



Notice of Privacy Practices

Effective date: July 1, 2020

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information (“PHI”). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act (“HIPAA”), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules, and the *ACA Code of Ethics*. It also describes your rights regarding how you may gain access to and control your PHI.

We at Arbor Mental Health Center understand that medical information about you and your health is personal and we are committed to protecting that information. We create a record of the care and services you receive here. We need this record to provide you with quality care, to comply with certain legal requirements, and to substantiate claims. This notice applies to all of the records of your care generated at this health care facility. Other health care providers may have different policies or notices regarding the use and disclosure of your medical information created in that health care provider’s office or clinic.

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website, sending a copy to you in the mail upon request or providing one to you at your next appointment.

WHO WILL FOLLOW THIS NOTICE

This notice describes the practices of Arbor Mental Health Center and that of:

- Any health care professionals authorized to enter information into your medical chart
- All contracted employees, staff, and other personnel we employ
- All departments and units of this health care facility
- Any member of a volunteer group we allow to help you during your treatment duration.
- Arbor Mental Health Center, including its affiliated entities, sites, and locations, all of which

follow the terms of this notice. In addition, these entities, sites, and locations may share medical information with each other for treatment, payment, or health care operations purposes described in this notice

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

For Treatment. Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. We may disclose PHI to any other consultant only with your authorization.

For Payment. We may use and disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations. We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the



business that requires it to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your authorization.

Required by Law. Under the law, we must disclose your PHI to you upon your request. In addition, we must make disclosures to the Department of Health and Family Services (DFS)/Division of Quality Assurance (DQA) for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

Without Authorization. It is our practice to adhere to more stringent privacy requirements for disclosures without an authorization permitted by HIPAA. The following language and list address these categories to the extent consistent with Wisconsin State Statutes, *ACA Code of Ethics* and HIPAA. Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of situations:

- **Child Abuse or Neglect.** We may disclose your PHI to a state or local agency that is authorized by law to receive reports of child abuse or neglect.
- **Judicial and Administrative Proceedings.** We may disclose your PHI pursuant to a subpoena (with your written consent), court order, administrative order or similar process.
- **Deceased Patients.** We may disclose PHI regarding deceased patients as mandated by state law or to a family member or friend that was involved in your care or payment for care prior to death, based on your prior consent. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin. PHI of persons that have been deceased for more than fifty (50) years is not protected under HIPAA.
- **Medical Emergencies.** We may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm. Our staff will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency.
- **Health Oversight.** If required, we may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payers based on your prior consent) and peer review organizations performing utilization and quality control.
- **Law Enforcement.** We may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises.
- **Specialized Government Functions.** We may review requests from U.S. military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws and the need to prevent serious harm.
- **Public Health/Public Safety.** If required, we may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority. We may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. This may include to report child abuse or neglect; or, to notify the appropriate government authority if we believe a client has been the victim of abuse, neglect, or domestic violence. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat. We will only make this disclosure if you agree or when required by law.
- **Research.** PHI may only be disclosed after a special approval process or with your authorization. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical records, trying to balance the research needs with patients' need for privacy of their medical records. Before we use or disclose medical records for research, the project will have been approved through this research approval process. We may, however, disclose your medical records to people preparing to conduct a research project; for example, to help them look for patients with specific medical needs, so long as the medical records they review does not leave this facility. We will *always* ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care at this facility.



With Authorization. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that we have already made a use or disclosure based upon your authorization. The following uses and disclosures will be made only with your written authorization: (i) most uses and disclosures of psychotherapy notes which are separated from the rest of your medical record; (ii) most uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in this Notice of Privacy Practices.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to our Chief Operating Officer @ Arbor Mental Health Center 500 N. 3rd St. Ste. 220, Wausau, WI, 54403.

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a “designated record set”. A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you or if the information is contained in separately maintained psychotherapy notes. We may charge a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person.
 - To inspect and copy medical information that may be used to make decisions about you, you must present in person and sign a release form.
 - We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. The director of this health care facility will review your request and the denial, and make a decision based on your request.

Right to Amend. If you feel that the PHI 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 this health care facility. To request an amendment, your request must be made in writing and submitted to the Chief Operating Officer at Arbor Mental Health Center 500 N. 3rd St. Ste. 220, Wausau, WI, 54403.

- In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request.

We may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or the entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for this health care facility; or Is not part of the information which you would be permitted to inspect or copy; or, is accurate or complete.

If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy. Please contact the Privacy Officer if you have any questions.

- **Right to an Accounting of Disclosures.** You have the right to request an accounting of disclosures that we make. To request this list or accounting of disclosures, you must submit your request in writing to the attention of the CCW Director. Your request must state a time period which may not include dates before April 12, 2011. Your request should indicate in what form you want the list (for example: paper or electronically). We may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, we are required to honor your request for a restriction.



- **Right to Request Confidential Communication.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. 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, such as a family member or friend. We will accommodate reasonable requests. We may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request. We will not ask you for an explanation of why you are making the request.
 - To request restrictions, you must make your request in writing to Chief Operating Officer @ Arbor Mental Health Center 500 N. 3rd St. Ste. 220, Wausau, WI, 54403.
 - In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosure to your spouse.
- **Breach Notification.** If there is a breach of unsecured PHI concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy. To obtain a paper copy of this notice, please submit your request to your provider.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you, as well as any information we receive in the future. We will post a copy of the current notice in this health care facility. The notice will continue on the first page, with the effective date.

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with our Chief Operating Officer @ Arbor Mental Health Center 500 N. 3rd St. Ste. 220, Wausau, WI. 54403. All complaints must be submitted in writing. ***We will not retaliate against you for filing a complaint.***