



Family Services of Northeast Wisconsin, Inc.'s Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY

USE AND DISCLOSURE OF HEALTH INFORMATION

Family Services of Northeast Wisconsin, Inc. (FS) may use your health information, that is, information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), for the purposes of providing you treatment, obtaining payment for your care and conducting health care operations. FS has established a policy to guard against unnecessary disclosure of your health information.

The following is a summary of the circumstances under which and purposes for which your health information may be used and disclosed without a written authorization unless specified:

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than is stated, FS will not disclose your health information without your written authorization. If you or your representative authorizes FS to use or disclose your health information, **you may revoke that authorization in writing at any time.**

To Provide Treatment FS may use your health information to provide care to you and disclose your health information to others who provide care to you. For example, our psychiatrists involved in your care will need information about your symptoms in order to provide appropriate medications. FS also may disclose your health care information with your written authorization, to individuals outside of FS involved in your care including family members, primary care physicians, pharmacists, suppliers of medical equipment or other health care professionals.

To Obtain Payment FS may include your health information in invoices to collect payment from third parties for the care you may receive here. For example, FS may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or FS. We also may need to obtain prior approval from your insurer and may need to explain to the insurer your need for health care and the services that will be provided to you.

To Conduct Health Care Operations FS may use and disclose health information for its own operations in order to facilitate the function of FS and as necessary to provide quality care to all of our clients. Health care operations include activities such as:

- Quality assessment and improvement activities:
 1. Activities designed to improve health or reduce health care costs.
 2. Protocol development, case management and care coordination.
 3. Contacting health care providers and clients with information about treatment alternatives and other related functions that do not include treatment.
 4. Professional review and performance evaluation. FS may use your health information to evaluate its staff performance.



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5. Training programs including those in which students, interns or practitioners in health care learn under supervision, and use disclosed health information to FS staff and contracted personnel for training purposes
6. Training of non-health care professionals.
7. Accreditation, certification, licensing or credentialing activities.
8. Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs. FS combines your health information with other FS clients in evaluating how to more effectively serve all of our clients.
9. Business planning and development including cost management and planning related analyses and formulary development.
10. Business management and general administrative activities of FS.
11. Fundraising for the benefit of FS and certain marketing activities may be conducted by mail or by contacting your family as a part of general fundraising and community information mailings unless you tell us that you do not wish to be contacted.

For Fundraising Activities FS may use information about you including your name, address, telephone number in order to contact you or your family to raise money for FS. If you do not want FS to contact you or your family, you must notify the Privacy Official, Vice President of Operations, at (920) 436-4360 Ext. 1300 and indicate that you do not wish to be contacted.

For Appointment Reminders FS, with your written authorization, may use your health information to contact you as a reminder that you have an appointment for treatment and services with FS.

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

When Legally Required. FS will disclose your health information when it is required to do so by any Federal, State or local law.

When There Are Risks to Public Health FS may disclose your health information for the following public activities and purposes with or without your written authorization pending the situation:

1. To prevent or control disease, injury or disability, report disease, injury, vital events such as birth or death and the conduct of public health surveillance, investigations and interventions.
2. To report adverse events, product defects, to track products or enable product recalls, repairs and replacements and to conduct post-marketing surveillance and compliance with requirements of the Food and Drug Administration.
3. To notify a person who had been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.
4. To an employer with written authorization, about an individual who is a member of the workforce as legally required.

PLEASE NOTE: Licensing requirements may mandate additional reporting based upon their standards such as to prevent or control body/head lice etc.



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To Report Abuse, Neglect or Domestic Violence

FS is allowed to notify government authorities if FS believes a client is the victim of abuse, neglect or domestic violence. FS will make this disclosure when specifically required or authorized by law or when you agree to the disclosure if you are age 18 or older.

To Conduct Health Oversight Activities

FS may disclose your health information to a health oversight agency for activities including: audits, civil, administrative or criminal investigations; inspections; licensure or disciplinary action. FS, however, may not disclose your health information if you are the subject of an investigation and the investigation does not arise out of, and is not directly related to your receipt of health care or public benefits, i.e. Social Security.

In Connection with Judicial and Administrative Proceedings

As permitted or required by State law, FS may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when FS makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

For Law Enforcement Purposes

As permitted or required by State law, FS may disclose your health information to a law enforcement official for certain law enforcement purposes.

To Coroners and Medical Examiners

FS may disclose your health information to coroners and medical examiners for purposes of determining cause of death or for other duties, as authorized by law. For example, care at Billie Kress Center for Youth Development-Residential Treatment, Our Place, and Day Treatment or on agency premises.

For Research Purposes

FS may, under very select circumstances, use your health information for research. Before FS discloses any of your health information for such research purposes, you must give your written authorization. The project will be subject to an extensive approval process if we use any identifiable health information.

In the Event of a Serious Threat to Health or Safety

FS may, consistent with applicable law and ethical standards of conduct, disclose your health information if FS, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

For Specified Government Functions

In certain circumstances, Federal regulations authorize FS to use or disclose your health information to facilitate specified government functions relating to the military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody. (Federal Register Vol. 65, N250, P82817 Dec. 28, 2000.)



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For Worker's Compensation

FS may release your health information for worker's compensation or similar programs upon receiving a written request.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information that FS maintains:

Right to Request Restrictions You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on our disclosure of your health information to someone who is involved in your care or the payment for your care. However, FS is not required to agree to your request. If you wish to make a request for restrictions, please contact your case manager or therapist.

Right to Receive Confidential Communications You have the right to request that FS communicate with you in a certain way. For example, you may ask that FS only conduct communications pertaining to your health information with you privately and with no other family members present. If you wish to receive confidential communications, please contact your case manager or therapist. FS will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications. For example, records of minor children may be released to parents without a minor child's permission. Exceptions include Alcohol and other Drug Abuse records, Runaway and Developmental Disabled persons.

Right to Inspect and Copy Your Health Information

You have the right to inspect and receive a copy of your health information, including billing records, upon signing a release of information. A request to inspect and copy records containing records must be made to Medical Records at (920) 436-4360 Ext.1235. If you request a copy of your health information, FS may charge a reasonable fee for copying and assembling costs associated with your request.

Right to Amend Your Health information

You or your representative have the right to request that FS amend your records, if you believe your health information records are incorrect or incomplete. That request may be made as long as the information is maintained by FS. A request for an amendment of records must be made in writing to the Vice President of Operations, PO Box 22308, Green Bay, WI 54305-2308.

FS may deny the request if:

1. It is not in writing.
2. It does not include a reason for the amendment.
3. Your health information records were not created by FS.
4. The records that you are requesting are not a part of your records.
5. The health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy.
6. In the opinion of FS, the records containing your health information are accurate and complete.

Right to an Accounting

You or your representative has the right to request an accounting of disclosures of your health information made by FS. The request for an accounting must be made in writing to Medical Records, Family Services, PO Box 22308, Green Bay, WI 54305-2308, or a written request



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form is available at the reception desk at 300 Crooks St. Green Bay, WI. The request should specify the time periods for the accounting starting on April 14, 2003. Accounting requests may not be made for periods of time in excess of six (6) years. FS will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

Right to a Paper Copy of this Notice

You or your representative have the right to a separate paper copy of this Notice at any time, even if you or your representative previously received this notice. To obtain a separate paper copy, please contact Family Services Office Services at (920) 436-6800. You or your representative may also obtain a copy of the current version of FS's Notice of Privacy Practices at our website, www.familyservicesnew.org.

DUTIES OF PROVIDER

FS is required by law to maintain the privacy of your health information and to provide you and your representative with this Notice of our duties and privacy practices. FS is required to abide by the terms of this Notice, which may be amended from time to time. FS reserves the right to change the terms of our Notice and to make new Notice provisions effective for all health information that it maintains. FS will post updated versions at a variety of FS locations; updates will be posted on the Website and be available upon request. You or your representative has the right to express any complaint to FS and the Secretary of Health and Human Services if you or your representative believes that your privacy rights have been violated. Any complaints to FS should be made in writing to Vice President of Operations, PO Box 22308, Green Bay, WI 54305-2308. FS encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

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CONTACT PERSON

FS has designated the Vice President of Operations as our contact person for all issues regarding client privacy and your rights under the federal privacy standards. You may contact this person at Family Services, PO Box 22308, Green Bay, WI 54305-2308 at (920) 436-4360 Ext. 1300.

EFFECTIVE DATE

This Notice is effective April 14, 2003.

IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT:

Vice President of Operations, PO Box 22308, Green Bay, WI 54305-2308 (920) 436-4360 Ext. 1300.