic testing results may be treated differently than other types of protected 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 user/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 the WCDHHS HIPAA Privacy/Security Coordinator 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.

Some parts of this general Notice of Privacy Practices may not apply to these kinds of PHI. Please check with the WCDHHS HIPAA Privacy/Security Coordinator for information about special protections that apply.

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 for the purpose of psychotherapy, marketing and the sale of protected health information require 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 Centralized Records Supervisor at WCDHHS. 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 we have already made with your permission.

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 HIPAA Privacy/Security 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 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.

You have the right to obtain an electronic copy of your medical information 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, then the organization 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 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. Please contact the WCDHHS HIPAA Privacy/Security Coordinator if you have any questions about access to your medical record.

2. **Right to Request to Change Your Protected Health Information**

You have the right to request that WCDHHS to amend the information in your record, if you believe the information is incomplete or incorrect. You must make your request in writing to the WCDHHS HIPAA Privacy/Security Coordinator. You will need to tell us why your protected 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 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 changed.

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 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 HIPAA Privacy/Security Coordinator. **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). You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time as long as 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 your 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 discussed in a private area. We will accommodate 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 HIPAA Privacy/Security 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 health information that we have made in compliance with federal and state law. This list will 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. 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 HIPAA Privacy/Security 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 more than once a year.

6. **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 HIPAA Privacy/Security Coordinator at 262-548-7679. You may obtain a copy of the current version of our Notice of Privacy Practices at 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 unsecured 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 HIPAA Privacy/Security Coordinator directly at 262-548-7679 that will provide you with any needed assistance. 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 the staff 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 HIPAA Privacy/Security Coordinator directly at 262-548-7679, via email to: hhsprivacy@waukeshacounty.gov or via mail. The new address for WCDHHS as of October 21, 2013 is: 514 Riverview Avenue, Waukesha, WI 53188.

The effective date for this Notice of Privacy Practices is September 15, 2013.

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