CALUMET COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES REGARDING HEALTH INFORMATION

Consumer Name:

Date of Admission of Service:

By signing this form, you acknowledge that Calumet County Department of Health and Human Services has given you a copy of its Notice of Privacy Practices Regarding Health Information, which explains how your health information will be handled in various situations.

I understand that Calumet County Department of Health and Human Services gives this notice and attempts to get a signature acknowledging receipt of this notice at the first date of service or as soon as possible after emergency services.

By my signature below, I acknowledge I have received a copy of the Calumet County Department of Health and Human Services’ Notice of Privacy Practices Regarding Health Information and have been given an opportunity to discuss my concerns and questions.

_____________________________ [ ] /___/___
Consumer’s Signature Date

Calumet County Department of Health and Human Services staff should complete if Acknowledgement Form is not signed:

1. Was the consumer given a copy of the Notice of Privacy Practices regarding Health Information?

[ ] Yes [ ] No

Please explain why the consumer did not sign this acknowledgement form and explain Calumet County Department of Health and Human Services’ efforts in trying to obtain the consumer’s signature:

_____________________________

_____________________________

Employee’s Signature Date
CALUMET COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
CLIENT RIGHTS AND COMPLAINT PROCESS

I. PURPOSE.

Calumet County Department of Health and Human Services is committed to the provision of high quality services delivered in a manner, which insures that the rights of recipients are protected.

This packet of materials was developed to inform you what recourse is available to you in the event you feel that any of your rights have been violated or denied, or if you are not satisfied with any of the services, you have requested or received. If you do not understand this material, the Complaint Investigator (listed below) will explain it to you.

II. GENERAL.

A. Definition of Complaint.

Complaint is a grievance, difficulty, disagreement, or dispute concerning the manner in which the Department has served a client or a citizen. It may be based on the statutory rights afforded to clients and citizens. Any client or other person may use the complaint procedure. This procedure is in addition to, and does not limit, the right to pursue other remedies, including the court process, available to the client.

If your complaint is in regard to the services of an organization the Department contracts with, your complaint should be directed to the Complaint Investigator of that organization. If your complaint has not been satisfactorily resolved by that agency, you may then file your complaint with the Calumet County Department of Health and Human Services using the process outlined below.

B. Complaint Investigator.

The Complaint Investigator for the Calumet County Department of Health and Human Services Department is:

Lynn Brenner, Deputy Director
Calumet County Department of Health and Human Services
206 Court Street, Chilton, WI 53014
920-849-1400, (833) 620-2730

If the Complaint Investigator has a conflict of interest in the complaint filed, an alternative complaint investigator will be assigned by the Agency Director.

C. Time Limit.

The prompt filing of a complaint will result in a more accurate and effective investigation and resolution. The complainant must file any complaint within thirty (30) working days of the date of occurrence giving
rise to the complaint. Complaints which are not filed within the time limit will not be considered unless good cause is shown. Good cause means justifiable reasons for the delay, such as sickness.

D. The usual first step in resolving any complaint is to discuss the matter with the other parties involved in an attempt to negotiate a settlement of the dispute. Such informal means can often resolve a problem at a stage prior to formal procedures. Many complaints can be resolved more quickly and satisfactorily in this manner. You are encouraged, but not required, to attempt to resolve any problem informally prior to filing a formal complaint.

E. If your complaint has not been satisfactorily resolved through (or if you have chosen not to use) informal means, you should file a formal complaint through the following complaint procedure.

F. A complaint form is attached to this packet. You are not required to use this form. However, since it asks you to supply all of the information needed to investigate your complaint, using it will make investigation of your complaint easier. Additional forms may be obtained from any employee of the Calumet County Department of Health and Human Services. You may also contact the Complaint Investigator to file your complaint.

III. COMPLAINT PROCESS STEPS

A. **Step One -- Complaint Procedure.** The County Complaint Investigator (CI) is Step One. The CI will investigate the complaint.

First, the CI will attempt to informally conciliate the complaint. The CI will review the complaint and may interview the client to learn the basis for the complaint. The CI will then discuss the complaint with the Department or provider staff involved to determine if an informal resolution is possible. Informal conciliation shall be conducted within 7 working days of receipt of the grievance.

If informal conciliation fails, the CI is to conduct an informal hearing within 14 working days of the receipt of the grievance. The informal hearing shall involve the complainant and the Department or provider staff involved in the complaint. The CI shall conduct the hearing to afford the grievant the opportunity to state the basis for the complaint, present evidence and question Department or provider staff with information concerning the complaint.

The CI shall issue a written decision concerning the grievance within 2 working days of the hearing.

B. **Step Two -- Formal Hearing Before Director.** If the complaint is not resolved, you may go onto Step Two by notifying the Director within 5 working days of receipt of the decision as to your Intention to proceed. You may use the attached Step Two Form or request assistance from the Complaint Investigator. The Director will review the CI's report and issue a formal written decision within 5 working days and send it to the grievant.

C. **Step Three -- Agency Board.** If the complainant is dissatisfied with the decision made by the Director at Step Two, the grievant may appeal that decision to Step Three within 5 working days of receipt of the decision using the attached Step Three form. Step three is the Human Services Board. A Health and Human Services Board meeting will be scheduled within 7 working days to hear the complaint. The Human Services Board will issue a decision as to whether or not the Step Two decision will be upheld, overturned, or modified in any way within 2 working days. As part of making an appeal to Step Three, the grievant shall give written consent for the Health and Human Services Board to have access to information that would otherwise be confidential.
Step One and Two shall be bypassed whenever a complaint is filed against the Agency Director or when the complaint alleges specific allegations of unethical or unlawful actions which implicate Department Management. If the CI determines during the course of Step One that such allegations are present, the matter should be referred to Step Three.

In the absence of the Complaint Investigator or Director a designee will be appointed to handle Step I and Step II of the process.

IV. MISCELLANEOUS PROVISIONS.

A. If your application was not taken, or you were told you were not eligible for a particular program, BUT you feel you are eligible, ask the provider for a pamphlet which explains how to request a local agency or administrative hearing review. Your right to this review or hearing does not need to be connected to a discrimination complaint.

B. There is no limit to the number of complaints a person may file. Except in emergency situations, complaints will be investigated in the order received.

C. More than one complaint by one or more persons concerning the same issue or incident may be processed as one complaint.

D. Time limits in the procedure may be extended by mutual consent.

E. No person may be subjected to any form or retribution for their use or participation in this procedure. Such retribution is a matter for complaint itself.

F. Any mutually acceptable decision, reached at any step in the procedure, to correct or change an agency action will be implemented within a reasonable time. If you believe the implementation has not occurred within a reasonable time you may take your complaint to the next step.

G. You may be assisted or represented by a friend, relative, attorney or lay advocate at any step in the procedure. You will need to give written consent in order for those representatives to have access to information that would otherwise be confidential. If you are represented by an attorney, you are responsible for any attorney fees.

H. At each step of the Complaint process, a written decision will be issued and the report will include a summary of the complaint, the scope of the investigation, facts that support or refute the complaint, the decision and reasons for the decision. The findings and resolutions of the complaint at each step of the process will be sent to you in writing in a language understandable to you. For persons with visual impairments, or other impairments which prevent them from reading the procedure, the resolution of the complaint will be transmitted by a method which will be understood by the complainant.

I. The records and reports relating to the complaint will be retained for at least six years from the date of final disposition of the complaint by Calumet County.

J. You have the right to special equipment or services to help you have an equal opportunity to benefit from services you receive and to participate in this complaint process. This includes interpreters, Braille or taped material.
V. FAIR HEARINGS

If the service you are requesting or receiving is funded through Social Services Block Grants, you also have the right to a Fair Hearing before the State Department of Health and Social Services under Wisconsin Administrative Code PW 20.18 when an application is not acted upon with reasonable promptness or if you are not satisfied with the action taken. A Fair Hearing is a proceeding before an impartial employee of the State agency. The request for the Fair Hearing must be made within 90 days of the decision or inaction to be reviewed. A complaint may be initiated orally or in person by letter or by form.

VI. OTHER APPEAL REMEDIES

In addition to this complaint process you may also file your complaint with a number of other State and Federal Agencies. Complaints about perceived discrimination must be filed within 180 days of the event.

Complaints may be filed directly with the following agencies:

Social Services, Mental Health
Substance Abuse, Developmental
Disabilities, Child Welfare,
Juvenile Court, Foster Care,
Long-Term Support

WISCONSIN DEPT. OF HEALTH &
SOCIAL SOCIAL SVCS. DIVISION OF
COMMUNITY SERVICES (ATTN:
AFFIRMATIVE ACTION/CIVIL RIGHTS
COMPLIANCE OFFICER)
P.O. Box 7851
Madison, WI 53707
V/TDD: (608) 266-6836

W-2, Child Support, Emergency
Assistance, Food Stamps & Food
Stamp Employment and Training,
Learnfare, Day Care, Community
Service Jobs, Wisconsin Works
(W-2) Transitions, Job Access
Loans, Medical Assistance
Eligibility, Refugee Services.

Wisconsin Dept. of Workforce
Development
Division of Economic Support
ATTN: Equal Opportunity Officer
P.O. Box 7935
Madison, WI 53707-7935
(V/TDD)(608)267-0927

Unsubsidized and Trial Jobs
Complaints.

Equal Rights Office
201 E Washington Ave, Room 407
P.O. Box 8928
Madison, WI 53708
Telephone: (608) 266-6860
TDD (Hearing impaired):
(608) 264-8752

Equal Rights Office
819 North Sixth Street, Room 255
Milwaukee, WI 53203
Telephone: (414) 227-4384
TDD (Hearing Impaired):
(414) 227-4081
Medical Assistance Service Providers.

Wisconsin Dept. of Health & Family Services
Division of Management and Technology
Bureau of Personnel and Employment Relations
1 W. Wilson, Room 672
P.O. Box 7850
Madison, WI 53707
(V/TDD) (608) 266-3465

Formal Discrimination Complaint about any of the above services, except food stamps.

U.S. Dept. of Health and Human Svcs
Office for Civil Rights
105 West Adams St
Chicago, IL 60603
Telephone: (312) 886-2359
TDD: (312) 353-5693

Formal Discrimination Complaint about any program.

U.S. Dept. of Justice
Civil Rights Division
10th and Pennsylvania Ave. NW
Washington, DC 20530
Telephone: (202) 514-0301 or TDD: (800) 800-3302

Formal Discrimination complaint for Food Stamps.

U.S. Dept. of Agriculture
Civil Rights Program
Food and Consumer Services
77 West Jackson Blvd., 20th Floor
Chicago, IL 60604-3507

Complaints filed with either of the agencies in #6, MUST be filed within 180 days of the event or incidence of perceived discrimination.
# COMPLAINT/GRIEVANCE FORM – STEP 1

<table>
<thead>
<tr>
<th>Your Name</th>
<th>Name of Client (if different)</th>
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<tr>
<th>Your Address</th>
<th>Your Phone No.</th>
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Name of the Agency and/or employee against whom the complaint is filed.

Describe the action or treatment which you are filing the complaint about. Include information about who, what, when, where, how, and why, and the names, addresses, and phone numbers of any witnesses if you know them. You may write this on another sheet of paper if you need more room. In the space below, please say how many pages are attached if you need to add more pages.

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NOTE: THERE IS MORE ON THE BACK OF THIS PAGE. If you would like help in filling out this form, please contact us at the numbers listed above and ask to speak with the Deputy Director, who is the complaint investigator for the Department.
Complaint/Grievance Form – Step I Continued...

What do you want Calumet County Department of Human Services to do in response to your grievance?

____________________________________________________________________________________

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Signature

____________________________________________________________________________________

Date
If you and the program manager agree with the CRS’s report and recommendations, the recommendations shall be put into effect within an agreed upon time frame.

You may file as many grievances as you want. However, the CRS will usually only work on one at a time. The CRS may ask you to rank them in order of importance.

**Program Manager’s Decision**

If the grievance is not resolved by the CRS’s report, the program manager or designee shall prepare a written decision within 10 days of receipt of the CRS’s report. You will be given a copy of the decision.

**County Level Review**

- If you are receiving services from a county agency, or a private agency and a county agency is paying for your services, you may appeal the program manager’s decision to the County Agency Director. You must make this appeal within 14 days of the day you receive the program manager’s decision. You may ask the program manager to forward your grievance or you may send it yourself.
- The County Agency Director must issue his or her written decision within 30 days after you request this appeal.

**State Grievance Examiner**

- If your grievance went through the county level of review and you are dissatisfied with the decision, you may appeal it to the State Grievance Examiner.
- If you are paying for your services from a private agency, you may appeal the program manager’s decision directly to the State Grievance Examiner.
- You must appeal to the State Grievance Examiner within 14 days of receiving the decision from the previous appeal level. You may ask the program manager to forward your grievance to the State Grievance Examiner or you may send it yourself. The address is: State Grievance Examiner, Division of Care and Treatment Services (DCTS), P.O. Box 7851, Madison, WI 53707-7851.

**Final State Review**

Any party has 14 days of receipt of the written decision of the State Grievance Examiner to request a final state review by the Administrator of the Division of Care and Treatment Services or designee. Send your request to the DCTS Administrator, P.O. Box 7851, Madison, WI 53707-7851.

You may talk with staff or contact your Client Rights Specialist, whose name is shown below, if you would like to file a grievance or learn more about the grievance procedure used by the program from which you are receiving services.

**Your Client Rights Specialist is:**

Deputy Director
Calumet County DHHS
206 Court St, Chilton, WI 53014
920-849-1400 or (833) 620-2730

NOTE: There are additional rights within sec. 51.61(1) and DHS 94, Wisconsin Administrative Code. They are not mentioned here because they are more applicable to in-patient and residential treatment facilities. A copy of sec. 51.61, Wis. Stats. and/or DHS 94, Wisconsin Administrative Code is available upon request.

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**Client Rights and the Grievance Procedure for Community Services**

for Clients Receiving Services in Wisconsin for Mental Illness, Alcohol or Other Drug Abuse, or Developmental Disabilities

*The term Community Services refers to all services provided in non-inpatient and non-residential settings.
CLIENT RIGHTS
When you receive any type of service for mental illness, alcoholism, drug abuse, or a developmental disability, you have the following rights under Wisconsin Statute sec. 51.61 (1) and DHS 94, Wisconsin Administrative Code:

PERSONAL RIGHTS
• You must be treated with dignity and respect, free from any verbal, physical, emotional, or sexual abuse.
• You have the right to have staff make fair and reasonable decisions about your treatment and care.
• You may not be treated unfairly because of your race, national origin, sex, age, religion, disability, or sexual orientation.
• You may not be made to work except for personal housekeeping chores. If you agree to do other work, you must be paid.
• You may make your own decisions about things like getting married, voting, and writing a will, if you are over the age of 18, and have not been found legally incompetent.
• You may use your own money as you choose.
• You may not be filmed, taped, or photographed unless you agree to it.

TREATMENT AND RELATED RIGHTS
• You must be provided prompt and adequate treatment, rehabilitation, and educational services appropriate for you.
• You must be allowed to participate in the planning of your treatment and care.
• You must be informed of your treatment and care, including alternatives to and possible side effects of treatment, including medications.
• No treatment or medication may be given to you without your written, informed consent, unless it is needed in an emergency to prevent serious physical harm to you or others, or a court orders it. [If you have a guardian, however, your guardian may consent to treatment and medications on your behalf.]
• You may not be given unnecessary or excessive medication.
• You may not be subject to electroconvulsive therapy or any drastic treatment measures such as psychosurgery or experimental research without your written informed consent.
• You must be informed in writing of any costs of your care and treatment for which you or your relatives may have to pay.
• You must be treated in the least restrictive manner and setting necessary to achieve the purposes of admission to the program, within the limits of available funding.

RECORD PRIVACY AND ACCESS
Under Wisconsin Statute sec. 51.30 and DHS 92, Wisconsin Administrative Code:
• Your treatment information must be kept private (confidential), unless the law permits disclosure.
• Your records may not be released without your consent, unless the law specifically allows for it.
• You may ask to see your records. You must be shown any records about your physical health or medications. Staff may limit how much you may see of the rest of your treatment records while you are receiving services. You must be informed of the reasons for any such limits. You may challenge those reasons through the grievance process.
• After discharge, you may see your entire treatment record if you ask to do so.
• If you believe something in your records is wrong, you may challenge its accuracy. If staff will not change the part of your record you have challenged, you may file a grievance and/or put your own version in your record.
• A copy of sec. 51.30, Wis. Stats., and/or DHS 92, Wisconsin Administrative Code, is available upon request.

GRIEVANCE RESOLUTION STAGES
Informal Discussion (Optional)
You are encouraged to first talk with staff about any concerns you have. However, you do not have to do this before filing a formal grievance with your service provider.

Grievance Investigation—Formal Inquiry
• If you want to file a grievance, you should do so within 45 days of the time you become aware of the problem. The program manager for good cause may grant an extension beyond the 45-day time limit.
• The program’s Client Rights Specialist (CRS) will investigate your grievance and attempt to resolve it.
• Unless the grievance is resolved informally, the CRS will write a report within 30 days from the date you filed the formal grievance. You will get a copy of the report.
YOUR HEALTH INFORMATION RIGHTS:
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.

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

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

ACCESS: With a few exceptions, you have the right to see your medical records and request paper or electronic copies. You may make this request in writing to your Calumet County Department of Health and Human Services 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. There are some exceptions which do not require an accounting of disclosure. You may request this information from your Calumet County Department of Health and Human Services Provider.

RESTRICTIONS: You have the right to request additional restrictions on how your information is used. 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. 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 have the right to request that we amend your medical information. 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. The denial will be in writing. You may respond with a statement in writing as to why you disagree with the decision, which will be added to the records. If we agree to amend the records as requested, we may also make reasonable efforts to inform others of the changes.

RIGHT TO RECEIVE NOTICE OF A BREACH: We will notify you by first class mail of a breach of Unsecured Protected Health Information based on a completed risk assessment, as soon as possible, but in any event, no later than 60 days following the discovery of the breach.

COMPLAINT PROCESS: Calumet County Department of 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 at Calumet County Department of Health and Human Services, 206 Court St., Chilton, WI 53014; telephone number (920) 849-1400 or toll free (833) 620-2730.
HOW CALUMET 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, your Private Insurance 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 consumers.

   We may review your health information if it is time for us to reestablish your eligibility, to conduct reassessments for case review or for a routine visit.

The law allows the County of Calumet 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 or court action and a Court order or the law requires release of your information.

2. **For public health reasons**: Certain information is gathered for statistical purposes and may be required to be shared with public health agencies

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. **Health and Safety Threat**: In order to avoid or lessen a serious threat to your health or your safety or the health and safety of the public, we may share your health information with the necessary authorities.

6. **Military, national security, incarceration, law enforcement custody**: Your health information may be disclosed to the authority involved under certain circumstances.

7. **Worker’s Compensation**: Health information may be disclosed according to the law if it involves worker’s compensation laws and benefits.

8. **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.

9. **Statutory Exceptions**: Wisconsin Statutes 51.30 and 252.

   If you are receiving services for mental illness, developmental disabilities or alcohol and other drug abuse, use of your information without your written authorization for certain purpose may be further limited.

**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.