

**NOTICE OF PRIVACY PRACTICES  
OF THE GROUP HEALTH PLANS SPONSORED  
BY WALWORTH COUNTY**

*\* This notice is not part of your Plan Documents. It is provided for informational purposes only.*

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**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.**

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**THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.**

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This notice applies to the Group Health Plans (each a "Health Plan" and collectively, the "Plans") maintained by the Plans' sponsor, Walworth County (the "Plan Sponsor"/"Employer"), and include the following individual plans: Walworth County Employee Health Benefit Plan, Walworth County Employee Dental Benefit Plan, WEAIT Dental Plan, Employee Assistance Plan, and the Medical Spending Account Plan. This notice applies to all of the Health Plans sponsored by the employer. References to "we" and "us" throughout this notice means the Plans. Each of the Plans will use and disclose your health information as described in this notice and each is obligated to comply with the terms of this notice.

The Plans may provide benefits through a health insurance issuer or health maintenance organization ("HMO"). The health insurance issuer or HMO may have its own policies and notice regarding your health information and you should review those notices for information about how the insurance issuer or HMO will handle your medical information that is in its possession.

**Our Legal Duty**

We are required by law to maintain the privacy of your medical information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your medical information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect **April 14, 2003**, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided that such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all medical information that we maintain, including medical 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 send the new notice to our Health Plan subscribers at the time of the change.

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. We will also make this notice and any revised notice available on our web site.

## **Uses and Disclosures of Medical Information**

We use and disclose medical information about you for payment, treatment and health care operations. For example:

**Payment:** We may use and disclose your medical information to provide payment for the treatment you receive under a Health Plan. We may use and disclose your medical information to pay and manage claims, coordinate your benefits, review health care services provided to you, determine your eligibility or coverage for health benefits, to evaluate medical necessity or the appropriateness of care or charges, to pre-certify and pre-authorize services, to obtain payment under a contract for reinsurance, and to adjudicate your claims.

**Treatment:** We may use and disclose your medical information for purposes of your treatment, to tell you about treatment alternatives or health-related benefits or services that may interest you, or to provide you with disease management services.

**Health Care Operations:** We may use and disclose your medical information to determine our premiums for your Health Plan benefits, for your enrollment or disenrollment, to assist you in claim problems, to conduct quality assessment and improvement activities, to engage in care coordination or case management, or other permitted activities.

**To You and on Your Authorization:** We must disclose your medical information to you, as described in the Individual Rights section of this notice, below. You may give us written authorization to use your medical information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Without your written authorization, we may not use or disclose your medical information for any reason except those described in this notice.

**To Family and Friends:** If you agree or, if you are unavailable to agree, when the situation, such as medical emergency or disaster relief, indicates that disclosure would be in your best interest, we may disclose your medical information to a family member, friend or other person to the extent necessary to help with your health care or with payment for your health care.

**To Plan Sponsor/Employer:** We may disclose your medical information and the medical information of others enrolled in your group Health Plan to the Plan Sponsor/Employer to permit it to perform plan administration functions. Please see your Health Plan documents for a full explanation of the limited uses and disclosures that the Plan Sponsor/Employer may make of your medical information in providing plan administration functions for the Health Plan.

**Death; Organ Donation:** We may disclose the medical information of a deceased person to a coroner, medical examiner, funeral director, or organ procurement organization for certain purposes.

**Public Health and Safety:** We may disclose your medical information to the extent necessary to avert a serious and imminent threat to your health or safety or the health or safety of others. We may disclose your medical information to a government agency authorized to oversee the health care system or government programs or its contractors, and to public health authorities for public health purposes. We may disclose your medical information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or other crimes.

**Required by Law:** We may use or disclose your medical information when we are required to do so by law. For example, we must disclose your medical information to the U.S. Department of Health and Human Services upon request for purposes of determining whether we are in compliance with federal privacy laws. We may disclose your medical information when authorized by workers' compensation or similar laws.

**Process and Proceedings:** We may disclose your medical information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may disclose your medical information to law enforcement officials.

**Law Enforcement:** We may disclose limited information to a law enforcement official concerning the medical information of a suspect, fugitive, material witness, crime victim or missing person. We may disclose the medical information of an inmate or other person in lawful custody to a law enforcement official or correctional institution under certain circumstances. We may disclose medical information where necessary to assist law enforcement officials to capture an individual who has admitted to participation in a crime or has escaped from lawful custody.

**Military and National Security:** We may disclose to Military authorities the medical information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials medical information required for lawful intelligence, counterintelligence, and other national security activities.

### **Individual Rights**

**Access:** You have the right to look at or get copies of your medical information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your medical information. You may obtain a form to request access by using the contact information listed at the end of this notice. You may also request access by sending us a letter to the address at the end of this notice. If you request copies, we will charge you a fee for copying, staff time to locate and copy your medical information, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your medical information in that format. If you prefer, we will prepare a summary or an explanation of your medical information for a fee. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your medical information for purposes other than treatment, payment, health care operations and certain other activities, since April 14, 2003. We will provide you with the date on which we made the disclosure, the name of the person or entity to who we disclosed your medical information, a description of the medical information we disclosed, the reason for the disclosure, and certain other information. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.

**Restriction Requests:** You have the right to request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Any

agreement we may make to a request for additional restrictions must be in writing signed by a person authorized to make such an agreement on our behalf. We will not be bound unless our agreement is in writing.

**Confidential Communication:** You have the right to request that we communicate with you in confidence about your medical information by alternative means or to an alternative location. You must inform us that confidential communication by alternative means or to an alternative location is required to avoid endangering you. You must make your request in writing, and you must state that the information could endanger you if it is not communicated in confidence by the alternative means or to the alternative location you want. We must accommodate your request if it is reasonable, specifies the alternative means or location, and continues to permit us to collect premiums and pay claims under your Health Plan.

**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. We may deny your request if we did not create the information you want amended or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

**Electronic Notice:** If you receive this notice on our web site or by electronic mail (e-mail), you are entitled to receive this notice in written form. Please contact us using the information listed at the end of this notice to obtain this notice in written form.

### **Questions and Complaints**

If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed at the end of this notice.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your medical information or in response to a request you made to amend or restrict the use or disclosure of your medical information or to have us communicate with you in confidence by alternative means or at an alternative location, you may complain to us using the contact information listed at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to protect the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

### **Privacy Contact:**

Walworth County Employee Relations Department  
Sarah Anderson, ER Specialist  
Address: PO Box 1001; Elkhorn, WI 53121  
Telephone: 262-741-3400  
E-mail: [sanders5@co.walworth.wi.us](mailto:sanders5@co.walworth.wi.us)  
Web-site: [www.co.walworth.wi.us](http://www.co.walworth.wi.us), County Departments, Employee Relations