



## COMMUNITY PARTNERSHIPS

### NOTICE OF PRIVACY PRACTICES Effective January 1, 2004

Please review this notice carefully. This notice describes how health information about you may be used and disclosed and how you can get access to this information.

Community Partnerships Inc. is committed to protecting the privacy of health information about you and the services you receive at Community Partnerships. Per the Health Insurance Portability & Accountability Act of 1996 (HIPAA), we have a legal duty to safeguard your personal health information. We will protect the privacy of the health information that we maintain that identifies you and your family, whether it deals with the provision or payment of your health care. We must provide you with this Notice about our privacy practices. It explains how, when, and why we may use and disclose your health information.

#### **How will Community Partnerships (CP) use and disclose your and your family's protected health information?**

Treatment: We can disclose your healthcare information with another healthcare provider or agency related to linkage or referral, or medical history to a hospital if you need medical attention while at our facility or to a residential care program. This disclosure would be to get the provider, agency or facility the medical information they need to appropriately treat your condition, to coordinate your care, or to schedule necessary testing. With the possible exception of information concerning drug and alcohol abuse and/or treatment, and HIV status (for which we may need your specific authorization), we may disclose your health information to other health care providers who are involved in your care.

To obtain payment for treatment: We may provide certain portions of your health information to your Medicare or Medicaid, managed care entity, health insurance company, or Department of Human Service in order to get paid for taking care of you.

For health care operations: We may, at times, need to use and disclose your health information to operate our organization. We may use your information to evaluate the quality of the treatment that our staff has provided to you. We may also need to provide some of your health information to our accountants, attorneys, and consultants in order to make sure that we are complying with the law. Because this information concerns mental health disorders and/or treatment, drug and alcohol abuse, and/or HIV status, we may be further limited in what we provide and may be required to first obtain your authorization.

Other: Occasionally we have visitors touring our facilities in consideration of services to be provided. All precautions will be in place that no individually identifiable health information will be disclosed.

**We may use and disclose your health information without your authorization for the following reasons:**

Public Health Activities: Under the law, we need to report information about certain diseases and about any deaths to government agencies that collect that information concerning HIV status (for which we may need your authorization); we are also permitted to provide some health information to the coroner or a funeral director if necessary.

Health Oversight Activities: We may need to provide your health information to the County and/or State when they oversee the program in which you receive care. We will need to provide information to government agencies that have the right to inspect our offices and/or investigate healthcare practices.

Research Purposes: We will ask for your signed authorization to participate in any research project.

Judicial Proceedings: When a disclosure is required by Federal, state, or local law, judicial or administrative proceedings, or by law enforcement, we may disclose your protected health information. Additionally if we are ordered by a court, or if a law requires that we report that sort of information to a government agency or law enforcement authorities, such as suspected child abuse.

To Avoid Harm: If one of our staff members believes that it is necessary to protect you, or to protect another person or the public as a whole, we may provide protected health information to the police or others who may be able to prevent or lessen the possible harm.

Specific Government Functions: Similarly, with the possible exception of information concerning drug and alcohol abuse and/or treatment, and HIV status (for which we may need your specific authorization), we may also disclose a client's health information for national security purposes. We may disclose the health information of military personnel or veterans where required by U.S. military authorities.

Workers' Compensation: We may provide your health information as described under the workers' compensation law, if your condition was the result of a workplace injury for which you are seeking workers' compensation.

Fundraising Activities: If Community Partnerships chooses to raise funds or participate in social marketing of the program we will get your written permission to use photos or stories or any other information that is part of your personal health care records.

You to have the right and opportunity to object to certain uses and disclosures of your health care information.

**Disclosures to family, or others involved in your care:** We may provide a limited amount of your health information to a family member, friends, or other person(s) known to be involved in your care or in the payment for your care, unless you tell us not to. If a family member comes with you to your appointment and you allow them to be a part of the team meeting, we may disclose otherwise protected health information to them during the meeting, unless we are informed ahead of time by you.

**Other uses and Disclosures Require Your Prior Written Authorization:** In situations other than those categories of uses and disclosures permitted under federal law, we will ask for your written authorization before using or disclosing any of your protected health information. If you choose to sign an authorization to disclose any of your health information, you can later revoke it to stop further uses and disclosures to the extent that we haven't already taken action. The request must be revoked in writing (except for people receiving drug & alcohol services, then a verbal revocation is accepted.)

### **Your Rights under HIPAA:**

- You have the right to ask us to limit how we use and disclose your health information. We will certainly consider your request, but we are not required to agree to it. If we do agree to your request, we will put the limits in writing and will abide by them, except in the case of an emergency. Please note that you are not permitted to limit the uses and disclosures that we are required or allowed by law to make.
- The right to choose how we send health information to you or how we contact you. You have the right to ask that we contact you at an alternate address or telephone number (for example, sending information to your work address instead of your home address) or by alternate means. We must agree to your request so long as we can easily do so.
- The right to see or to get a copy of your protected health information. In most cases, you have the right to look at or get a copy of your health information that we have, you must make the request in writing. A request form is available at the front desk. We will respond to you within thirty (30) days after receiving your request. In certain situations, we may deny your request. If we do, we will tell you in writing our reasons for the denial. In certain circumstances, you may have a right to appeal the decision.
- If you request a copy of any portion of your protected health information, we will charge you for the copy on a per page basis, only as allowed under Wisconsin state law. We need to require that payment be made in full before we will be able to provide the copy to you. We have up to sixty (60) days to respond to your request after payment is made.
- The right to receive a list of certain disclosures of your health information that we have made. You have the right to get a list of certain types of disclosures that we have made of your health information. This list would not include uses or disclosures for treatment, payment or healthcare operations, disclosures to you or with your written authorization, or disclosures to your family for notification purposes or due to their involvement in your

care. This list also would not include any disclosures made for national security purposes, disclosures to corrections or law enforcement authorities if you were in custody at the time, or disclosures made prior to April 14, 2003. You may not request an accounting for more than a six (6) year period. The list that you may receive will include the date of the disclosure, the person or organization that received the information (with their address, if available), a brief description of the information disclosed, and brief reason for the disclosure. We will provide such a list to you at no charge; but, if you make more than one request in the same calendar year, you will be charged \$30 for each additional request that year.

- **The Right to Ask to Correct or Update Your Health Information.** If you believe that there is a mistake in your health information or that a piece of important information is missing, you have a right to ask that we make an appropriate change to your information. You must make the request in writing, with the reason for your request, on a request form that is available at the front desk. We will respond within sixty (60) days of receiving your request. If we approve your request, we will make the change to your health information; tell you when we have done so. We may deny your request if the protected health information: (1) is correct and complete; (2) was not created by us; (3) is not allowed to be disclosed to you; or (4) is not part of our records. Our written denial will state the reasons that your request was denied and explain your right to file a written statement of disagreement with the denial. If you do not wish to do so, you may ask that we include a copy of your request form, and our decision form, with all future disclosures of that health information.
- If you have any questions about anything discussed in this Notice or about any of our privacy practices, or if you have any concerns or complaints, please contact our Privacy Officer. You also have the right to file a written complaint with the Secretary of the U.S. Department of Health and Human Services. We cannot take any retaliatory action against you if you lodge any type of complaint.
- We reserve the right to change the terms of this Notice and our privacy practices at any time based on the need and Federal regulations. Any change will apply to any of your health information that we already have. Before we make an important change to our policies, we will promptly change the Notice and mail one out to you.
- You may request, at any time, a copy of our Notice of Privacy Practices that is in effect at any given time, from our Privacy Officer, Athena Luxem, who can be reached at (608) 250-6634 ext. 102. You may view and obtain an electronic copy of this Notice on our website at [www.community-partnerships.org](http://www.community-partnerships.org).

**This Notice takes effect on January 1, 2004**