

## NOTICE OF PRIVACY PRACTICES

Milwaukee Center For Independence and affiliates



*Serving children, adults and families  
with special needs since 1938.*

Effective April 14, 2003  
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**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.**

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## USE AND DISCLOSURE OF HEALTH INFORMATION

Milwaukee Center for Independence and its affiliates 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 as defined in the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996. In general, when we release your health information, we must release only the information we need to achieve the purpose of the use or disclosure. However, all of your personal health information that you designate will be available for release if you sign an authorization form, if you request the information for yourself, 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. If we change our privacy practices, you will receive a revised copy. This notice will be posted in all of our offices and our web sites.

**Without your written authorization**, we can use your health information for the following purposes:

**Treatment.** We may use your health information to provide, coordinate and manage care to you and disclose your health information to others who also provide care to you. This may involve our Psychiatrist, Pharmacist, Case Managers, Nurses and other staff talking to other health care providers or doctors about your care. If we are treating you for HIV or AIDS we will not release your information except as follows; if you give us permission; we are required to by

law; a court order or subpoena requires us to release the information.

**Payment.** We may need to include your health information in invoices or electronic transactions to collect payment from third parties or an insurance company for the services we have provided. As a result, we will pass such health information onto an insurer in order to help receive payment for your medical bills.

**Health Care Operations.** We may use and disclose health information in order to conduct our own health care operations and in order to provide quality care to all of our clients. Some of these health care operations are as follows:

1. Quality Assessment and improvement activities.
2. Activities designed to improve health or reduce health care costs.
3. Case management and care coordination.
4. For appointment reminders.
5. Contacting health care providers and patients with information about treatment alternatives and other related functions that do not include treatment.
6. Professional review and performance evaluation.
7. Training programs including those in which trainees or students in health care learn under supervision.
8. Accreditation, certification, licensing or credentialing activities and also reviews and audits conducted by MCFI/Affiliates Staff, CARF, JAHCO, Milwaukee County and the Wisconsin Department of Health and Family Services.
9. Business planning and development including cost management and planning related

analysis and formulary development.

10. Business management and general administrative activities.
11. Fundraising and certain marketing activities.

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 to help you remember the appointment. Or, we may look at your medical information and decide that another treatment or a new service we offer may interest you.

Furthermore, we may want to use information found in your medical record, such as your name, address, phone number and treatment dates, to contact you for our fund-raising purposes.

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

**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. This includes CARF, JAHCO, Wisconsin Department of Health and Family Services and Milwaukee County.

**For activities related to death.** We may disclose 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.

**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.

**For military, national security, or incarceration/law enforcement custody.** If you are involved with the military, national security or intelligence activities, or you are in the custody of law enforcement officials or an inmate in a correctional institution, we may release your health information to the proper authorities so they may carry out their duties under the law.

**For workers' compensation.** We may disclose your health information to the appropriate persons in order to comply with the laws related to workers' compensation or other similar programs. These programs may provide benefits for work-related injuries or illness.

**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 location within our facility, 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. It is our duty to give you enough information so you can decide whether or not to object to release of your health information to others involved with your care.

**Business Associates.** Sometimes we may hire businesses to perform services where they may have access to your information to perform the service required. These associates must follow the same HIPAA laws regarding your protected health information.

**NOTE:** Except for the situations listed above, we must obtain your specific written authorization for any other release of your health information.

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 your authorization, please submit your written withdrawal to **MCFI Case Records Department** or the **MCFI Privacy Officer**.

#### **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 in writing the **MCFI Case Records Department** or the **MCFI Privacy Officer**. 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; this also pertains to records kept

in an electronic format. To do so, you must submit your request in writing. We will provide this information within 30 days of your request. However, this right does not apply to psychotherapy notes or information gathered for judicial proceedings, for example. 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 changed. 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. We will notify you within 60 days of our decision.

**Request restrictions on certain uses and disclosures.** You have the right 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.

You can also request a restriction of disclosures of your PHI to a health plan when you have paid out of pocket the full amount for items or services.

**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 a special, private room or through a written letter sent to a private address. We must accommodate reasonable requests.

**Receive a record of disclosures of your health information.** As a provider who uses electronic records you have a right to request an accounting of disclosures made for payment, treatment, and healthcare operations for the prior three years from the date of your request. 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 60 days, unless you agree to a 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 national security, law enforcement/corrections, and certain health oversight activities.

**Obtain a paper copy of this notice.** Upon your request, you may at any time receive a paper copy of this notice.

**Complain.** If you believe your privacy rights have been violated, you may file a complaint with us and 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 **MCFI Privacy Officer**, who will provide you with the necessary assistance and paperwork.

Again, if you have any questions or concerns regarding your privacy rights or the information in this notice, please contact **MCFI Privacy Officer at 414 937-3700.**