

- provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also disclose Protected Health Information to other providers involved in your treatment.
- Payment. We may use and disclose your Protected Health Information to obtain payment for services that we provide to you—for example, disclosures to claim and obtain payment from your health insurer, HMO, Medicare or other company that arranges or pays the cost of some or all of your health care to verify that your Payer will pay for health care.
- Health Care Operations. We may use and disclose your Protected Health Information for our health care operations, which include internal administration and planning and various activities that improve the quality and cost effectiveness of the care that we deliver to you. For example, we may use Protected Health Information to evaluate the quality and competence of our physicians, nurses and other health care workers. We may disclose Protected Health Information to our Privacy Officer to resolve any complaints you may have and ensure that you are satisfied with the services you receive.

We may also disclose Protected Health Information to your other health care providers when such Protected Health Information is required for them to treat you, receive payment for services they render to you, or conduct certain health care operations, such as quality assessment and improvement activities, reviewing the quality and competence of health care professionals, or for health care fraud and abuse detection or compliance. [164.506]

B. Use or Disclosure for Directory of Individuals in the Clark County Health Care Center. We may include your name, location in the Clark County Health Care Center, general health condition and religious affiliation in a patient directory without obtaining your authorization *unless* you object to inclusion in the directory [or are located in a specific ward, wing or unit the identification of which would reveal that you are receiving treatment for HIV/AIDS, substance abuse, etc.]. Information in the directory may be disclosed to anyone who asks for you by name or members of the clergy; provided, however, that religious affiliation will only be

disclosed to members of the clergy. If you do not want the facility to include your information in the directory, you must notify the office manager at 715/229-2172 extension 204. [164.510(a)]

C. Disclosure to Relatives, Close Friends and Other Caregivers. We may use or disclose your Protected Health Information to a family member, other relative, a close personal friend or any other person identified by you when you are present for, or otherwise available prior to, the disclosure, if we (1) obtain your agreement; (2) provide you with the opportunity to object to the disclosure and you do not object; or (3) reasonably infer that you do not object to the disclosure. [164.510(b)]

If you are not present, or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interests. If we disclose information to a family member, other relative or a close personal friend, we would disclose only information that we believe is directly relevant to the person's involvement with your health care or payment related to your health care. We may also disclose your Protected Health Information in order to notify (or assist in notifying) such persons of your location, general condition or death. [164.510(b)]

D. Fundraising Communications. We may contact you to request a tax-deductible contribution to support important activities of Clark County. In connection with any fundraising, we may disclose to our fundraising staff demographic information about you (e.g., your name, address and phone number) and dates on which we provided health care to you, without your written authorization. If you [wish to make a tax-deductible contribution now or] do not want to receive any fundraising requests in the future, you may contact our [Marketing Office at ((715) 229-2172.] [164.514(e)] [164.514(f); 164.520(b)(1)(iii)(B)]

E. Public Health Activities. We may disclose your Protected Health Information for the following public health activities: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports; (3) to report information about products and services under the jurisdiction of the U.S. Food and Drug Administration; (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; and (5) to report information to your employer as required under laws addressing work-related illnesses

and injuries or workplace medical surveillance. [164.512(b)]

F. Victims of Abuse, Neglect or Domestic Violence. If we reasonably believe you are a victim of abuse, neglect or domestic violence, we may disclose your Protected Health Information to a governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence. [164.512(c)]

G. Health Oversight Activities. We may disclose your Protected Health Information to a health oversight agency that oversees the health care system and is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare or Medicaid. [164.512(d)]

H. Judicial and Administrative Proceedings. We may disclose your Protected Health Information in the course of a judicial or administrative proceeding in response to a legal order or other lawful process, but only when we make reasonable efforts to either notify you about the request or to obtain an order protecting your health information. [164.512(e)]

I. Law Enforcement Officials. We may disclose your Protected Health Information to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena. [164.512(f)].

J. To Coroners and Medical Examiners. We may disclose your Protected Health Information to a coroner or medical examiner as authorized by law. [164.512(g)]

K. Organ and Tissue Procurement. We may disclose your Protected Health Information to organizations that facilitate organ, eye or tissue procurement, banking or transplantation. [164.512(h)]

L. Funeral Directors. We may disclose your Protected Health Information to funeral directors consistent with applicable law and if necessary, to carry out their duties with respect to your funeral arrangements. If necessary to carry out their duties, we may disclose your health information prior to, and in reasonable anticipation of your death. [164.512(g)]

M. Health or Safety. We may use or disclose your Protected Health Information to prevent or lessen a serious and imminent threat to a person's or the public's health or safety. [164.512(j)]

N. Specialized Government Functions. We may use and disclose your Protected Health Information to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances. [164.512(k)]

O. Workers' Compensation. We may disclose your Protected Health Information as authorized by and to the extent necessary to comply with state law relating to workers' compensation or other similar programs. [164.512(l)]

P. As required by law. We may use and disclose your Protected Health Information when required to do so by any other law not already referred to in the preceding categories.

IV. Uses and Disclosures Requiring Your Written Authorization

A. Use or Disclosure with Your Authorization. For any purpose other than the ones described above in Section III, , including, but not limited to, the purposes of fundraising, marketing, and/or sales, we only may use or disclose your Protected Health Information when you grant us your written authorization on our authorization form ("AUTHORIZATION TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION"). For instance, you will need to execute an authorization form before we can send your Protected Health Information to your life insurance company or to the attorney representing the other party in litigation in which you are involved. [164.508(a)(1)]

B. Uses and Disclosures of Your Highly Confidential Information. In addition, federal and state law requires special privacy protections for certain highly confidential information about you including the subset of your Protected Health Information that: (1) is maintained in psychotherapy notes; (2) is about mental health and developmental disabilities services; (3) is about alcohol and drug abuse prevention, treatment and referral; (4) is about HIV/AIDS testing, diagnosis or treatment; (5) is about venereal disease(s); (6) is about genetic testing; (7) is about child abuse and neglect; (7) is about domestic abuse of an adult with a disability; or (8) is about sexual assault. In order for us to disclose your Highly Confidential Information for a purpose other than those permitted by law, we must obtain your written authorization.

V. Your Rights Regarding Your Protected Health Information

A. For further Information; Complaints. If you desire further information about your privacy rights, or

are concerned that we have violated your privacy rights or disagree with a decision that we made about access to your Protected Health Information, you may contact our Privacy Office. You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, the Privacy Office will provide you with the correct address for the Director. We will not retaliate against you if you file a complaint with us or the Director. You are also entitled to notification should there be a breach of unsecured protected health information [164.520(b)(1)(vi); 164.530(a)(1)(ii)]

B. Right to Request Additional Restrictions. You may request restrictions on our use and disclosure of your Protected Health Information (1) for treatment, payment and health care operations, (2) to individuals (such as a family member, other relative, close personal friend or any other person identified by you) involved with your care or with payment related to your care, (3) to notify or assist in the notification of such individuals regarding your location and general condition, or (4) for carrying out payment or health care operations for services paid out-of-pocket in full. While we will consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction. If you wish to request additional restrictions, please obtain a request form from our departmental privacy office and submit the completed form to the Privacy Office. We will send you a written response. [164.522(a); 164.520(b)(1)(iv)(A)]

C. Right to Receive Confidential Communications. You may request, and we will accommodate, any reasonable written request for you to receive your Protected Health Information by alternative means of communication or at alternative locations. [164.522(b); 164.520(b)(1)(iv)(B)]

D. Right to Revoke Your Authorization. You may revoke your authorization, or any written authorization obtained in connection with your Highly Confidential Information, except to the extent that we have taken action in reliance upon it, by delivering a written revocation statement to the Privacy Office identified below. [A form of Written Revocation is available upon request from the Privacy Office.] [164.520(b)(1)(ii)(E)]

E. Right to Inspect and Copy Your Health Information. You may request access to your medical record file and billing records maintained by us in order to inspect and request copies of the records, including electronic records. Under limited circumstances, we may deny you access to a portion of your records. If you desire access to your records, please make your request in writing to the appropriate department. If you request copies, we will charge you \$0.30 (thirty cents) for each page. We will

also charge you for our postage costs, if you request that we mail the copies to you. [164.524; 164.520(b)(1)(iv)(C)]

F. Right to Amend Your Records. You have the right to request that we amend Protected Health Information maintained in your medical record file or billing records. If you desire to amend your records, please obtain an amendment request form from the Privacy Office and submit the completed form to the Privacy Office. We will comply with your request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply. The facility may deny the request if it is not in writing or it does not include a reason for the amendment. The request may also be denied if your health information records were not created by the facility, if the records you are requesting are not a part of the facility'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 the facility the records containing your health information are accurate and complete. [164.526; 164.520(b)(1)(iv)(D)]

G. Right to Receive An Accounting of Disclosures. Upon request, you may obtain an accounting of certain disclosures of your Protected Health Information made by us during any period of time prior to the date of your request provided such period does not exceed six years and does not apply to disclosures that occurred prior to April 14, 2003. [164.528; 164.520(b)(1)(iv)(E)] If you request an accounting more than once during a twelve (12) month period, we will charge you \$0.30 per page of the accounting statement.

H. Right to Receive Paper Copy of this Notice. Upon request, you may obtain a paper copy of this Notice, even if you have agreed to receive such notice electronically. [164.520(c)(3); 164.520(b)(1)(iv)(F)]

VI. Effective Date and Duration of This Notice

A. Effective Date. This Notice is effective on April 14, 2003.

B. Right to Change Terms of this Notice. We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all Protected Health Information that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the new notice in waiting areas around Clark County www.co.clark.wi.us. You also may obtain any new notice by contacting the Privacy Office.

VII. Privacy Office [164.530(a)(1)]

You may contact the Privacy Office at:
Privacy Office (county wide)
Jacob Brunette, Clark County Privacy Officer
Clark County Corporation Counsel
517 Court St RM 205, Neillsville, WI 54456
Telephone Number: (715) 743-5223
Fax Number: (715) 743-5159
E-mail: jacob.brunette@co.clark.wi.us

Privacy Office (Community Services)
Sue Voigt, Associate Director
517 Court St., Room 503, Neillsville, WI 54456 Telephone
Number: (715) 743-5198
Fax Number: (715) 743-5209
E-mail: sue.voigt@co.clark.wi.us

Privacy Office (DSS)
Pamella Kernan
517 Court St., Room 502, Neillsville, WI 54456 Telephone
Number: (715) 743-5246
Fax Number (715) 743-5242
E-mail: pamella.kernan@co.clark.wi.us

Privacy Office (CCHCC)
Jane Schmitz, Administrator
W4266 State Highway 29, Owen, WI 54460
Telephone Number: (715) 229-2172
Fax Number (715) 229-4540
E-mail: jane.schmitz@co.clark.wi.us

Privacy Office (Finance/Personnel)
Janilee Zvolena
517 Court St, Room 205, Neillsville, WI 54456 Telephone
Number: (715) 743-5298
E-mail: janilee/zvolena@co.clark.wi.us

Privacy Office (Public Health)
517 Court St, Room 105, Neillsville, WI 54456 Telephone
Number: (715) 743- 5105
Fax Number: (715) 743-5115

(REVISED 03/2015)

-amended right to your health information; updated privacy officer contact

CLARK COUNTY 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. [164.520(b)(1)(i)]

I. Who We Are

This Notice describes the privacy practices of **Clark County [Health Care Center, the Department of Social Services, Community Services, Public Health Department, Department of Administration], [its/their]** physicians, nurses, therapists and other personnel. It applies to services furnished to you at The Clark County Health Care Center in Owen Wisconsin and the Clark County Courthouse and any satellite locations within the county ("we" or "us"). [164.520(d)(2)(i)]

II. Our Privacy Obligations

We are required by law to maintain the privacy of your health information ("Protected Health Information") and to provide you with this Notice of our legal duties and privacy practices with respect to your Protected Health Information. When we use or disclose your Protected Health Information, we are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure). [164.520(b)(1)(v)(A)]

III. Permissible Uses and Disclosures Without Your Written Authorization

In certain situations, which we will describe in Section IV below, we must obtain your written authorization in order to use and/or disclose your Protected Health Information. However, we do not need any type of authorization from you for the following uses and disclosures:

A. Uses and Disclosures For Treatment, Payment and Health Care Operations. We may use and disclose Protected Health Information but not your "Highly Confidential Information" (defined in Section IV.C below), in order to treat you, obtain payment for services provided to you and conduct our "health care operations" as detailed below:

Treatment. We use and disclose your Protected Health Information to provide treatment and other services to you- for example, to diagnose and treat your injury or illness. In addition, we may contact you to