

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

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.

YOUR RIGHTS

When it comes to your health information, you have certain rights. The section explains your rights and some of Kenosha County Public Health's (KCPH) responsibilities to help you.

- **Get an electronic copy or paper copy of your medical record:** You have the right to see your medical records (with limited exceptions) and request copies in writing.
- **Ask us to correct your medical record:** You have the right to ask us to correct health information about you that you think is incorrect or incomplete. Your request must be clear and explain why the information should be corrected. We have the right to say "no" to your request. We will tell you why in writing. You may respond with a statement in writing if you would disagree with the decision and this will be added to your records. If we agree to correct your records as requested, we may also make reasonable efforts to inform others, including specific parties needed by the consumer, of the changes.
- **Request confidential communications:** You have the right to request that we contact you in a specific way (for example, home or office phone) or send mail to a different address. Please make your request in writing. We will say "yes" to all reasonable requests.
- **Ask us to limit what we share:** You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us to not share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.
- **Get a list of those with whom we've shared information:** You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting for a year for free but may charge a reasonable, cost-based fee for another one within 12 months.
- **Get a copy of this privacy notice:** You can ask for a paper copy of this notice at any time, even if you agree to receive the notice electronically. We will provide you with a paper copy promptly.
- **Choose someone to act for you:** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your

rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

- **File a complaint if you feel your rights were violated:** You can complain if you feel we have violated your rights by contacting us using the information on page 4. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share . If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

- You have both the right and choice to tell us to share information with your family, close friends, or others involved in your care; share information in a disaster relief situation; include your information in a directory; or contact you for fundraising efforts.
 - If you are not able to tell us your preferences, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lesson a serious or imminent threat to health or safety.
- In the case of marketing, we never share or sell your information unless you give us written permission.
- In the case of fundraising, we may contact you for fundraising efforts, but you can tell us not to contact you again.

OUR USES AND DISCLOSURES

How do we typically use or share your health information? KCPH typically uses or shares your health information in the following ways.

- **Treatment:** KCPH may share your medical information with other professionals who are treating you. Any treatment would be noted in your records for other health care providers to see. This includes sharing receipt of vaccine(s) with the Wisconsin Immunization Registry (WIR).
- **Bill for your services:** KCPH may use and share your health information to bill and get payment from health plans or other entities. This usually includes identifying you, or your diagnosis and the treatment provided.
- **Run our organization :** We can use and share your health information to run our organization, improve your care, and contact you when necessary. We may access your records to review documentation and treatment plans, and to understand and evaluate the effectiveness of the treatment provided to you. We may review your health information if it is time for us to re-establish your eligibility, to conduct reassessments for a case review or for a routine visit.

How else can we use or share your health information? We are allowed or required to share your information in other ways - usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

- **Help with public health and safety issues:** We can share your health information about you for certain situations such as preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse or neglect, or preventing or reducing a serious threat to anyone's health or safety.
- **Do research:** We can share your information for health research.
- **Comply with the law:** We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy laws.
- **Respond to organ and tissue donation requests:** We can share health information about you with organ procurement organizations.
- **Work with a medical examiner or funeral director :** We can share health information with a coroner, medical examiner, Register of Deeds, or funeral director when an individual dies.
- **Address workers' compensation, law enforcement, and other government requirements :** We can use or share health information about you for workers' compensation claims, for law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, and for special government functions such as military, national security, and presidential protective services.
- **Respond to lawsuits and legal actions :** We can share health information about you in response to a court or administrative order, or in response to a subpoena.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

CONTACT

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Effective Date of Notice: September 21st, 2022