



Family Services of Northeast Wisconsin, Inc.'s 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

USE AND DISCLOSURE OF HEALTH INFORMATION

Family Services of Northeast Wisconsin, Inc. (FSNW) 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. FSNW 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:

To Provide Treatment. FSNW 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. FSNW also may disclose your health care information with your written authorization, to individuals outside of FSNW involved in your care including family members, primary care physicians, pharmacists, suppliers of medical equipment or other health care professionals.

To Obtain Payment. FSNW may include your health information in invoices to collect payment from third parties for the care you may receive here. For example, FSNW may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or FSNW. 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. FSNW may use and disclose health information for its own operations in order to facilitate the function of FSNW 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. FSNW may use your health information to evaluate its staff performance.
 5. Training programs including those in which students, interns or practitioners in health care learn under supervision, and use disclosed health information to FSNW staff and contracted personnel for training purposes
 6. Training of non-health care professionals.
 7. Accreditation, certification, licensing or credentialing activities.



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



8. Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs. FSNW combines your health information with other FSNW 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 FSNW
11. Fundraising for the benefit of FSNW and certain marketing activities may be conducted by mail or by or 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 Facility Directory. FSNW may disclose certain information about you including your name, your general health status and where you are located in a facility directory while you are in the facility. FSNW may disclose this information to people who ask for you by name. If you do not want FSNW to include your information on the directory, you must notify the Privacy Official, at (920) 436-4360 Ext. 1310.

For Fundraising Activities. FSNW may use information about you including your name, address, telephone number and the dates that you received care at FSNW in order to contact you or your family to raise money for FSNW. If you do not want FSNW to contact you or your family, you must notify the Privacy Official, at (920) 436-4360 Ext. 1310 and indicate that you do not wish to be contacted.

For Appointment Reminders. FSNW 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 FSNW.

For Treatment Alternatives. FSNW, with your written authorization, 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. FSNW 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. FSNW may disclose your health information for the following public activities and purposes:

- 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.
- 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.
- To notify a person who had been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.
- To an employer with written authorization, about an individual who is a member of the workforce as legally required.



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

To Report Abuse, Neglect or Domestic Violence.

FSNW is allowed to notify government authorities if FSNW believes a client is the victim of abuse, neglect or domestic violence. FSNW 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.

FSNW may disclose your health information to a health oversight agency for activities including: audits, civil, administrative or criminal investigations; inspections; licensure or disciplinary action. FSNW, 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, FSNW 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 FSNW 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, FSNW 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 in order to report a crime.

To Coroners and Medical Examiners.

FSNW 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 any agency premises.

For Research Purposes.

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

In the Event of a Serious Threat to Health or Safety

FSNW may, consistent with applicable law and ethical standards of conduct, disclose your health information if FSNW 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.



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



For Specified Government Functions

In certain circumstances, Federal regulations authorize FSNW 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

For Worker's Compensation

FSNW may release your health information for worker's compensation or similar programs.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than is stated above, FSNW will not disclose your health information other than with your written authorization. If you or your representative authorizes FSNW to use or disclose your health information, **you may revoke that authorization in writing at any time.**

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information that FSNW 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, FSNW is not required to agree to your request. If you wish to make a request for restrictions, please contact Privacy Official at (920) 436-4360 Ext. 1310.

Right to Receive Confidential Communications You have the right to request that FSNW communicate with you in a certain way. For example you may ask that FSNW 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 Privacy Official at (920) 436-4360 Ext. 1310. FSNW 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 copy your health information, including billing records. A request to inspect and copy records containing records must be made to Privacy Official at (920) 436-4360 Ext. 1310. If you request a copy of your health information FSNW may charge a reasonable fee for copying and assembling costs associated with your request.

Right to Amend Your Health information

You or your representatives have the right to request that FSNW 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 FSNW. A request for an amendment of records must be made in writing to HIPAA Privacy Official, PO Box 22308, Green Bay, WI 54305-2308. FSNW may deny the request if it is not in writing or does not include a reason



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



for the amendment. The request also may be denied if your health information records were not created by FSNW, if the records that you are requesting are not a part of your records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy, or if, in the opinion of FSNW the records containing your health information are accurate and complete.

Right to an Accounting

You or your representation has the right to request an accounting of disclosures of your health information made by FSNW for certain purposes authorized by law and certain research. The request for an accounting must be made in writing to HIPAA Privacy Official, PO Box 22308, Green Bay, WI 54305-2308. 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. FSNW 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 has the right to a separate paper copy of this Notice at any time even if you or your representative has received this notice previously. To obtain a separate paper copy, please contact HIPAA Privacy Official, (920) 436-4360 Ext. 1310. Client or client's representative may also obtain a copy of the current version of FSNW's Notice of Privacy Practices at our website, www.familyservicesnew.org.

DUTIES OF PROVIDER

FSNW 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. FSNW is required to abide by the terms of this Notice and may be amended from time to time. FSNW reserves the right to change the terms of our Notice and to make new Notice provisions effective for all health information that it maintains. If FSNW makes a material change to this Notice, FSNW will provide you with a copy of the revised Notice to you or your appointed representative. You or your representative has the right to express complaint to FSNW and the Secretary of Health and Human Services if you or your representative believes that your privacy rights have been violated. Any complaints to FSNW should be made in writing to HIPAA Privacy Official, PO Box 22308 Green Bay, WI 54305-2308. FSNW 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.

CONTACT PERSON

FSNW has designated the Human Resources as our contact person for all issues regarding client privacy and your rights under the Federal privacy standards. You may contact this person at FSNW, PO Box 22308, Green Bay, WI 54305-2308 at (920) 436-4360 Ext. 1310.

EFFECTIVE DATE

This Notice is effective April 14, 2003.

IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT
Human Resources, PO Box 22308, Green Bay, WI 54305-2308 (920) 436-4360 Ext. 1310.