

## Oneida County

### 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.**

Oneida County is required by law to protect the privacy of personal health information and to give you a notice that describes our legal duties, privacy practices and your privacy rights with respect to your health information. In general, when we release your health information, we must release only the information needed to achieve the purpose of the use or disclosure. This Notice describes the types of uses and disclosures that we may make and gives you some examples. We are required to follow the privacy practices described in this Notice.

Oneida County reserves the right to change the privacy practices described in this notice in the event that the practices need to be changed to be in compliance with the law at any time. In the event of a change, Oneida County will provide a copy of the revised notice to you on request and will post the revised notice at places of service and on our web sites.

#### **How Oneida County May Use or Disclose Your Health Information:**

The County uses your health information from your records without your written authorization to provide treatment to you, to arrange for payment, and for health care operations:

1. **TREATMENT:** The County may share your health information with an internal health care provider. Any treatment would be noted in your records for other internal health care providers, caseworkers or therapists to see.
2. **PAYMENT:** The County may submit your health information to Medical Assistance, the State of Wisconsin, or your health insurance company for reimbursement. When we do this, we 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 health care professionals or examining the effectiveness of the treatment provided to you when compared to similarly situated clients. In addition, your information may be reviewed in the course of an audit or examination by the State of Wisconsin as part of a review of county operations.
4. **HEALTH INFORMATION EXCHANGE:** We may make your protected health information available electronically through an information exchange service to other health care providers, health plans and health care clearinghouses that request your information. Participation in information exchange services also lets us see their information about you.

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 Oneida County to share your protected health information ***without your authorization***:

1. **As required by law:** We may use and disclose your health information when that use of disclosure is required by law. For example, we may disclose medical information to report child abuse or to respond to a court order.
2. **For public health reasons:** Certain information is gathered for statistical purposes and will be shared with the agency, i.e. center for disease control, state Department of Health, FDA, etc. if the authority is authorized by law to collect or receive information to help prevent or control disease, injury disability, infection exposure, and child abuse or family violence.
3. **Health oversight activities:** The government monitors the activities of its benefit system, a review of which may include your personal health information.
4. **Coroners, Medical Examiners, or Funeral Directors:** Your medical information may be released to various authorities, i.e. the register of deeds, coroner, medical examiner and funeral director as needed to carry out duties authorized by law.
5. **Organ Donation:** If you are an organ donor, information may be given to the organization that finds or transplants organs for the purpose of an organ transplantation or donation.
6. **Health and Safety Threat:** Your information may be disclosed to prevent or lessen a serious threat to your health or safety, to another person, or the general public.
7. **Specialized Government Functions:** Your information may be used or disclosed to the government for specialized government functions such as to the appropriate military authorities if you are or have been a member of the U.S. armed forces.
8. **Worker's Compensation:** Health information may be disclosed according to the law if it involves worker's compensation benefits.

9. **Health Information:** We may use or disclose your health information to provide information to you about treatment alternatives or other health related benefits and services that may be of interest you.
10. **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.
11. **Victims of abuse, neglect, or domestic violence:** We may disclose your health information to a governmental entity authorized by law to receive such reports of abuse, neglect or violence relating to children or the elderly.
12. **Law Enforcement:** Your information may be disclosed to fulfill a requirement by law or law enforcement agencies. As an example, medical information may be used to identify or locate a missing person.
13. **Court or Other Hearings:** Your information may be disclosed to comply with a court order.
14. **Research:** Under certain circumstance, and only after a special approval process, we may use and disclose your medical information to help conduct research.
15. **Statutory Exceptions:** Wisconsin Statutes 51.30 and 252. Some of the uses and disclosures described in this notice may be limited in certain cases by applicable State laws that are more stringent than Federal laws, including disclosures related to mental health and substance abuse, developmental disability, alcohol and other drug abuse (AODA) and HIV testing.

**Except for the situation listed above, we must obtain your specific written authorization for any other release of your health information. If you sign an authorization, you may withdraw your authorization at any time, as long as your withdrawal is in writing. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization, though we will be unable to take back any disclosures we have already made with your permission.**

**You do not have to sign the authorization to receive treatment or services.**

#### **YOUR HEALTH INFORMATION RIGHTS:**

You have a right to:

**SEE or COPY YOUR MEDICAL INFORMATION:** You have the right to see your health records and request copies. You have the right to request that the copy be provided in an electronic form or format. Please contact the County Department that maintains the record to request such access (contact information below). Reasonable copy charges may apply.

**AMEND INFORMATION YOU BELIEVE TO BE INCORRECT OR INCOMPLETE:** You do not have the right to change your health information. You have the right to request that we clarify your health information by adding information to your records. Your request must be in writing, and it must explain why the information should be amended. This applies only to health information created by the county. If we have information received from other providers, the request must be made to the originator of the record. 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 would disagree with the decision, which will be added to the records. If we agree to amend the records as requested then we may also make reasonable efforts to inform others, including specific parties named by you of the changes.

**REQUEST A LIST OF DISCLOSURES OF YOUR HEALTH INFORMATION:** The County must keep a record of who your information is disclosed to and why, except those disclosures noted in the above sections relating to treatment, billing, health care operation and certain other circumstances. You have a right to see the disclosure record. You may request this information from the County Department that maintains the record (contact information below).

**REQUEST RESTRICTIONS ON USING OR SHARING YOUR MEDICAL INFORMATION FOR TREATMENT, PAYMENT OR HEALTH CARE OPERATIONS:** You have the right to request additional restrictions on how your health information is used or disclosed. You may request a restriction from the County Department that maintains the record (contact information below). The County does not have to agree to the request. However, if it does, the agreement must be in writing.

**REQUEST CONFIDENTIAL COMMUNICATIONS:** You have the right to ask that we communicate your health information to you in different ways or places. For example, you may request that we contact you at a particular phone number, or different address. Your request must be in writing and we are required to accommodate reasonable requests in accordance with the law.

**RECEIVE A COPY OF THIS NOTICE:** If you received this notice from a County internet site or by other electronic means, you may at any time receive a paper copy of this notice. To obtain a paper copy of this Notice, send a written request to Privacy Officer, Oneida County DSS, PO Box 400, Rhinelander, WI 54501.

**BE NOTIFIED OF A BREACH:** We are required by law to maintain the privacy of your information and provide you with notice of our legal duties and privacy practices with respect to your information and notify you following a breach of unsecured protected health information.

**COMPLAINT PROCESS:** If you believe your privacy rights have been violated, you may file a complaint with us and/or with the federal Department of Health and Human Services. We will not retaliate against you for filing such a complaint. Oneida County has a 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:

**Oneida County  
Department of Social Services  
1 S. Oneida Ave.  
PO Box 400  
Rhineland, WI 54501  
715.362.5695 (voice)  
888.662.5695 (toll free)  
Wisconsin Relay 711**

To file a complaint directly with the Secretary of the U.S. Department of Health and Human Services you may write to the Privacy Officer at:

Office of Civil Rights  
Department of Health and Human Services  
233 N. Michigan Ave. – Suite 240  
Chicago, IL 60601

or call (312) 886-2359 (voice); (312) 353-5693 (TDD)  
or visit

<http://www.hhs.gov/ocr/privacy/hipaa/complaints>

To use your rights as indicated above or if you have any questions or would like additional information, please contact:

@ Social Services

715.362.5695

@ Public Health

715.362.6111

**Effective Date of This Notice: April 14, 2003**

**Revised 12/13/07**

**Revised 01/27/2015**