

## **BROWN COUNTY HUMAN SERVICES**

### **NOTICE OF PRIVACY PRACTICES**

This Revised Notice of Privacy Practices is effective as of November 5, 2013.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Notice of Privacy Practices is required by federal regulation 45 CFR, Parts 160 and 164 (The Privacy Rule - Health Insurance Portability and Accountability Act).

#### **WHO WILL FOLLOW THIS NOTICE:**

The following staff or programs shall follow the privacy practices of this Notice:

- Human Services departments and programs, including the Community Treatment Center, Bayshore Village, the Outpatient Program and such other programs that are subject to the HIPAA program requirements.
- Any member of a volunteer group or a student intern working in Human Services.
- Business Associates such as software vendors and microfilming company.
- Temporary agency individuals providing direct service to you.

#### **OUR PLEDGE REGARDING HEALTH CARE INFORMATION:**

We understand that information about you and your health is personal and confidential. We are committed to protecting the privacy of your information. A record of the care and services you receive through Human Services is created for each admission. The purpose of the record is to record the services you receive and to comply with certain legal requirements. This Notice applies to your records and will tell you about the ways in which we may use and disclose information about you. The Notice also describes your rights and certain obligations we have regarding the use and disclosure of information.

We are required by law to:

- Make sure that information that identifies you is kept private and confidential;
- Give you notice of our legal duties and privacy practices with respect to information about you;
- Follow the terms of the Notice that are currently in effect ; *and to*
- *Notify you in the event there is a breach of any unsecured protected health information about you.*

The Privacy Rules are lengthy and complex. This Notice cannot be a complete account of the Privacy Rules. If you would like a copy of the Privacy Rules, or if you have questions about this Notice, please contact:

Privacy Officer  
111 N. Jefferson St.  
Green Bay, WI 54305  
(920) 448-6003

## **HOW WE MAY USE AND DISCLOSE INFORMATION ABOUT YOU**

The Privacy Rules allow Human Services to use or disclose information about you for the purposes of treatment/services, payment, and facility operations. Any uses and/or disclosures must be limited to the minimum necessary to accomplish the purpose of the use and/or disclosure. The following categories describe different ways that we use and disclose information. For each category of uses or disclosures, we will explain what we mean and give some examples. Not every use and/or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **Treatment/Services:** We may use information about you to provide you with treatment and/or services, to coordinate or manage your services, or to facilitate consultations as part of your treatment. For example, if you are a client at the Community Treatment Center, we may disclose your medical records to physicians, nurses, or other staff members who are involved in your care. Physicians involved in your treatment will need access to your medical records to determine if you have any chronic conditions or medical history that would affect your treatment. Different departments of the Community Treatment Center may also share your medical record in order to coordinate the different services you may need, such as prescriptions, lab work, and x-rays.
- **Payment:** We may provide information about you to our Billing Department so that we can process your bill and collect payment for the treatment and services provided to you. For example, your address and diagnosis will be given to the Billing Department so that Human Services can bill you for services received. If there is a third party such as an insurance company that you wish to have billed, the third party will only be billed with your written authorization.

If you are a Medicaid recipient, we may use or disclose information about you so that the services you received through Human Services may be billed. We will attempt to obtain your authorization to bill; however, we may bill without your authorization. We will not bill any other third-party payer without your written authorization.

If you are a Bayshore Village client who is not under protective placement, guardianship, or commitment, Human Services may use and disclose your medical information without your written authorization to send bills and collect payment from you, your insurance companies or other third parties. For example, Human Services may need to give your health insurer or HMO information about your treatment so that they can pay Human Services or reimburse you. Human Services may also tell your health insurer or HMO about a treatment you are going to receive

in order to obtain prior approval or to determine whether your plan will cover the treatment.

- **Facility Operations:** We may use and disclose information about you for Human Services' operations. These uses and disclosures are necessary to run Human Services and to make sure that all of our clients receive quality services. For example, we may use record information to review our treatment and services and to evaluate the performance of our staff providing services for you. We may also combine record information about many Human Services clients to decide what additional services the Human Services Department should offer, what services are not needed, and to study the safety and effectiveness of services. We may also disclose information to social workers, physicians, nurses, technicians, and other Human Services personnel for review and learning purposes. Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your record to assess the services and outcomes in your case and similar cases. This information will then be used in an effort to continually improve the quality and effectiveness of the services we provide. (Specific information regarding your identity may be removed from your record so that others may use the information to study health care and health care delivery.) We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**HUMAN SERVICES MAY ALSO DISCLOSE LIMITED INFORMATION ABOUT YOU FOR DECISION-MAKING PURPOSES AND MAY RELEASE YOUR IDENTITY TO FAMILY MEMBERS AS OUTLINED BELOW, SUBJECT TO YOUR RIGHT TO OBJECT:**

- **Individuals Involved in Your Services:** Your spouse, domestic partner, parents, adult children or your siblings may have limited access to your case information in certain circumstances when he/she is directly involved in your services, subject to your right to object.
- **Disaster Relief:** Human Services may also disclose your case information to an entity authorized to assist in disaster relief so that your location can be given to concerned family or friends in disaster situations, subject to your right to object.
- **Client Directory:** The Community Treatment Center does not maintain a client directory for callers and visitors. You are asked to complete a Notification Consent form that will let us know your wishes concerning release of your identity to callers and visitors. Any inquiries will be handled in accordance with your directions.

**THE PRIVACY RULES AND WISCONSIN LAW ALLOW HUMAN SERVICES TO USE OR DISCLOSE YOUR CASE INFORMATION WITHOUT YOUR CONSENT OR AUTHORIZATION FOR A NUMBER OF FUNCTIONS AND ACTIVITIES DISCUSSED BELOW:**

**As Required by Law:** Human Services will disclose your records when required to do so per federal, state or local law.

**Notification Purposes:** Under state law, your spouse, domestic partner, parents, children or siblings may be told that you are an inpatient at the Community Treatment Center. However, we will attempt to satisfy your wishes in that regard.\*

**Public Health Risks:** We may disclose your records for public health activities, including:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to the FDA to report reactions to your medication or product defects to enable product recalls, or to conduct post-market surveillance as required by the FDA;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and
- to notify the appropriate government authority if we believe a client has been the victim of abuse, neglect, domestic violence, or elder abuse. We will only make this disclosure if you agree or when required or authorized by law.

**Organ, Eye or Tissue Donation:** We may disclose your health information to people involved with obtaining, storing, or transplanting organs, eyes, or tissues of cadavers for donation purposes.

**Health Oversight Activities:** We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, licensure, disciplinary activities, and other similar proceedings. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Research:** Under certain circumstances, Human Services may use and disclose your records for research purposes. For example, a research project may involve comparing the health and recovery of all clients who received one medication to those who received another for the same condition. All research projects are subject to a special approval process. This process evaluates a proposed research project and its use of records, trying to balance the research needs with clients' need for privacy of their records. Before Human Services uses or discloses records for research, the project will have been approved through this research approval process. Private-pay Nursing Facility clients who are not under commitment or protective placement may deny access to their record for research purposes.

**Judicial and Administrative Proceedings:** Wisconsin Law allows Human Services to disclose record information:

- In response to a court order;
- To attorneys in court proceedings relating to detention\*;
- To court-appointed examiners or to a guardian-ad-litem;
- To our Human Services' attorney when investigating a death or defending Human Services in a lawsuit; and
- To our Brown County Insurance Carrier for the purpose of defense in litigation hearings.

**Law Enforcement:** Human Services may release the identity of a client and limited record information if asked to do so by a law enforcement official:

- In response to a court order;
- When a client is absent without permission (AWOL)\*;
- When a criminal act has been committed on the facility premises; and
- When the death of a client is under investigation and the death occurred at the Community Treatment Center or the circumstances of the death may have occurred at the facility.

**Coroners and Medical Examiners:** Medical information may be released to the coroner, deputy coroner, medical examiner, or medical examiner's assistant for the purpose of completing a medical certificate or investigating a client's death.\*

**Serious Threat to Health or Safety:** Human Services may use and disclose information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**Emergencies:** Your consent isn't required if you need emergency treatment as long as we attempt to obtain your consent after treatment. Your consent isn't required if you are unable to communicate with us (for example, if you are unconscious, extremely intoxicated, or cognitively impaired) and we believe you would consent if you were able to do so. We will attempt to obtain your consent after treatment.

**Human Services Program Areas and Contract Agencies:** Information may be released for the purpose of coordinating human services delivery, providing follow-up care, and case management.

**Protection and Advocacy Agency:** Limited information may be released for the purpose of protecting and advocating the rights of clients with developmental disabilities.

**County Departments:** Limited information may be released to county departments responsible for serving you to determine progress and adequacy of services and whether you should be transferred to a less restrictive or more appropriate facility.

**State Department of Health and Family Services/Bureau of Collections:** Information may be released to the extent necessary to coordinate services for clients who have been committed to or are under the supervision of the Department and for billing and collection purposes.

**Transfer Facilities:** If you are under involuntary treatment or you are a Bayshore Village client and you are transferred to another facility, limited information may be released to the facility for the purpose of continuing your care.\*

**Mental Health Professionals:** If you were receiving services from a mental health professional prior to your admission to the Community Treatment Center, the therapist or physician can be notified that you are now an inpatient at the Community Treatment Center. The law does allow limited information to be released from your medical record.\*

**Business Associates:** *Some services are provided by or to Human Services through contracts with business associates. Examples include Human Services, attorneys, consultants, collection agencies, and accreditation organizations. We may disclose information about you to our business associate so that they can perform the job we have contracted with them to do. To protect the information that is disclosed, each business associate is required to sign an agreement to appropriately safeguard the information and not to redisclose the information unless specifically permitted by law.*

**Specialized Governmental Functions:** In certain circumstances, Human Services may use or disclose your records to facilitate specified government functions:

- **Military, National Security or Intelligence Activities:** If you are involved with the military, national security or intelligence activities, we may release your health information to the proper authorities so they may carry out their duties under the law.
- **Protective Services for the President and Others** – Human Services may disclose your case information to authorized law enforcement officials if you threaten to harm public officials;
- **Inmates and Law Enforcement Custody** – Human Services may disclose information about you to the clinical staff of the correctional facility if you are an inmate and have been admitted to the Community Treatment Center on an emergency basis. This release would be necessary (1) for the correctional institution to provide you with follow-up health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- **Probation or Parole Agency:** Limited information may be released to your Probation Officer.\*
- **Correctional Officer of the State Department of Corrections** – Human Services may release a notice of your change in status to a state correctional officer if the officer has custody of or is responsible for the supervision of you in the Community Treatment Center.\*
- **Habitual Sex Offender:** Information may be released to the Department of Corrections if you are required to register under s.301.45, habitual sex offender.
- **Law Enforcement Agency:** If you are brought to the Community Treatment Center by a law enforcement officer and you are treated involuntarily, the staff may notify the law enforcement agency of your discharge.
- **Worker's Compensation:** Human Services may release limited information from your record pertaining to the injury for which you are claiming compensation. Worker's Compensation programs provide benefits for work-related injuries or illness.\*

- **Mental Health Review Officer**: Limited information may be released to a Mental Health Review Officer to determine the need for outpatient treatment for a minor.

### **AUTHORIZATION TO USE OR DISCLOSE CASE RECORDS**

*We are required to obtain a written authorization from you for most uses and disclosures of psychotherapy notes, uses and disclosures of protected health information for marketing purposes, and disclosures that constitute a sale of protected health information.* Other uses and disclosures of records not covered by this Notice or the laws that apply to Human Services will be made only with your authorization. If you authorize Human Services to use or disclose your records, you may revoke that authorization, in writing, at any time. If you revoke your authorization, Human Services will no longer use or disclose your records as specified by your revoked authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the services that we provided to you.

### **YOUR RIGHTS REGARDING YOUR CASE RECORDS**

You have the following rights regarding records Human Services maintain about you:

**Right to Request Restrictions**: You have the right to request restrictions or limitations on the Human Services' uses or disclosures of information about you for treatment/services, payment or facility operations. You also have the right to request a limit on the Human Services' disclosure of your records to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a past outpatient service you had. *If you pay out-of-pocket in full for an item or service, then you may request that we not disclose information pertaining solely to such item or service to your health plan for purposes of payment or health care operations. We are required to agree with such a request, unless you request a restriction on the information we disclose to a health maintenance organization (“HMO”) and the law prohibits us from accepting payment from you above the cost-sharing amount for the item or service that is the subject of the requested restriction. However, we are not required to agree to any other request.*

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the Privacy Officer. In your request, you must tell us:

- a) what information you want to limit;
- b) whether you want to limit our use, disclosure or both; and
- c) to whom you want the limits to apply; for example, disclosures to your spouse.

**Right to Request Confidential Communications**: You have the right to request that Human Services communicate with you about services through specific channels; that is, in a certain way or at a certain location. For example, you can ask that we only contact you at work, or only at home, or only by mail.

A request for confidential communications should be made in writing to the Privacy Officer. We will not ask you the reason for your request, and will attempt to accommodate all reasonable requests.

**Right to Inspect and Copy:** You have the right to inspect and obtain a copy of your case information that may be used to make decisions about your services. Usually this includes case records and billing records but does not include psychotherapy notes.

A request to inspect and/or obtain a copy of your records must be made in writing to the Health Information Management Department at the Community Treatment Center or to your case manager or supervisor in Community Programs. If you request a copy of your record information, we will charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. *If we maintain your health information electronically as part of a designated record set, you have the right to receive a copy of your health information in electronic format upon your request. You may also direct us to transmit your health information (whether in hard copy or electronic form) directly to an entity or person clearly and specifically designated by you in writing.*

We may deny your request to inspect and copy in certain circumstances. If you are denied access to your record, you may have the denial reviewed by a licensed professional chosen by Human Services. The person conducting the review will not be the person who denied your request. Human Services will comply with the outcome of the review.

**Right to Amend:** If you feel that information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Human Services.

To request an amendment to your record, your request must be made in writing and submitted to the Privacy Officer for Community Programs or the Health Information Management Department at the Community Treatment Center. In addition, you must provide a reason that supports your request. There are forms available that you may use to make your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- a) Was not created by Human Services unless you provide a reasonable basis to believe that the originator of the information is no longer available to act on the requested amendment;
- b) Is not part of the record or billing information kept by or for Human Services;
- c) Is not part of the information which you would be permitted to inspect and copy; or
- d) Is accurate and complete

**Right to an Accounting of Disclosures:** You have the right to request an accounting of certain disclosures of your records by Human Services, which may include disclosures authorized by law and disclosures made for research. To request this list, you must submit your request in writing to the Health Information Management Department at the Community Treatment Center or your case manager. Your request must state a time period, which may not be longer than 6 years and may not include dates before April 14,



2003. Your request should state in what form you want the list (for example, on paper). The first list you request within a 12-month period will be free; for additional accountings, we will charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to a Paper Copy of This Notice:** You have the right to a paper or electronic copy of this Notice. You have the right to a paper copy of this Notice at any time, even if you previously agreed to receive this Notice electronically. To obtain a paper copy of this Notice, please contact the Privacy Officer or, for Community Treatment Center clients, the Health Information Management Department.

**AMENDMENTS TO THIS NOTICE:**

Human Services reserves the right to amend this Notice at any time. Human Services is required to amend this Notice as made necessary by changes in the Privacy Rule. Each version of the Notice will have an effective date on the first page. Human Services reserves the right to make the amended Notice effective for records we have at the time the amendment is made, as well as any records Human Services may receive or create in the future.

We will post a copy of the current Notice in all Human Services facilities. If the terms of this notice are changed, Human Services will provide you with a revised notice upon request and ask that you acknowledge receipt of this copy in writing.

**COMPLAINTS:**

If you believe your privacy rights have been violated, you may file a complaint with Human Services or with the Secretary of the Department of Health and Human Services. All complaints must be in writing. To file a complaint with Human Services, contact:

Human Services Privacy Officer  
*(920) 448-6003*  
*111 N. Jefferson St.*  
*P.O. Box 22188*  
*Green Bay, WI 54305*

You may also file a complaint directly with the Secretary of the U.S. Department of Health and Human Services by writing to:

Privacy Officer  
Office for Civil Rights  
U.S. Department of Health and Human Services  
233 North Michigan Avenue - Suite 240  
Chicago, Illinois 60601  
Toll Free: (800) 368-1019  
Voice Phone: (312) 886-2359  
FAX: (312) 886-1807  
TDD: (312) 353-5693

**You will not be penalized for filing a complaint.**

\*Alcohol and Drug Abuse Exceptions may apply

*Any wording that is italicized is a revision from the 11/26/12 version.*

Created: 04/08/03

Revised: 04/05/10; 11/26/12; 11/13; 03/14