

NOTICE OF PRIVACY PRACTICES

This Notice describes how medical information about your health may be used and disclosed, and how you can get access this information. Please review it carefully.

Dunn County Health Department is required to protect the privacy of personal health information and to give you this notice that describes our legal duties and privacy practices. In general, when we release your health information, we must release only the information needed to achieve the purpose of the use or disclosure. This Notice describes the types of uses and disclosures that we may make and gives you some examples. We are required to follow the procedures in this Notice. We reserve the right to change the privacy practices described and if we do so, we will post the revised Notice, make copies available on request, and post the Notice on our website. We will follow all federal and state legal requirements in protecting your privacy. Contact **KT Gallagher** at **715-232-2388** for more information.

Permitted Use and Disclosure

We may use and disclose personal health information about you without your authorization in the following circumstances:

1. Provision of Health Treatment

We may use and disclose information about you to provide, coordinate, and manage your health care and related services. For example, if we are providing care coordination of a pregnancy, we may use personal health information in your record to coordinate health treatment with your doctor.

2. Obtain Payment for Services

We may use and disclose information about you to bill and collect payment for treatment and services provided to you. For example, if we are providing you with a flu vaccination, we may use personal health information to bill your insurance.

3. Health Care Operations

We may use your health information in order to improve the quality and efficiency of care we deliver. For example, we may use information about you as we review the skills and performance of health care providers in the health department.

4. Nurse Family Partnership Participants

The Dunn County Health Department is part of the Wisconsin Department of Children and Families (DCF) Family Foundations Home Visiting Program. As part of that program, we enter your data in an electronic data system, Data Application and Integration Solution for the Early Years (DAISEY). The system is designed to keep your information secure.

Your information may be used to track, report on, evaluate, and improve services you and others receive from us. Your information will not be shared with other providers. Your Individually Identifiable Health Information will not be recorded in any reports.

Information that will be entered in the system includes:

- Individually Identifiable Health information (Ex: name, gender, date of birth).
- Information about services you receive (Ex: health screening, education, home visits).
- Information about assessments you receive as part of a service (Ex: answers to questions about housing needs, tobacco use, or prenatal care).

5. Other Circumstances

We may use and disclose personal health information under certain other circumstances without your authorization. These include:

- When the use/disclosure is required by federal, state, or local law or other judicial/administrative proceeding.

- When the use/disclosure is necessary for public health activities to prevent and/or control disease, injury, or disability.
- When the use/disclosure relates to victims of abuse, neglect, or domestic violence.
- When the use/disclosure is related to health oversight activities related to the monitoring, investigating, inspecting, or disciplining those who work here.
- When the disclosure relates to death including information provided to medical examiners, coroners, and funeral directors for identification, determination of the cause of death, or for funeral preparations.
- When the use/disclosure relates to medical research and only after a special approval process.
- When the use/disclosure is to avert a serious threat to health or safety to you or the public.
- When the use/disclosure relates to military, national security, and other government functions.
- When the use/disclosure relates to compliance with worker's compensation programs.
- When the use/disclosure relates to correctional institutions and other law enforcement custodial situations.
- When a person identified by you needs information related to care, payment or notification of your condition.
- When information is shared for disaster relief services such as to the American Red Cross.
- When information is used to provide appointment reminders.
- When information is used to provide you with treatments, services, products or providers in order to manage or coordinate your healthcare.

Required Authorization for Disclosure

Any other use or disclosure of personal health information about you requires your written authorization and/or informed consent as directed in state and federal statute. Under circumstances other than those stated above, we will ask for you to complete and sign a Consent/Authorization Form in order to use or disclose your personal health information. If you sign this Authorization, you can later cancel this in writing and we will not disclose any further personal health information. If you wish to withdraw authorization please contact **KT Gallagher** at **232-2388**.

Your Personal Health Information Rights

You have several rights with regard to your personal health information. If you wish to exercise any of these rights, please contact **KT Gallagher** at **232-2388**. You have the right to:

1. Inspect and copy your health information with a reasonable fee charged for copies.
2. Request corrections to your health information through a written response including reasons why the information should be changed. We have the ability to deny your request.
3. Request restrictions on certain uses and disclosures of your health information. We are not required to agree with your requests.
4. Request different ways to communicate with you about personal health information such as contacting you at a particular phone number. Your request must be in writing and we are required to accommodate reasonable requests.
5. Receive a written record of disclosures made of your personal health information up to 6 years before your request (not including disclosures prior to April 14, 2003.). We are required to document all disclosures except those noted in the above sections relating to treatment, billing, health care operations and certain other circumstances. Whenever an Authorization form is completed we will document on this list, the date of the disclosure, who received the information, a brief description of the information disclosed, and why the disclosure was made. We must comply within 60 days.
6. Obtain a paper copy of this notice. We will provide a copy no later than the date you first received service from us except in an emergency.

Complaints

You may file a complaint about our privacy practices with us and with us and with the Federal Department of Health and Human Services if you feel your privacy rights have been violated. We will not retaliate against you for filing such a complaint. You can contact **KT Gallagher** at **715-232-2388** for information.

This Notice of Privacy Practices is effective on 10/23/2019.