

**NOTICE OF PRIVACY PRACTICES  
REGARDING HEALTH  
INFORMATION**

Individuals of the Bayfield County Department of Human Services (BCDHS) understand that information that we collect about you and your health is personal. Keeping your health information confidential and secure is an important responsibility. We are committed to protecting your health information and abiding by all state and federal laws regarding protected health information (PHI). This notice tells you how we may use your health information. It also explains your rights and the Department's requirements concerning the use and disclosure of PHI.

Bayfield County reserves the right to change this notice at any time. In the event of a change, Bayfield County will provide a copy of the revised notice to you on request.



**Bayfield County  
Department of Human Services  
117 E. 5<sup>th</sup> St  
Washburn, WI 54891**

**HOW BAYFIELD COUNTY USES AND  
SHARES YOUR MEDICAL  
INFORMATION:**

The county uses health information to provide treatment, to arrange for payment, and for health care operations:

1. **TREATMENT:** The County may share medical information with a physician or other health care provider. Individuals and programs within the Department may share health information to coordinate services.
2. **PAYMENT:** The County may submit health information to Medical Assistance or the State of Wisconsin for reimbursement. When this happens, the least amount of information will be provided so that payment can be made. Usually this involves identifying you, your diagnosis and the treatment provided.
3. **HEALTH CARE OPERATIONS:** We may look at health information to review our operations. These quality and cost improvement activities may include evaluating the performance of health care professionals or examining the effectiveness of treatment.

We may review health information if it is time for us to reestablish eligibility, to conduct reassessments for case review, or to conduct other routine business.

The law allows Bayfield County to share your protected health information *without your authorization*:

1. **As required by law:** If any aspect of the medical information becomes the interest of a legal proceeding, court or administrative action.
2. **For public health reasons:** Certain information may be disclosed for public health activities and will be shared with appropriate agencies for the purpose of gathering statistical data, for disease control and prevention, for the prevention of abuse, neglect, or domestic violence, or to report reactions to medications or medical products.
3. **Health oversight activities:** The government monitors the activities of its benefit system, a review of which may include personal health information.
4. **Death Records:** Information about death is recorded and documented by various authorities, i.e. the register of deeds, coroner, medical examiner and funeral director.
5. **Organ, Eye, or Tissue Donation:** In the case of Organ, Eye, or Tissue donation, information must be shared to get a match.
6. **Research:** For research projects with certain established measures that ensure the continued privacy and protection of health information.
7. **Health and Safety Threat:** In order to avoid or lessen a serious threat to health or safety, we may share health information with the necessary authorities.
8. **Military, national security, incarceration, law enforcement custody:** Health information may be disclosed to the authority involved as listed above.

9. **Worker's Compensation:** Health information may be disclosed according to the law if it involves worker's compensation laws and benefits.
10. **To those involved in your care or payment for your care:** Family members and other legally responsible parties may be given information regarding care and treatment.
11. **Statutory Exceptions:** Wisconsin Statutes 51.30 and 252.

**ALL OTHER DISCLOSURES OF YOUR PERSONAL HEALTH INFORMATION WILL REQUIRE AN AUTHORIZATION.**

**YOU DO NOT HAVE TO SIGN AN AUTHORIZATION TO RECEIVE TREATMENT.**

**IF YOU DO SIGN AN AUTHORIZATION, YOU MAY REVOKE IT AT ANY TIME.**

**Health Information:** is defined as any information, whether oral or recorded in any form or medium, that – (1) Is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and (2) Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.

**YOUR HEALTH INFORMATION RIGHTS:**

**ACCESS:** You have the right to see your medical records and request copies. You may request copies in writing to Bayfield County Department of Human Services.

**DISCLOSURES:** The County must keep a record of who information is disclosed to after April 14, 2003, and you have a right to see the disclosure record. You may request this information from Bayfield County Department of Human Services. We must furnish the consumer with a list within sixty (60) days of the request, unless we inform the consumer of our need for a one-time thirty (30) day extension. We may not charge the consumer for the list, unless the consumer requests such list more than once in a twelve (12) month period.

**RESTRICTION:** You have the right to request additional restrictions. The County does not have to agree to the request. However, if it does, the agreement must be in writing.

**CONFIDENTIAL COMMUNICATIONS:** You have the right to request that we make arrangements to communicate with you in a certain manner or at a certain location. (For example, you may ask that we only contact you at work or via e-mail). This request must be in writing and must include your justification for the request. If your request is reasonable, specifies an alternate manner, and indicates how payments will be made, then it will be accommodated in accordance with the law.

**AMENDMENT:** You do not have the right to change your medical information. You have the right to request that we clarify your medical

information by adding information to your records. Your request must be in writing, and it must explain why the information should be amended. We must act on the request within sixty (60) days after we receive it, unless we inform the consumer of our need for a one-time thirty (30) day extension. The County has the right to deny your request. The denial will be in writing. You may respond with a statement in writing as to why you would disagree with the decision, which will then be added to the records. If we agree to amend the records as requested, then we may also make reasonable efforts to inform others, including specific parties named by the consumer of the changes.

**COMPLAINT PROCESS:** The Bayfield County Department of Human Services has a documented complaint process regarding the use and/or disclosure of protected health information. If you wish to file a complaint, you may call, write, or present in person to the Privacy Officer at:

Bayfield County  
 Department of Human Services  
 117 E. 5<sup>th</sup> St., Washburn, WI 54891  
 (715) 373-6144 Voice/TDD  
 (715) 373-6130 Fax  
 baycodhs@bayfieldcounty.wi.gov