

**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.

**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

Print Consumer's Name

Signature of Person Authorized to Sign for Client

Relationship to Client

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