



Rock County, Wisconsin NOTICE OF PRIVACY PRACTICES

Effective September 23, 2013

**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.**

**If you have any questions about this notice, please contact
Rock County's Privacy Officer at (608) 757-5448.**

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It describes how we may use or disclose your protected health information, with whom that information may be shared, and the safeguards we have in place to protect it. This notice also describes your rights to access and amend your protected health information. You have the right to approve or refuse the release of specific information outside of our system except when the release is required or authorized by law or regulation.

WHO WILL FOLLOW THIS NOTICE

This notice describes practices regarding your protected health information for the following Rock County Departments and Programs:

- Rock County Developmental Disabilities Board
- Rock County Health Department
- Rock County Human Services Department
- Rock Haven Nursing Home of Rock County

NOTE TO GUARDIANS AND POWER OF ATTORNEYS

If you are a Guardian or authorized Power of Attorney for someone receiving services through any of the covered County departments, you are receiving this notice to inform you of the changes to Privacy Practices. In this capacity, you would be responsible for authorizing the release of any Protected Health Information.

RELATIONSHIP TO OTHER STATE AND FEDERAL LAWS

This Rock County Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). Where state or federal law provides stricter privacy and confidentiality standards, or affords clients greater access or rights with respect to their health information, the law which provides greater protection and/or benefits to the client must be followed.

ACCOMPANYING MATERIALS

The Rock County Human Services Department and the Rock County Health Department have each published a Department-specific Addendum to accompany this Notice of Privacy Practices. It lists the programs covered by the Department and any additional privacy practices specific to

their programs. If you receive this notice through one of these departments, they will provide you with their Addendum.

ACKNOWLEDGMENT OF RECEIPT OF THIS NOTICE

You will be asked to provide a signed acknowledgment of receipt of this notice. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of your health care services will in no way be conditioned upon your signed acknowledgment. If you decline to provide a signed acknowledgment, we will continue to provide your treatment, and will use and disclose your protected health information for treatment, payment, and health care operations as stated in this Notice of Privacy Practices.

OUR DUTIES REGARDING PROTECTED HEALTH INFORMATION

"Protected health information" is information that is a subset of health information, including demographic information (age, address, e-mail address, etc.), that identifies the individual and is created or received by a health care provider, health plan, employer, or health care clearinghouse. Protected Health Information, or PHI, relates to your past, present, or future physical or mental health condition and related health care services including payment of the care. The Departments and Programs listed above are required by law to do the following:

- Make sure that your protected health information is kept private.
- Give you this notice of our legal duties and privacy practices related to the use and disclosure of your protected health information.
- Follow the terms of the notice currently in effect.
- Make available any changes in the notice, including posting the revised notice in our facilities and on our web site.

We reserve the right to change this notice. Its effective date is at the top of the first page and at the bottom of the last page. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. In the event we change the terms of this

notice, individuals receiving current services will receive a copy of the revised notice via mail. You may obtain a Notice of Privacy Practices from the department providing your services, your case manager or client representative, the Rock County web site at www.co.rock.wi.us, or by calling the Rock County Privacy Officer at (608) 757-5448 and requesting a copy be mailed to you.

HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Following are examples of permitted uses and disclosures of your protected health information. These examples are not exhaustive.

Uses and Disclosures Required by Law

We must disclose your health information to you unless it has been determined by a competent medical authority that it would be harmful to you. We must disclose health information to the Secretary of the Department of Health and Human Services (DHHS) for investigations or determinations of our compliance with laws on the protection of your health information. We may use or disclose your protected health information if required by law or regulation.

Treatment

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. For example, a doctor, nurse, case worker, social worker, counselor or other health professional may use the information in your records to determine which treatment options, such as medication, physical therapy, or counseling, best address your health needs. The treatment selected will be documented in your record, so that other health care professionals can make informed decisions about your care. We may disclose your protected health information, as necessary, to providers contracted by Rock County to provide services to you on our behalf. We may disclose your protected health information to departments and programs within Rock County which become involved in your care or where necessary to coordinate the services provided. Contract providers and staff in other Rock County departments will also be required to protect your health information. In emergencies, we will disclose your protected health information to emergency personnel, including organizations authorized to handle disaster relief efforts, to provide the care you require.

Payment

Unless otherwise prohibited by law, your protected health information will be used, as needed, to obtain payment for your health care services. If services provided to you are paid for by Medicare, Medicaid or a private insurance company, we must submit a bill that identifies you, your diagnosis, and the treatment provided to you. As a result, we may pass such health information on to insurers in order to help receive payment. Recipients of mental health and Alcohol and Other Drug Abuse (AODA) services must provide written consent before we will release protected health information to third party payers.

Health Care Operations

We may use or disclose, as needed, your protected health information to support the daily activities related to health care and related services. These activities include, but are not limited to, quality assessment, audits, investigations, oversight, staff performance reviews, licensing, communications about a product or service, and conducting or arranging for other health care related activities. These activities may involve sharing your protected health information with other County departments including, but not limited to, the County Administrator's Office, the Corporation Counsel's Office, and the Finance Department. These County departments will also be required to protect your health information.

If you reside in a County or County-contracted facility, information related to ancillary services such as food, laundry, maintenance, and personal care may be released to non-health care workers. This information may include your name, location within the facility, your general condition, and any related clinical directives regarding your care or nutritional needs.

We will share your protected health information with third-party "business associates" who perform various activities (for example, billing, transcription services) for Rock County Departments. The business associates will also be required to protect your health information.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that might interest you. For example, we may contact you about other services related to your diagnosis or care that we believe might benefit you.

Health Oversight

We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. These health oversight agencies might include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.

Public Health and Other Public Purposes

We may disclose your protected health information to a public health authority that is permitted by law to collect or receive the information. The disclosure may be necessary to do the following:

- Prevent or control disease, injury, or disability.
- Report deaths.
- Report child abuse or neglect.
- Report reactions to medications or problems with products.
- Based on a need to know, notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- Notify the appropriate government authority if we believe a client has been the victim of abuse, neglect, or domestic violence.

Legal Proceedings

We may disclose protected health information during any judicial or administrative proceeding, in response to a court order or administrative tribunal (if such a disclosure is expressly authorized), and in certain conditions in response to a court order, discovery request, or other lawful process.

Law Enforcement

We may release your protected health information, as permitted by law, to the proper authorities so they may carry out their duties under the law. We may disclose protected health information for law enforcement purposes, including information requests for identification and location as permitted by law, deaths suspected from criminal conduct, crimes occurring at a Rock County site or against Rock County employees, and medical emergencies believed to result from criminal conduct.

Coroners and Funeral Directors

We may disclose your protected health information to coroners or medical examiners to determine the cause of death or for the performance of other duties authorized by law. We may also disclose protected health information to funeral directors as authorized by law.

Military Activity and National Security

We may disclose your protected health information to authorized Federal officials for conducting national security and intelligence activities, including protective services to the President or others.

Workers' Compensation

Unless prohibited by law, we may disclose your protected health information to comply with workers' compensation laws and other similar legally established programs.

Access to Information by Parents, Guardians, and Persons in a Similar Legal Status

Rock County will act consistently with state and federal law and only make disclosures in accordance with such laws. The Developmental Disabilities Board, the Health Care Center and Rock Haven, and the Human Services Department will not release health information about you to others, including family members and close personal friends, without your written consent, except:

- Guardians or authorized Power of Attorneys.
- In emergencies, including releasing information to organizations authorized to handle disaster relief efforts.

Except for the situations listed above, we must obtain your specific written authorization/consent for any other release of your health information.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRING YOUR PERMISSION

If you sign an authorization form, you may withdraw your authorization at any time, as long as your withdrawal is in writing. If you wish to withdraw your authorization please

submit your written withdrawal request to the department where you receive services. A contact list is provided at the end of this notice. A signed authorization by you is required for the use and disclosure of psychotherapy notes unless permitted by law; for the use and disclosure of PHI for marketing purposes; and disclosures that constitute a sale of PHI. Other uses and disclosures not described in this Notice of Privacy Practices will be made only with your authorization.

Rock Haven Patient Directory (Rock Haven Residents Only)

Unless you object, we may post your name and location if you are a resident of the Rock Haven facility (such as in a patient directory posted by the lobby or on the door to your room). It is our duty to give you enough information so you can decide whether or not to object to release of this information for our directory. Members of the clergy may be told your religious affiliation.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You may exercise the following rights by submitting a written request to the Privacy Officer in the Rock County Department providing your services. Depending on your request, you may also have rights under other state and federal laws. Your Departmental Privacy Officer can guide you in pursuing these options. Please be aware that Rock County might deny your request; however, you may seek a review of the denial.

Right to Inspect and Copy

You may inspect and obtain a copy of your protected health information that is contained in a "designated record set" for as long as we maintain the protected health information. A designated record set contains medical and billing records and any other records that the Rock County Departments subject to this notice use for making decisions about you. We may charge you a reasonable fee to cover expenses associated with this request. This right does not include inspection and copying of the following records: information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information.

Right to Request Restrictions

You may ask us not to use or disclose any part of your protected health information for treatment, payment, or health care operations. Your request must be made in writing to your Departmental Privacy Officer (listed at the end of the notice) where you wish the restriction instituted. Restrictions are not transferable across Rock County Departments. If you want your restriction to apply across Rock County you must notify the Rock County Privacy Officer in writing of your request. In any request for restrictions you must tell us: (1) what information you want restricted; (2) whether you want to restrict our use, disclosure, or both; (3) to whom you want the restriction to apply (for example, disclosures to your spouse); and (4) an expiration date.

Rock County is not required to agree to a restriction that you request. If the restriction is mutually agreed upon, we will not use or disclose your protected health information in violation of that restriction, unless it is needed to provide emergency treatment. You may revoke a previously agreed upon restriction at any time, in writing.

Rock County must agree to your request to restrict disclosure of protected health information to a health plan if the protected health information pertains solely to a health care item or service for which you have paid us in full.

Right to 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 wish to receive information about your health status in an alternate location such as a private room or through a written letter sent to a specified address. We must accommodate reasonable requests, when possible. We will not ask you the reason for your request. To request alternative methods of communication, you must submit your request in writing.

Right to Request Corrections or Amendment

If you believe that the information we have about you is incorrect or incomplete, you may request an amendment to your protected health information as long as we maintain this information. While we will accept requests for amendment, we are not required to agree to the amendment. If we did not create the health information that you believe is incorrect, or if we disagree with you and believe your health information is correct, we may deny your request. If your request is denied, we will provide you with information about our denial and how you can disagree with the denial. To request an amendment, you must make your request in writing and you must provide a reason for your request.

Right to an Accounting of Disclosures

You may request that we provide you with an accounting of the disclosures we have made of your protected health information. This right applies to disclosures made for purposes other than treatment, payment, or health care operations as described in this Notice of Privacy Practices. The disclosure must have been made after April 14, 2003, and no more than 6 years from the date of request. This list must include the date of each disclosure, who received the disclosed health information, a brief description of the health information disclosed, and why the disclosure was made. We must provide the list within 60 days, unless you agree to an additional 30-day extension. This right excludes disclosures made to you, for a Rock Haven directory, or to a guardian, authorized Power of Attorney or other authorized family members or friends involved in your care. The right to receive this information is subject to additional exceptions, restrictions, and limitations as

described earlier in this notice. Rock County will provide one list per 12-month period free of charge; we may charge you for additional lists.

Right to Opt Out of Fundraising Communications

If we contact you about raising funds we must inform you of the intention for the funds. You have the right to opt out of receiving such communications.

Right to Obtain a Copy of this Notice

You may obtain a paper copy of this notice from your Rock County Department, even if you have previously received a copy. You may also view it electronically on Rock County's web site at www.co.rock.wi.us.

COMPLAINTS

If you believe your privacy rights as stated above have been violated, you may file a written complaint with the Privacy Contact at the Rock County Department providing your services, the Rock County Privacy Officer, or the Secretary of the U.S. Department of Health and Human Services. No retaliation will occur against you for filing a complaint.

CONTACT INFORMATION

To exercise your rights under this notice, get further explanation of this document, file a complaint or get more information about the complaint process, please contact the office listed below for the Department where you receive services or you may contact the Rock County Privacy Officer:

Rock County Developmental Disabilities Board

Director
PO Box 1867, Janesville, WI 53547-1867
Telephone: (608) 757-5050; Fax: (608) 758-8482

Rock Haven Nursing Home

Medical Records Manager
PO Box 1649, Janesville, WI 53547-1649
Telephone: (608) 757-5448; Fax (608) 757-5011

Rock County Health Department

Health Officer
PO Box 1088, Janesville, WI 53547-1088
Telephone: (608) 757-5440; Fax: (608) 758-8423.

Rock County Human Services Department

Medical Records Manager
PO Box 1649, Janesville, WI 53547-1649
Telephone: (608) 757-5448; Fax (608) 757-5011

Rock County Privacy Officer

Medical Records Manager
PO Box 1649, Janesville, WI 53547-1649
Telephone: (608) 757-5448; Fax (608) 757-5011