

WAUSHARA COUNTY PRIVACY NOTICE

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. STATE AND/OR FEDERAL LAW MAY PROHIBIT OR RESTRICT SOME THE DISCLOSURES LISTED BELOW.

Waushara County must maintain the privacy of your personal health information and give you this notice that describes our legal duties and privacy practices concerning your personal health information. In general, when we release your health information, we must release only the information **needed to achieve the purpose of the use or disclosure**. However, all of your personal health information, except as detailed below, will be available for release to you, to a provider regarding your treatment or due to a legal requirement. We must follow the privacy practices described in this notice.

However, we reserve the right to change the privacy practices described in this notice, in accordance with the law. Changes to our privacy practices would apply to all health information we already have about you, as well as any information we create or receive in the future. If we change our privacy practices, we will give you a revised copy of the privacy notice.

WITHOUT YOUR WRITTEN AUTHORIZATION, we can use your health information for the following purposes:

Treatment. To the extent allowed by state and federal law, individuals and programs within Waushara County may share health information about you in order to coordinate the services you may need, such as clinical examinations, therapy, nutritional services, medications, hospitalization or follow-up care. For example, caregivers, such as nurses, emergency medical technicians, paramedics, doctors, therapists and social workers may use your health information to determine your plan of care. We may also use your health information to determine if your treatment is medically necessary or to ensure that proper treatment is being given.

Payment. In order for an insurance company to pay for your treatment, we must submit a bill that identifies you, your diagnosis and the treatment provided to you. As a result, we will pass such health information onto an insurer in order to help receive payment for your medical bills. If bills are not paid in a timely manner, information may be shared with our Corporation Counsel for collection purposes. We may also share your information, when appropriate, with other governmental programs such as Workers' Compensation, Social Security Administration, Medicaid, Medicare, Veterans Services or Indian Health Services in order to coordinate your benefits and payments.

Health Care Operations. We may need your diagnosis, treatment and outcome information in order to improve the quality or cost of care we deliver. These quality and cost improvement activities may include evaluating the performance of your doctors, nurses and other health care professionals, or examining the effectiveness of the treatment provided to you when compared to patients in similar situations.

We may share your health information with certain individuals or agencies with whom we contract with to perform functions on our behalf. For example, such individuals and agencies may use your information to perform case management, coordination of care or other assessment and follow-up activities. Waushara County requires that these individuals and agencies abide by the same level of confidentiality and security as our Department when handling your health information.

In addition, we may want to use your health care information for appointment reminders. For example, we may look at your medical record to determine the date and time of your next appointment with us and then send you a reminder letter or telephone you to help you remember the appointment. Or, we may look at your medical information and decide that another treatment or new service we offer may interest you.

Furthermore, we may want to use information found in your medical record, such as your name, address, telephone number and treatment dates, to contact you for fund-raising purposes. For example, in order to provide less costly care or otherwise improve the health of your community, we may want to raise additional money and therefore may contact you for a donation. Refusal to offer a donation will not effect the quantity or quality of care that you receive at Waushara County.

As required or permitted by law. Sometimes we must report some of your health information to legal authorities, such as law enforcement officials or other government agencies. For example, we may have to report abuse, neglect, domestic violence or certain physical injuries or respond to a court order.

For public health activities. We may be required to report your health information to authorities to help prevent or control disease, injury or disability. This may include using your medical record to report certain diseases, injuries, birth or death information, information of concern to the Food and Drug Administration or information related to child abuse or neglect. We may also have to report to your employer certain work-related illnesses and injuries so that your workplace can be monitored for safety.

For health oversight activities. We may disclose your health information to authorities so they can monitor, investigate, inspect, discipline or license those who work in the health care system or for government benefit programs.

For activities related to death. We may disclose a portion of your health information to coroners, medical examiners and funeral directors so they can carry out their duties related to your death, such as identifying the body, determining cause of death or in the case of funeral directors, to carry out funeral preparation activities.

For organ, eye or tissue donation. We may disclose your health information to people involved with obtaining, storing or transplanting organs, eyes or tissue of cadavers for donation purposes.

For research. Under certain circumstances, and only after your approval, we may use and disclose your health information to help conduct research. Such research might try to find out whether a certain treatment is effective in curing an illness.

To avoid a serious threat to health or safety. As required by law and standards of ethical conduct, we may release your health information to the proper authorities if we believe, in good faith, that such release is necessary to prevent or minimize a serious and approaching threat to your or the public's health or safety.

To the military. If you are a veteran, a current member of the armed forces or otherwise involved with the military, we may release your health information as required by military command or veteran administration authorities.

For national security and protection of the President. We may release your health information to an authorized federal official or other authorized persons for purposes of national security, intelligence activities, providing protection to the President or to conduct special investigations, as authorized by law.

To a correctional institution or law enforcement. If you are an inmate or you are in the custody of law enforcement officials, we may release your health information to the correctional institution or law enforcement officer. The information released must be necessary for the institution or law enforcement officer 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 or law enforcement officer/agency.

To those involved with your care or payment of your care. If people such as family members, relatives or close personal friends are helping care for you or helping you pay your medical bills, we may release important health information about you to those people. The information released to these people may include your general condition or death. You have the right to object to such disclosure, unless you are unable to function or there is an emergency. In addition, we may release your health information to organizations authorized to handle disaster relief efforts so those who care for you can receive information about your location or health status. We may allow you to agree or disagree orally to such release, unless there is an emergency.

NOTE: Waushara County provides a wide range and variety of health care and social services to the people of Waushara County. For this reason, not all types of uses and releases can be described in this document, but most of the ways that we are allowed to use and disclose your health information will fall into one of the above categories.

NOTE: Except for the situations listed above, we must obtain your specific written authorization for any other release of your health information. We must treat you even if you refuse to sign an authorization form. 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 an authorization, please submit your written withdrawal to: If you revoke an authorization, we will no longer release your health information to the authorized recipient(s), except to the extent that we have already used or released that information in reliance of the original authorization.

YOUR HEALTH INFORMATION RIGHTS

You have several rights with regard to your health information. If you wish to exercise any of the following rights, please contact: **Ruth Zouski, Corporation Counsel, P.O. Box 300, Wautoma, WI 54982 or at (920) 787-0409**

Specifically, you have the right to:

Inspect and copy your health information. With a few exceptions, you have the right to inspect and obtain a copy of your health information. All copies must be made by Waushara County. You will not be allowed to remove your information from the premises for either inspection or to make your own copies. **This right does not apply to psychotherapy notes or information gathered for judicial proceedings.** In addition, we may charge you a reasonable fee if you want a copy of your health information.

Request to correct your health information. If you believe your health information is incorrect, you may ask us to correct the information. You may be asked to make such requests in writing and to give a reason as to why your health information should be corrected. A correction may include a change or addition to your health information. However, 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. No correction will result in original documentation included in Waushara County records being erased.

Request restrictions on certain uses and disclosures. You have the right to ask for restrictions on how your health information is used or to whom your information is disclosed, even if the restriction affects your treatment or our payment or health care operation activities. Or, you may want to limit the health information provided to family or friends involved in your care or payment of medical bills. You may also want to limit the health information provided to authorities involved with disaster relief efforts. However, we are not required to agree in all circumstances to your requested restriction.

If you receive certain medical devices or equipment (for example, life-supporting devices or equipment used outside our facility), you may refuse to release your name, address, telephone number, social security number or other identifying information for purpose of tracking the medical device or equipment.

As applicable, receive confidential communication of health information. 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 person, through a written letter sent to a different address, only at work or by email. We will accommodate reasonable requests.

Receive a record of disclosures of your health information. In some limited instances, you have the right to ask for a list of the disclosures of your health information we have made during the previous six (6) years, but the request cannot include dates before April 14, 2003. 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 comply with your request for a list within sixty (60) days, unless you agree to a thirty (30) day extension and we may not charge you for the list, unless you request such list more than once per year. In addition, we will not include in the list, disclosures made to you or for the purposes of treatment, payment, health care operations, national security, law enforcement/corrections and certain oversight activities.

Obtain a paper copy of this notice. Upon your request, you may at any time receive a paper copy of this notice, even if you earlier agreed to receive this notice electronically. This privacy notice is also available on our website located at <http://www.co.waushara.wi.us/>

Complaints. If you believe your privacy rights have been violated, you may file a complaint with us and/or with the federal Department of Health and Human Services. We will not retaliate against you for filing such a complaint. To file a complaint with either entity, please contact the Waushara County Corporation Counsel, Ruth Zouski, who will provide you with the necessary assistance and paperwork.

Ruth Zouski, Corporation Counsel
209 South Saint Marie Street, Room 204
Post Office Box 300
Wautoma, WI 54982
telephone: (920) 787-0409
facsimile: (920) 787-0435

If you have any questions or concerns regarding your privacy rights or the information in this notice, please contact Ruth Zouski, Waushara County Corporation Counsel.

This Waushara County Privacy Notice is Effective April 14, 2003.