

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.

WE ARE REQUIRED BY LAW TO PROTECT HEALTH INFORMATION ABOUT YOU

We are required by law to protect the privacy of health information about you and that identifies you. This health information may be information about health care we provide to you or payment for health care provided to you. It may also be information about your past, present, or future health condition.

We are also required by law to provide you with this Notice of Privacy Practices explaining our legal duties and privacy practices with respect to health information. We are legally required to follow the terms of this Notice. In other words, we are only allowed to use and disclose health information in the manner that we have described in this Notice.

We may change the terms of this Notice in the future in accordance with the law. We reserve the right to make changes and to make the new Notice effective for all health information that we maintain. If we make changes to the Notice, we will promptly distribute the revised notice and will:

- Post the new Notice in our waiting areas;
- Post the revised Notice on our website at www.co.richland.wi.us; and
- Have copies of the new Notice available upon request (you may always contact our Privacy Officer at (608) 647-8821 to obtain a copy of the current Notice)

The rest of this Notice will:

- Discuss how we may use and disclose health information about you
- Explain your rights with respect to health information about you
- Describe how and where you may file a privacy-related complaint

If, at any time, you have questions about information in this Notice or about our privacy policies, procedures or practices, you can contact our Privacy Officer at (608) 647-8821.

WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU IN THE FOLLOWING CIRCUMSTANCES

This section of our Notice explains in some detail how we may use and disclose health information about you in order to provide health care, obtain payment for that health care, and operate our business efficiently. This section then briefly mentions several other circumstances in which we may use or disclose health information about you. For more information about any of these uses or disclosures, or about any of our privacy policies, procedures or practices, contact our Privacy Officer at (608) 647-8821.

1. Treatment

We may use and disclose health information about you to provide health care treatment to you. In other words, we may use and disclose health information about you to provide, coordinate or manage your health care and related services. This may include communicating with other health care providers regarding your treatment and coordinating and managing your health care with others. We may use and disclose health information to diagnose and treat you. In addition, we may contact you to provide appointment reminders or information about treatment alternative or other health-related benefits and services that may be of interest to you. We may also disclose health information to other providers involved in your treatment. *[Note: Other protections may apply]*

Example: The receptionist may use health information about you when setting up an appointment. Public health nurses will likely use health information about you when reviewing your condition and when referring to a physician for additional medical care/services. Staff may share health information about you with another health care provider to further your treatment. For example, if you are referred to a doctor or require durable medical equipment or supplies, the provider will need to know certain health care related information in order to serve you adequately.

2. Payment

We may use and disclose health information about you to obtain payment for health care services that you receive. This means that, within Richland County Health and Human Services, we may use health information about you to arrange for payment (such as preparing bills and managing accounts). We also may disclose health information about you to others (such as insurers, collection agencies, and consumer reporting agencies). In some instances, we may disclose health information about you to an insurance plan before you receive certain health care services because, for example, we may want to know whether the insurance plan will pay for a particular service.

Example: You are a client of Richland County Health and Human Services and you have private insurance. After an appointment with a therapist or other provider within Richland County Health and Human Services the billing clerk will use health information about you when she/he prepares a bill for the services provided at the appointment.

Health information about you will be disclosed to your insurance company when the billing clerk sends in the bill.

Example: Your Care Manager refers you to a provider. The provider recommends service. The provider's billing clerk may contact your insurance company before the provider performs the service to determine whether the plan would pay for the service.

We may also use and disclose health information about you or to determine eligibility for plan benefits, obtain premiums, facilitate payment for the treatment and service you receive from other health care providers, determine plan responsibility of benefits, and to coordinate benefits. For example, payment functions may include reviewing the medical necessity of health care services, determining whether a particular treatment is experimental or investigational, or determining whether a treatment is covered under your plan.

3. Health care operations

We may use and disclose health information about you in performing a variety of business activities that we call "health care operations." These "health care operations" activities allow us to, for instance, improve the quality of care we provide and reduce health care costs. For example, we may use or disclose health information about you in performing the following activities:

- Reviewing and evaluating the skills, qualifications, and performance of health care providers providing services to you.
- Providing training programs for students, trainees, health care providers or non-health care professionals to help them practice or improve their skills.
- Cooperating with outside organizations that evaluate, certify or license health care providers, staff or facilities in a particular field or specialty. For example, we may use or disclose health information so that one of our nurses, therapists, and/or care managers may become certified as having expertise in a specific field or procedure.
- Reviewing and improving the quality, efficiency and cost of care that we provide to you and our other clients. For example, we may use health information about you to develop ways to assist our providers and staff in deciding what services should be provided to others.
- Improving health care and lowering costs for groups of people who have similar health problems and helping manage and coordinate the care for these groups of people.
- Cooperating with outside organizations that assess the quality of the care others and we provide, including government agencies and private organizations.
- Planning for our organization's future operations.
- Resolving grievances within our organization.
- Reviewing our activities and using or disclosing health information in the event that control of our organization significantly changes.
- Working with others (such as lawyers, accountants and other providers) who assist us to comply with this Notice and other applicable laws.
- Assisting various people who review our activities. For example, health information may be seen by doctors reviewing the services provided to you, including multi-disciplinary teams assisting in review of treatment and/or practice.

- Conducting business management and general administrative activities related to Richland County Health and Human Services and the services it provides.
- We may want to use your health information for appointment reminders. For example, we may look at your medical record to determine the date and time of your next appointment with us, and then send you a reminder or call to reschedule the appointment.
- We may disclose health information to our Member Relations Coordinator or other Client Relations Personnel in order to resolve any complaints you may have and ensure that you are satisfied with our service.
- We may disclose health information for health care fraud and abuse detection and compliance.

Example: You complained that you did not receive appropriate health care. Richland County Health and Human Services reviewed your record to evaluate the quality of the care provided to you. Richland County Health and Human Services also discussed your care with the County's Attorney/Corporation Counsel.

4. Persons involved in your care

We may use or disclose health information to a family member, other relative, a close personal friend, or any other person identified by you when you are present for, or otherwise available prior to the disclosure, if we obtain your agreement, provide you the opportunity to object to the disclosure and you do not object; or reasonably infer that you do not object to the disclosure. If you are not present, or the opportunity to agree or object to a use or disclosure cannot reasonably be provided because of your incapacity or an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interests. It is our duty to give you enough information so you can decide whether or not to object to release your health information to others involved in your care. If we disclose information to a family member, other relative, or a close personal friend, we would disclose only information that we believe is directly relevant to the person's involvement with your health care or payment related to your health care. We may disclose your health information in order to notify (or assist in notifying) such persons of your location, general condition, or death. In addition, we may release your health information to organizations authorized to handle disaster relief efforts so those who care for you can receive information about your location or health status. *[Note: Other protections may apply]*

Example: Your spouse regularly comes to Richland County Health and Human Services with you for a therapy appointment and helps you with your medication. When the psychiatrist is discussing a new medication with you, you invite your spouse to come into the private room. The psychiatrist discusses the new medication with you and your spouse.

5. Required by law

We will use and disclose health information about you whenever we are required by law to do so. There are many state and federal laws that require us to use and disclose health information. For example, state law requires us to report abuse and neglect. If we reasonably believe you are

a victim of abuse or neglect we may disclose your health information to governmental authority, including our protective services department as authorized by law to receive reports of such abuse or neglect.

6. National priority uses and disclosures

When permitted by law, we may use or disclose health information about you without your permission for various activities that are recognized as “national priorities.” In other words, the government has determined that under certain circumstances (described below), it is so important to disclose health information that it is acceptable to disclose health information without the individual’s permission. We will only disclose health information about you in the following circumstances when we are permitted to do so by law. Below are brief descriptions of the “national priority” activities recognized by law. For more information on these types of disclosures, contact our Privacy Officer at (608) 647-8821.

- **Threat to Health or Safety:** As required by law and standards of ethical conduct, we may release your health information to the proper authorities if we believe, in good faith, that such release is necessary to prevent or minimize a serious and approaching threat to your or the public’s health or safety.
- **Public Health Activities:** We may use or disclose health information about you for public health activities. Public health activities require the use of health information for various activities, including, but not limited to, activities related to investigating diseases, birth or death information, reporting child abuse and neglect, monitoring drugs or devices regulated by the Food and Drug Administration, and monitoring work-related illnesses or injuries. For example, if you have been exposed to a communicable disease (such as a sexually transmitted disease), we may report it to the State and take other actions to prevent the spread of the disease.
- **Abuse or Neglect:** We may disclose health information about you to a government authority if we reasonably believe that you may be a victim of abuse or neglect and we determined that it is in your best interest or are mandated by law to do so. (*Note: for programs governed under Wis. Stats. §51.30, except in emergency situations, child abuse and/or neglect situations, or elder or vulnerable adult abuse/neglect situations, a written authorization must be obtained prior to the disclosure.*)
- **Health Oversight Activities:** We may disclose health information about you to a health oversight agency – which is basically an agency responsible for overseeing the health care system or certain government programs. For example, a government agency may request information from us while they are investigating possible insurance fraud.
- **Court Proceedings:** We may disclose health information about you to a court or an officer of the court (such as an attorney). For example, we would disclose health information about you to a court if a judge orders us to do so.
- **Law Enforcement:** We may disclose health information about you to a law enforcement official for specific law enforcement purposes. For example, we may disclose limited health information about you to a police officer if the officer needs the information to help find or identify a missing person.
- **For Activities Related to Death:** We may disclose health information about you to a coroner, health examiner, or funeral director so they can carry out their duties related to your death, such as identifying the body, determining cause of death, or to carry out

funeral preparations. We may also disclose health information to organizations that help with organ, eye and tissue transplants for donation purposes.

- **Workers' Compensation:** We may disclose health information about you in order to comply with laws related to workers' compensation or other similar programs. These programs may provide benefits for work-related injuries or illness.
- **Research Organizations:** We may use or disclose health information about you to research organizations if the organization has satisfied certain conditions about protecting the privacy of health information.
- **Certain Government Functions:** We may use or disclose health information about you for certain government functions, including but not limited to military and veterans' activities and national security and intelligence activities. We may also use or disclose health information about you to a correctional institution in some circumstances.

7. Authorization

Other than the uses and disclosures described above, we will not use or disclose health information about you without the "authorization" – or signed permission – of you or your personal representative. In some instances, we may wish to use or disclose health information about you and we may contact you to ask you to sign an authorization form. In other instances, you may contact us to ask us to disclose health information and we will ask you to sign an authorization form.

If you sign a written authorization allowing us to disclose health information about you, you may later revoke (or cancel) your authorization in writing (except in very limited circumstances related to obtaining insurance coverage). If you would like to revoke your authorization, you may write us a letter revoking your authorization. For further information regarding revocation of the authorization, please contact our Privacy Officer at (608) 647-8821. If you revoke your authorization, we will follow your instructions except to the extent that we have already relied upon your authorization and taken some action.

**YOU HAVE RIGHTS WITH RESPECT
TO HEALTH INFORMATION ABOUT YOU**

You have several rights with respect to health information about you. This section of the Notice will briefly mention each of these rights. If you would like to know more about your rights, please contact our Privacy Officer at (608) 647-8821.

1. Right to a copy of this Notice

You have a right to have a paper copy of our Notice of Privacy Practices at any time. In addition, a copy of this Notice will always be posted in our waiting areas and on our website at www.co.richland.wi.us. If you would like to have a copy of our Notice, ask one of our receptionists for a copy or contact our Privacy Officer.

2. Right of access to inspect and copy

With a few exceptions, you have the right to inspect (which means see or review) and receive a copy of health information about you that we maintain in certain groups of records. However, this right does not apply to psychotherapy notes or information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding, for example. In addition, we may charge you a reasonable fee if you want a copy of your health information. If you request that we mail you a copy of your health information, we will charge you the postage costs as well. If you would like to inspect or receive a copy of health information about you, you must provide us with a request in writing.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. We will also inform you in writing if you have the right to have our decision reviewed by another person.

3. Right to have health information amended

You have the right to have us amend (which means correct or supplement) health information about you that we maintain in certain groups of records. If you believe that we have information that is either inaccurate or incomplete, we may amend the information to indicate the problem and notify others who have copies of the inaccurate or incomplete information. If you would like us to amend information, you must provide us with a request in writing and explain why you would like us to amend the information.

We may deny your request in certain circumstances. For example, if we did not create the health information that you believe is incorrect, or if we disagree with you and believe your health information is correct, we may deny your request. If we deny your request, we will explain our reason for doing so in writing. You will have the opportunity to send us a statement explaining why you disagree with our decision to deny your amendment request and we will share your statement whenever we disclose the information in the future.

4. Right to an accounting of disclosures we have made

You have the right to receive an accounting (which means a detailed listing) of disclosures that we have made for the previous six (6) years. If you would like to receive an accounting, you may send us a letter requesting an accounting or contact our Privacy Officer.

The accounting of disclosures 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. 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 such list more than once per year. In addition, we will not include in the list of disclosures, disclosures made to you, or for purposes of treatment, payment, and health care operations, national security, law enforcement/corrections, and certain health oversight activities, unless otherwise required by law.

5. Right to request restrictions on uses and disclosures

You have the right to request that we limit the use and disclosure of health information about you for treatment, payment and health care operations.

We are not required to agree to your request.

If we do agree to your request, we must follow your restrictions (except if the information is necessary for emergency treatment). 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.

6. Right to request an alternative method of contact

You have the right to request to be contacted at a different location or by a different method. For example, you may prefer to have all written information mailed to your work address rather than to your home address.

We will agree to any reasonable request for alternative methods of contact. If you would like to request an alternative method of contact, you must provide us with a request in writing.

**YOU MAY FILE A COMPLAINT
ABOUT OUR PRIVACY PRACTICES**

If you believe that your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures, you may file a complaint either with us or with the federal government. We will not take any action or retaliate against you or change our treatment of you in any way if you file a complaint.

To file a written complaint with Richland County Health and Human Services, please contact:

HIPAA Privacy/Complaint Officer
Richland County Health and Human Services
221 West Seminary Street
Richland Center, WI 53581
(608) 647-8821

To file a written complaint directly with the Secretary of the U.S. Department of Health and Human Services, please contact:

Privacy Officer
Office of Civil Rights
Department of Health and Human Services
200 Independence Avenue SW
Washington, D.C. 20201
(866) 627-7748

**EFFECTIVE DATE AND
DURATION OF THIS NOTICE**

Effective Date: This Notice is effective on December 14, 2012.

Right to Change Terms of this Notice: We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all Health information that we maintain, including any information created or received prior to issuing the new Notice. If we change this Notice, we will post the new notice in the waiting area and on our website at www.co.richland.wi.us. You may obtain any new notice by contacting the Privacy Officer at (608) 647-8821.