

NOTICE OF PRIVACY PRACTICES
REGARDING HEALTH INFORMATION

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please read it carefully.

Washburn County recognizes a client's right to receive adequate notice of the uses and disclosures of Protected Health Information that may be made by Washburn County, and of the client's rights and Washburn County's legal duties with respect to Protected Health Information.

Washburn County reserves the rights to change this notice at any time. In the event of a change, Washburn County will provide a copy of the revised notice to you on request.



Washburn County
Health and Human Services Department
110 4th Ave West/P.O. Box 250
Shell Lake, WI 54871
Telephone: 715-468-4747

HOW WASHBURN COUNTY USES AND SHARES YOUR MEDICAL INFORMATION:

The county uses your health information from your medical records to provide treatment to you, to arrange for payment, and for health care operations:

1. **TREATMENT:** The County may share your medical information with a physician or other health care provider. Any treatment would be noted in your records for any other doctors, nurses, caseworkers or therapists to see.
2. **PAYMENT:** The County may submit your health information to Medical Assistance or the State of Wisconsin for reimbursement. When it does this, it will share the least amount of information so that payment can be made. Usually this involves identifying you, your diagnosis and the treatment provided.
3. **HEALTH CARE OPERATIONS:** We may look at your file to review our operations. These quality and cost improvement activities may include evaluating the performance of your physicians, nurses and other health care professionals, or examining the effectiveness of the treatment provided to you when compared to similarly situated clients.

We may review your health information if it is time for us to re-establish your eligibility, to conduct re-assessments for case review or for a routine visit.

The law allows the County of Washburn to share your protected health information *without your authorization*:

1. **As required by law:** If any aspect of your medical information becomes the interest of a legal proceeding, court or administrative action, or law enforcement.
2. **For public health reasons:** Certain information is gathered for statistical purposes and will be shared with the agency, i.e. center for disease control, state department of health, FDA, etc.
3. **Health oversight activities:** The government monitors the activities of its benefit system, a review of which may include your personal health information.
4. **Death Records:** Information about death is recorded and documented by various authorities, i.e. the register of deeds, coroner, medical examiner and funeral director.
5. **Organ Donation:** In the case of Organ donation, information must be shared to get a match.
6. **Research:** Upon approval only.
7. **Health and Safety Threat:** In order to avoid or lessen a serious threat to your health or your safety, then we may share your health information with the necessary authorities.
8. **Military, national security, incarceration, law enforcement custody:** Your health information may be disclosed to the authority involved under the above circumstances.
9. **Worker's Compensation:** Health information may be disclosed according to the law if it involves worker's compensation laws and benefits.
10. **To those involved in your care or payment for your care:** Family members and other legally responsible parties may be given information regarding your care and treatment.
11. **Victims of abuse, neglect, or domestic violence:** Victims may have their health information disclosed to a governmental entity authorized to receive such reports.
12. **Statutory Exceptions:** Wisconsin Statutes 51.30 and 252.

ALL OTHER DISCLOSURES OF YOUR PERSONAL HEALTH INFORMATION WILL REQUIRE AN AUTHORIZATION BY YOU.

YOU DO NOT HAVE TO SIGN THE AUTHORIZATION TO RECEIVE TREATMENT.

IF YOU DO SIGN THE AUTHORIZATION, YOU MAY REVOKE IT AT ANY TIME.

Health Information: is defined as any information, whether oral or recorded in any form or medium, that – (1) Is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and (2) Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.

YOUR HEALTH INFORMATION RIGHTS:

ACCESS: You have the right to see your medical records and request copies. You may request copies in writing to your Washburn County Health and Human Services Department provider.

DISCLOSURES: The County must keep a record of who your information is disclosed to after April 14, 2003, and you have a right to see the disclosure record. You may request this information from your Washburn County Health and Human Services Department provider.

RESTRICTION: You have the right to request additional restrictions. The County does not have to agree to the request. However, if it does, the agreement must be in writing.

CONFIDENTIAL COMMUNICATIONS: You have the right to request that we make arrangements with you to communicate with you in a different manner than usual. This request must be in writing and must state that if given in the usual manner that this information could endanger you in some way. If your request is reasonable, specifies an alternate manner, and satisfies how payments will be made, then it must be accommodated in accordance with the law.

AMENDMENT: You do not have the right to change your medical information. You have the right to request that we clarify your medical information by adding information to your records. Your request must be in writing, and it must explain why the information should be amended. The County has the right to deny your request.

If your request is denied, the denial will be in writing. You may respond with a statement in writing as to why you would disagree with the decision, which will be added to the records. If we agree to amend the records as requested then we may also make reasonable efforts to inform others, including specific parties named by the consumer of the changes.

If your request is denied, the denial will be in writing. You may respond with a statement in writing as to why you would disagree with the decision, which will be added to the records. If we agree to amend the records as requested then we may also make reasonable efforts to inform others, including specific parties named by the consumer of the changes.

COMPLAINT PROCESS: Washburn County Health and Human Services has a documented complaint process regarding the use and or disclosure of protected health information. If you wish to file a complaint, you may call, write, or present in person to the Privacy Officer Representative(s) at:

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