

Family Service of Waukesha is committed to maintaining your privacy and the confidentiality of your health records, and is committed to full compliance with the health insurance portability and accountability act (hipaa). This notice describes your privacy rights, how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Please note that the information that pertains to you is dependent on the program at family service of waukesha in which you participate. Please discuss this with your counselor or other contact person.

THIS IS OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning health information. We must follow the privacy practices that are described in this notice while it is in effect.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices or for additional copies of this Notice, please contact us using the information listed at the end of this notice.

THESE ARE YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Right to Inspect and Copy: You have the right to inspect and receive a copy of your health information, including your file. The only exception is in cases where we perceive that providing you access to your record constitutes a danger to yourself or a danger to others. In these cases, we will use professional judgment regarding access.

Right to Request Restrictions: You have the right to request a restriction of your health information. This means you may ask us not to use or disclose any part of your health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your case record not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

We are, however, not required to agree to a restriction that you may request if we believe that such a restriction would impede our ability to render treatment services, obtain payment for those services, or otherwise impair our ability to operate our agency. We are also not required to agree to your request if we believe that such a request would potentially cause harm to you or others. If we agree to the requested restriction, we may not use or disclose your health information in violation of that restriction unless it is needed to provide emergency treatment or such a release is required by law.

Right to Request Confidential Communications: You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You must make this request in writing. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. We are not required to honor your request under certain conditions, but if we exercise this right, we will explain it in writing.

Right to Amend: You may have the right to amend your case record. This means you may request an amendment of the information in your record for as long as we maintain this information. This request must be in writing and provide a reason for the amendment. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, we will do so in writing. You have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact your counselor if you request an amendment.

Right to an Accounting of Disclosures: You have the right to receive an accounting of certain disclosures we have made, if any, of your health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. By law it excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter time frame.

Right to a Paper Copy of This Notice: You have the right to receive a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

THESE ARE THE ALLOWABLE USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

We may use and disclose health information about you, without a specific authorization from you for such a disclosure, for treatment, payment, and healthcare operations. For example;

Treatment: We will use and disclose your health information to provide, coordinate, or manage your health care and any related services. This includes internal, confidential discussions with other agency staff when appropriate.

Payment: We will use and disclose your health information to obtain payment for services we provide to you. This may include certain activities that your health insurance plans or Employee Assistance Program may undertake before it approves or pays for health care services. This may include, for example, authorizations for services, information used to determine eligibility or coverage for benefits, and utilization review activities designed to assess the effectiveness of our services.

Healthcare Operations: We may use or disclose your health information in connection with our healthcare operations. Healthcare operations may include quality assessment and improvement activities, program and staff performance evaluations, development of training programs, and for accreditation, licensing, or credentialing activities.

As part of treatment, payment and health care operations, we may also use or disclose your health information to remind you of an appointment, to inform you of potential treatment alternatives or options, or to inform you of health-related benefits or services that may be of interest to you. This will be done consistent with your right to request restrictions and your right to request confidential communications, as stated above. There may also be cases where we may use and disclose your health information if we attempt to obtain an authorization from you but are unable to do so due to substantial communication barriers that we cannot overcome. These are cases where we may determine, using professional judgment, that you would intend to provide authorization to share

information if reached. For example, if you are not available by phone, email, or letter, and we have reason to believe you would agree to a bill submission or authorization for treatment, we will disclose relevant information. In cases where someone else is directly responsible for your care, we may also use or disclose health information to your guardian, personal representative or any other person that is directly responsible for your care.

Finally, we may use or disclose your health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate with your family or other individuals involved in your health care.

THESE ARE EXTENUATING CASES WHERE THE LAW REQUIRES US TO DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION:

In Connection with Judicial and Administrative Proceedings: We may disclose your protected health information in response to a court subpoena

To A Designated Hospital in a Case of Involuntarily Commitment: We may disclose health information to assure continuity of care.

To Report Abuse, Neglect or Domestic Violence: We may notify government authorities if we believe that a person is the perpetrator or victim of abuse, neglect, or domestic violence. We will make this disclosure only when specifically required or authorized by law or when you or your personal representative agrees to the disclosure.

Health Oversight Activities: We may disclose health information to a health oversight agency for activities authorized by law, such as audits; civil, administrative or criminal investigations, proceedings or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight as authorized by law. We will not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

In a Medical or Psychological Emergency: We may disclose protected health information to direct medical service or mental health personnel if a medical or psychological emergency arises.

For Research Purposes: We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

When Legally Required: We will disclose your protected health information when we are required to do so by any Federal, State or local law.

Imminent Threat to Health or Safety: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, such as in cases of suicidal or homicidal threat. For all other disclosures of your health information we will obtain a written authorization for release of information from you.

RETENTION OF YOUR RECORDS

By Wisconsin state law, client charts for counseling are kept in locked storage for seven years, after which time they are destroyed by shredding. Exceptions are made for cases in which the primary client is a minor (under age 18), where files are maintained for seven years after the person turns 18 years of age. For IDRC clients, records are maintained for 2-10 years, depending on circumstances, as per the Department of Health and Senior Services of Wisconsin.

COMPLAINTS

If you feel your rights have been violated, you may discuss your concerns with your counselor. If the matter is not resolved or you want to file a formal complaint, you should follow the complaint procedures outlined below.

You may complain to us or you may contact the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint in writing, with us, by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint.

We reserve the right to make this and any future notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our office. The notice will contain on the first page, in the top right-hand corner, the effective date. You will be offered a copy of the current notice when you visit our officers for services.

Effective Date: This Notice of Privacy Practices is effective April 14, 2003.