

Another licensed health care professional chosen by WCDHHS will review your request and the denial. The person conducting the review will not be the person who denied your request. WCDHHS will comply with the outcome of this review.

Right to Request an Amendment: If you feel that health information we have about you is incorrect, you may ask us to correct the information. Such requests must be in writing and give a reason why you believe your health information is incorrect. If we did not create the health information, or if we disagree with you and believe the health information is correct, we may deny your request.

Right to an Accounting of Disclosures: You have the right to request a list of the disclosures of your health information made by WCDHHS. To request a list of these disclosures, you must submit your request in writing to the WCDHHS Privacy Officer. Your request must state a time period of no more than six years and cannot include dates before April 14, 2003. We must comply with your request within 60 days, unless you agree to a 30-day extension, and we may not charge you for the list, unless you request this list more than once every 12 months. If you request additional lists, we will notify you what the cost will be and give you an opportunity to withdraw or modify your request before you are charged. We will not include in the list certain disclosures that we do not have to record. For example, when we disclose health information for billing purposes.

Right to Request Restrictions: You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. For example, you could ask that we not use or disclose information about you to a particular community provider. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request that we restrict the use or disclosure of your health information for treatment, payment or health care operations, you must make your request in writing to the WCDHHS Privacy Officer. In your request you must explain what information you want to limit, and whether you want to limit our use, or limit our disclosure, or limit our use and disclosure and to whom you want the limits to apply.

Right to Request Confidential Communications:

You have the right to ask that we communicate your health information to you in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications you must make your request in writing to the WCDHHS Privacy Officer. Your request must specify how or where you wish to be contacted. We will not ask you the reason for your request and will accommodate all reasonable requests.

Right to Obtain a Paper Copy of This Notice:

You have the right to a paper copy of this Notice even if you have agreed to receive the Notice electronically. You may ask us for a copy of this Notice at any time by contacting the WCDHHS Privacy Officer. You may also obtain a copy of this Notice at our website, <http://www.co.walworth.wi.us>

Right to Receive Notice of a Breach:

You have the right to be informed of any breach of your unsecured protected health information.

CHANGES TO THIS NOTICE

WCDHHS reserves the right to revise this Notice and to make the provisions of the revised Notice effective for all protected health information that we maintain. Upon request, we will provide you with our most current Notice. You may obtain the revised Notice by accessing our website at <http://www.co.walworth.wi.us>, by calling us and requesting that a revised copy of the Notice be sent to you or asking for a copy at the time of your next appointment. A copy of the most recent Notice is placed in a prominent location in our office.

COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint with WCDHHS and to the Secretary of the U.S. Department of Health and Human Services. You may make this complaint by asking any employee of WCDHHS for a "Complaint Report" form. You will receive a "Complaint and Appeal Procedures" form that provides you with information about how to file a complaint as well as a "Complaint Report" form. You may request assistance in completing these forms. You will not be penalized for filing a complaint.

Contact

If you have any questions about this Notice of Privacy Practices or if you require further information contact:

Privacy Officer
Walworth County Department of Health and Human Services
P.O. BOX 1005
Elkhorn, WI 53121-1005

(262) 741-3200

1-800-365-1587
FAX (262) 741-3217
E-MAIL walcohhs@co.walworth.wi.us
INTERNET www.co.walworth.wi.us

Effective date of this Notice:

This Notice is first in effect July 1, 2018.

Intervention Services available

24 hours a day - 7 days a week

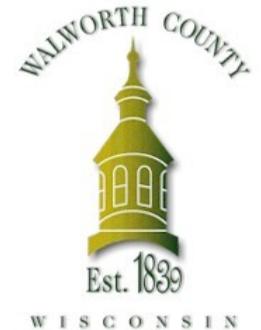
- Adult and Aging Services
- Alcohol and/or Drug Abuse Services
- Birth to Three Services
- Child Support Enforcement
- Children and Youth Services
- Court Services
- Developmental Disability Services
- Economic Support Services
- Emergency Management Services
- Intervention Services
- Mental Health Services
- Public Health Nursing Services
- Transportation Services
- WIC Nutritional Services

"Walworth County is an Equal Opportunity Employer."

Notice of Privacy Practices

*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.



Walworth County
Department of Health & Human Services

Walworth County Department of Health and Human Services (WCDHHS) must maintain the privacy of your personal health information and provide you with this Notice of our legal duties and privacy practices concerning your health information. This Notice applies to medical/health records generated in or by WCDHHS. The terms “medical” and “health” in this Notice means information about your physical or mental health. In general, when we release your health information we may disclose only the information necessary to achieve the purpose of use disclosure. We may, but are not required to, obtain your consent for the use or disclosure of your protected health information for treatment, payment or health care operations. We are required to obtain your authorization to use or disclose your health information for other purposes or reasons. We must follow the terms of the most recent Notice.

USES AND DISCLOSURES OF MEDICAL INFORMATION

WCDHHS can use or disclose medical information about you without your written consent regarding your treatment, payment for services, or for health care operations. We will make a good faith effort to ensure that you receive a copy of this Notice of Privacy Practices.

For Treatment: WCDHHS may use health information about you for treatment purposes. We may use or disclose health information to provide care to you and may disclose your health information to others who provide care to you such as your physician or other qualified mental health professionals who are involved in your care. For example, your psychiatrist at WCDHHS may consult with your primary physician about your general health before prescribing medications. Different units of WCDHHS may share your health information in order to coordinate services you need, such as medical tests, respite care or personal assistance.

For Payment: WCDHHS may use and disclose health information about you so that treatment and services you receive from WCDHHS may be billed and payment collected from you, an insurance company or a third party. For example, information about the type of service you receive may be required by your health insurance company before they will reimburse you or our facility.

We may also tell your insurance company or health care plan about a service you are going to receive in order to obtain prior approval or to determine if the service is a covered service.

For Health Care Operations: WCDHHS may use and disclose your health information for our own purposes in order to function as a facility and as may be necessary to provide quality care to all our clients and service recipients. For example, WCDHHS may use your health information to evaluate staff performance concerning treatment and services. We may also disclose your health information to facility staff, including student interns and approved volunteers for training purposes. In some instances, we may use your health information in order to provide you or your family informational mailings or appointment reminders.

For Treatment Alternatives: WCDHHS may use and disclose your health information to tell you about or recommend treatment options or alternatives that may be of interest to you.

When Legally Required: WCDHHS may be required to disclose your health information to legal authorities, such as law enforcement, court officials or government agencies.

When There Are Risks to Public Health: WCDHHS may be required to disclose your health information to prevent or control disease, injury or disability; to report births and deaths; to report child abuse or neglect; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; to notify the appropriate government authority if we believe a consumer has been the victim of abuse, neglect or domestic violence. We will make this disclosure only if you agree to the disclosure or when required or authorized by law.

To Conduct Health Oversight Activities: WCDHHS may disclose your health information to authorities so they can monitor, investigate, inspect, discipline or license those who work in the health care system or for government benefit programs.

In Connection With Lawsuits and Disputes: As permitted or required by state law, WCDHHS may disclose your health information in response to a valid court or administrative order.

For Law Enforcement Purposes: As permitted or mandated by state law, WCDHHS may disclose your health information to a law enforcement official for certain law enforcement purposes, including, under certain limited circumstances, if you are a victim of a crime or if we need to report a crime. If this information is protected by 42 CFR Part 2 (a federal law protecting the confidentiality of drug and alcohol abuse treatment) we will require a court order before disclosing this information.

To Coroners and Medical Examiners: WCDHHS may disclose your health information to coroners and medical examiners for purposes of determining a cause of death or for other functions as authorized by law.

For Research Purposes: WCDHHS may, under very restricted circumstances, use your health information for research. Before we disclose any of your health information for research, the research project will be subject to an extensive approval process, and we will first attempt to gain your written authorization before disclosing your health information.

In the Event of a Serious Threat to Health or Safety: WCDHHS may use and disclose health information about you when necessary to prevent a serious threat to the health and safety of the public, or any other person. Any such disclosure would only be to someone who is able to help prevent the threat to your health and safety.

For Specified Government Functions: If you are involved with the military, national security or intelligence activities, or you are in the custody of law enforcement officials, or an inmate in a correctional institution, we may disclose your health information to the proper authorities so they may carry out their duties.

For Worker’s Compensation: WCDHHS may disclose your health information when it is necessary to comply with Workers’ Compensation laws.

For Organ and Tissue Donation: WCDHHS may disclose your health information to organizations involved with obtaining, storing or transplanting organs, eyes or tissues for donation or transplantation.

To Those Involved With Your Care or Payment for Your Care: If people such as family members, relatives, or close personal friends are helping to care for you or helping you to pay your medical bills, we may disclose health information about you to those people. The information disclosed to those people may include where you are, your general condition or your death. You have the right to object to such disclosure, unless you are unable to function or unless there is an emergency. WCDHHS may disclose your health information to organizations authorized to handle disaster relief so those who care for you can receive information about your location or health status. We may allow you to agree or disagree orally to such disclosure unless there is an emergency. It is the responsibility of WCDHHS to give you enough information so you can decide whether or not to object to disclosure of your health information to others involved in your care.

IMPORTANT NOTE

WCDHHS will not use or disclose your health information for any reason other than those described in this Notice, without your written authorization. You may revoke such authorization at any time, however we will not be able to take back any previous disclosures made with your authorization. If you want to revoke your authorization, submit your written request to the WCDHHS Privacy Officer.

YOUR RIGHTS REGARDING HEALTH INFORMATION

You have the following rights regarding health information we maintain about you:

Right to Inspect and Copy: With a few exceptions, you have the right to inspect and copy your health information. This right does not apply to psychotherapy notes or notes and information compiled in anticipation of litigation. A fee may be charged to cover the processing cost of your request. We may deny your request to inspect and copy (in certain circumstances). If you are denied access to your health information because of a threat or possible harm, you may request that the denial be reviewed.