

**Outagamie County  
Department of Health and Human Services**

**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. THIS NOTICE APPLIES TO SERVICES PROVIDED BY THE DIVISIONS OF MENTAL HEALTH, PUBLIC HEALTH AND AGING & LONG TERM SUPPORT.

**OUTAGAMIE COUNTY'S COMMITMENT TO YOU**

We at Outagamie County understand that your health information is private. Maintaining the privacy of your personal health information is one of our most important responsibilities. We are committed to protecting your personal health information and abiding by all state and federal laws regarding the protection of your personal health information. This Notice tells you how we may use or release your personal health information. The Notice also tells you about your rights and Outagamie County's requirements concerning the use and disclosure of your personal health information.

**YOUR INFORMATION RIGHTS**

You have the following rights regarding the health information that Outagamie County has about you:

**Right to Inspect and Copy:** You have the right to inspect and obtain a copy of your health information. This request may include your medical information or billing information. Requests must be in writing. It **does not** include information that is needed for civil, criminal or administrative actions or proceedings or psychotherapy notes. Psychotherapy notes may be requested, but we have the right to restrict access if you are an active client. We may charge a reasonable fee for the costs of copying, mailing and other supplies associated with your request.

**Right to Amend:** If you feel that the health information the department has created about you is incorrect or incomplete, you may ask to amend that information. The county may deny your request if you ask to amend information that: 1) was not created by the county; 2) is not part of the information kept by the county; 3) is not part of the information which you would be permitted to inspect or copy; or 4) the information is determined to be accurate or complete. Should we deny your request to amend, you may submit a statement of your point of view that will be added to the case file.

**Right to Accounting of Health Information Releases:** You have the right to request a list of information releases that the county has made of your health information. This list will not include: 1) health information releases made for the purposes of providing treatment to you, obtaining payment for services or releases made for administrative or operational purposes; 2) health information releases made for national security; 3) health information made to correctional institutions and other law enforcement custodial situations; 4) health information

releases the county has made based on your written authorization; 5) health information releases to persons involved in your care; 6) health information releases made prior to April 14, 2003. We must comply with your request within 60 days.

**Right to Request Restrictions:** You have the right to request a restriction or limitation of how your health care information is used or released for treatment, payment or operational purposes. The county is not legally required under all circumstances to agree with the requested restriction or limitation.

**Right to Request Confidential Communication:** You have the right to request that we communicate with you about health care matters in a certain way or at a certain location. For example, you can request that we only contact you at work or only by email. The county will accommodate all reasonable requests. To request confidential communications, you must do so in writing and specify how or where you wish to be contacted.

**Right to a Paper Copy of this Notice:** You have the right to request a paper copy of this notice from the county at any time.

**Right to File Complaint:** If you believe your privacy rights have been violated, you have the right to file a complaint with the county or the U.S. Department of Health and Human Services. To file a complaint, please contact the Department of Health and Human Services Privacy Officer.

**All requests for inspecting, copying, amending, making restriction, or obtaining an accounting of your health information must be in writing.** Requests may be made to the Manager of the division through which you receive services or to the Privacy Officer at the Department of Health and Human Services, 410 South Walnut Street Appleton, WI 54911. Email requests may be sent to [humansvc@co.outagamie.wi.us](mailto:humansvc@co.outagamie.wi.us)

## **HOW OUTAGAMIE COUNTY USES AND RELEASES HEALTH CARE INFORMATION**

Your health information may be used and released by Outagamie County for the purposes of providing treatment to you, obtaining payment for services, for administrative and operational purposes, and to evaluate the quality of the services that you receive. Outagamie County provides a wide range and variety of health care and social services to the citizens of Outagamie County. For this reason not all types of uses and releases can be described in this document. We have listed some of the common examples of permitted uses and releases below.

**For Treatment:** Service providers, such as social workers, nurses, psychologists, doctors and therapists may use your health information to determine your plan of care. Individuals and programs within the county may share health information about you in order to coordinate the services you may need, such as court ordered services, mental health therapy, medications, hospitalizations or follow-up services. We may also use your health information to ensure that proper treatment or services are provided. We may also use your information with an agency

with whom we contract for services on your behalf in order to insure proper services. One example might be a group living facility if they are to assist you in managing your medications.

For Payment: The county may release information about you to your health plan or health insurance carrier to obtain payment for our services. For example, we may need to give your health plan information about the type of treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover the treatment. We may also share your information, when appropriate, with other government programs such as Medicaid or Medicare in order to coordinate benefits and payments.

For Operations: The county may use and release information about you to ensure that the services provided to you are appropriate and are high quality. For example, we may use your information to evaluate our treatment and services or to evaluate the services of other providers that use government funds to provide health care or social services to you. We may combine health information about many individuals to research health trends, to determine what services and programs should be offered, or whether new treatments or services are useful. Our mental health services may share your prescription information with your pharmacist so that he/she can ensure that you are receiving the proper type and dosage, and that your medicines will not interact with each other.

To Other Government Agencies Providing Benefits of Services: The county may release your health information to other government agencies that are providing you with benefits or services when the information is necessary for you to receive those benefits and services.

To Keep You Informed: The county may contact you about reminders for treatment, medical care, etc. We may also contact you to tell you about your health related benefits or services that may be able to assist you.

For Public Health: The county may release your health information to public health agencies subject to the provisions of applicable state and federal law for the following kinds of activities:

- To prevent or control disease, injury or disability or to keep vital statistics records, such as births and deaths;
- To notify social service agencies that are authorized by law to receive reports of abuse, neglect or domestic violence;
- To report reactions to medications or problems with products to the Food and Drug Administration.

For Health Oversight Activities: The county may share your health information with other divisions within the agency and with other agencies for oversight activities as required by law. Examples of these oversight activities include audits, inspections, certification and licensure, and investigations.

For Law Enforcement: The county may release health information to a law enforcement individual, subject to applicable federal and state laws and regulations, for the purposes that are required by law or in response to a court order or subpoena.

For Research: The county may release your health information for research projects that have been reviewed and approved by an institutional review board or privacy board to ensure the continued privacy and protection of the health information. This is very rarely done in the county.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, the county may release health information about you in response to a court or administrative order. We may also release health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

To Avert a Serious Threat to Health and Safety: The county may release your health information if it is necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person.

To a Correctional Institution: If you are an inmate of a correctional institution or under the custody of a law enforcement officer, the county may release your health information to the correctional institution or law enforcement officer. The information released must be necessary for the institution to provide you with health care, protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

To the Military: If you are a veteran or a current member of the armed forces, the county may release your health information as required by military command or veteran administration authorities.

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