



# Grant County Health Department

111 South Jefferson Street, Floor 2  
Lancaster, WI 53813-1672

[www.co.grant.wi.gov](http://www.co.grant.wi.gov)

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## NOTICE OF PRIVACY PRACTICES (Effective April 14, 2003)

**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.**

Note: If you have questions about this Notice, please contact the Privacy Officer at the Grant County Health Department. That person may be contacted at (608)723-6416.

This Notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

### **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:**

The following categories describe different ways that we may use and disclose medical information about you without your consent or authorization. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. This Notice covers treatment, payment, and what are called health care operations, as discussed below. It also covers others uses and disclosures for which a consent or authorization are not necessary. Where applicable state law is more protective of your medical information, we will follow state law, as explained below.

**For Treatment:** We may use medical information about you to provide you with medical treatment or services without consent or authorization unless otherwise required by state law. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. We also may disclose your health care information to individuals outside of the Grant County Health Department involved in your care including family members, pharmacists, suppliers of medical equipment or other health care providers.

**For Payment:** We may use and disclose medical information about you without consent or authorization so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or us. We also may need to obtain prior authorization from your insurer and may need to explain to the insurer your need for home care and the services that will be provided to you.

**For Health Care Operations:** We may use and disclose health information about you without consent or authorization for “health care operations”. These uses and disclosures are necessary to operate the Grant County Health Department and make sure that all of our patients receive quality care. Health care operations include such activities as:

- Quality assessment and improvement activities.
- Activities designed to improve health or reduce health care costs.
- Protocol development, case management and care coordination.
- Contacting health care providers and patients with information about treatment alternatives and other related functions that do not include treatment.
- Professional review and performance evaluation.
- Training programs including those in which students, trainees or practitioners in health care learn under supervision.
- Training of non-health care professionals.
- Accreditation, certification, licensing or credentialing activities.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- Business planning and development including cost management and planning related analyses and formulary development.
- Business management and general administrative activities of the Grant County Health Department.
- Fundraising for the benefit of the Grant County Health Department.

For example, we may use your health information to evaluate our staff performance, combine your health information with other patients in evaluating how to more effectively serve all patients, disclose your health information to our staff and contracted personnel for training purposes, use your health information to contact you as a reminder regarding a visit to you, or by contact you as a part of general fundraising and community information mailings (unless you tell us you do not want to be contacted).

**For Fundraising Activities:** We may use information about you including your name, address, phone number and the dates you received care in order to contact you to raise money for the Grant County Health Department. If you do not want us to contact you, notify the Director of the Grant County Health Department at (608)723-6416 and indicate that you do not wish to be contacted.

**Appointment Reminders:** We may use and disclose your health information to contact you as a reminder that you have an appointment.

**Treatment Alternatives:** We 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. However, we will not use or disclose medical information to market other products and services, either ours or those of third parties, without your authorization.

**THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY ALSO BE USED AND DISCLOSED.**

**When Legally Required:** We will disclose your health information when we are required to do so by and Federal, State or local law.

**When There Are Risks to Public Health:** As required by law, we may disclose your health information to public health authorities or other appropriate government authorities for purposes related to (a) preventing or controlling disease, injury or disability, (b) reporting child abuse or neglect, (c) reporting domestic violence, (d) reporting problems with products and reactions to medications to the Food and Drug Administration and (e) reporting disease or infection (including to persons exposed to such disease where authorized by state law).

**Health Oversight Activities:** We may disclose medical information to a health oversight agency, such as the Department of Health and Human Services, for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure.

**Lawsuits and Administrative Proceedings:** If you are involved in a lawsuit or dispute as a party, we may disclose medical information about you in response to a court or administrative order or subpoenas issued by a judge or hearing officer.

**Law Enforcement:** As permitted or required by State law, we may disclose your health information to a law enforcement official for certain law enforcement purposes as follows:

- As required by law for reporting of certain types of wounds or other physical injuries or in response to a court order, warrant, subpoena issued by a judge or hearing officer.
- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement.
- To a law enforcement official if we have a suspicion that a death was the result of criminal conduct including criminal conduct at Grant County Health Department.
- In an emergency or in order to report a crime.

**After A Death:** We may disclose health information about a deceased person to coroners, medical examiners, funeral directors and organ procurement organizations.

**Research Purposes:** We may, under very select circumstances, use your health information for research. Before we disclose any of your health information for such research purposes, the project will be subject to an extensive approval process.

**Event of A Serious Threat To Health Or Safety:** We may, consistent with applicable law and ethical standards of conduct, disclose your health information if we, in good faith, believe 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.

**National Security and Intelligence Activities:** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective Services for the President and Others:** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign head of state or to conduct special investigations.

**Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

**Worker's Compensation:** We may release medical information about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illnesses. For example, if you are injured on the job, we may release information regarding that specific injury.

## AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

We may disclose medical information relating to a government program we are administering to another government agency to coordinate functions or improve administration or management related to the program. We may disclose a limited data set in certain instances that excludes direct identifiers of the patient.

We may disclose medical information to business associates in limited circumstances. We may disclose medical information to a patient's authorized legal representative in certain instances. We may disclose medical information to military authorities regarding individuals who are in the armed forces in certain instances.

Other than as previously stated, we will not disclose your health information other than with your written authorization. If you or your representative authorizes us 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 medical information we maintain about you:

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you may request that your spouse or child who is involved in your care not receive certain information about your condition.

**We are not required to agree to your request.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. If you wish to make a request for restrictions, please contact the Director of the Health Department.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Privacy Officer, the Health Department Director. We will not ask the reason for your request. We will accommodate all requests that Grant County Health Department, in its discretion, determines to be reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to Inspect and/or Request a Copy:** You have the right to inspect and/or request a copy of your health information, including billing records. A request to inspect and copy records containing your health information may be made to the Health Department Director at (608) 723-6416. If you request a copy of your health information, we may charge a reasonable fee for the costs of copying, mailing and/or other supplies associated with your request.

**Right to Request Amendment:** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Grant County Health Department. A request for an amendment of records must be made in writing to the Health Department Director at 111 S. Jefferson St., Lancaster, WI 53813, (608) 723-6416.

We may deny your request if it is not in writing or does not include a reason for the amendment. The request also may be denied if your health information records were not created by us, if the records you are requesting are not part of the agency's records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect or copy, or if, in the opinion of us, the records containing your health information are accurate and complete.

**Right to an Accounting of Disclosures:** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we have made of medical information about you that are not disclosures for treatment, payment and health care operations. The request for an accounting must be made in writing to the Director of the Health Department at 111 S. Jefferson St., Lancaster, WI 53813, (608) 723-6416. The request should specify the time period for the accounting starting on or after April 14, 2003. Accounting requests may not be made for periods of time in excess of six (6) years. We would provide the first accounting you request during any 12-month period without charge. For additional lists, we may charge you for the costs of providing the list.

**Right to a Paper Copy of This Notice:** You or your representative have a right to a separate paper copy of this Notice at any time even if you or your representative have received this Notice previously. To obtain a separate paper copy, please contact the Health Department Director at 111 S. Jefferson St., Lancaster, WI 53813, (608) 723-6416 or email [health@co.grant.wi.gov](mailto:health@co.grant.wi.gov). Form can also be found on the county website [www.co.grant.wi.gov](http://www.co.grant.wi.gov) under Health Department.

## DUTIES OF THE AGENCY

We are required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of our duties and privacy practices. We are required to abide by the terms of its Notice as may be amended from time to time. We reserve the right to change the terms of its Notice and to make the new Notice provisions effective for all health information that we maintain. If we change this Notice, we will provide a copy of the revised Notice to you or your appointed representative. You or your personal representative have the right to express complaints to us and to the Secretary of DHHS if you or your representative believe that your privacy rights have been violated. Any complaints to us should be made in writing to the Director of the Health Department at 111 S. Jefferson St., Lancaster, WI 53813. We encourage you to express any concerns you may have regarding the privacy of your information. You will not be penalized for filing a complaint.

## CONTACT PERSON

We have designated the Director of the Health Department as its contact person for all issues regarding patient privacy and your rights under the Federal privacy standards. You may contact this person at 111 S. Jefferson St., Lancaster, WI 53813, (608) 723-6416.

**EFFECTIVE DATE - This notice is effective April 14, 2003.**

**IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT THE HEALTH DIRECTOR AT 111 SOUTH JEFFERSON STREET, LANCASTER, WI 53813, (608) 723-6416.**