



## **WISCONSIN HEALTH FUND JOINT 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.

Wisconsin Health Fund is an Organized Health Care Arrangement as defined in 45 CFR §164.501. The entities, which comprise Wisconsin Health Fund include:

Wisconsin Health Fund - Milwaukee Office  
6200 West Bluemound Road  
Milwaukee, WI 53213

Wisconsin Health Fund - Madison Office  
1314 Stoughton Road  
Madison, WI 53714

Wisconsin Health Fund - Medical Center  
6200 West Bluemound Road  
Milwaukee, WI 53213

Wisconsin Health Fund – Dental Center  
6200 West Bluemound Road  
Milwaukee, WI 53213

Wisconsin Health Fund Pharmacy  
6118 West Bluemound Road  
Milwaukee, WI 53213

Each of the above noted Wisconsin Health Fund covered entities will share protected health information with each other, as necessary to carry out treatment, payment and health care operations. Each covered entity has agreed to abide by the terms of this notice with respect to protected health information created or received by it as part of its participation in the Organized Health Care Arrangement. Provision of this notice to an individual by any one of the covered entities will satisfy HIPAA provision requirements with respect to all other entities covered by this joint notice.

Wisconsin Health Fund is required by law to maintain the privacy of your protected health information. Protected health information is any individually identifiable health information, including demographic information, collected from an individual, that is created or received in any form by a covered entity, which relates to the past, present or future physical or mental health condition of an individual or the provision of health care to an individual, or payment for the provision of health care to an individual. Examples of protected health information include but are not limited to name, address, city, county, precinct, zip code (except the first three digits), date of birth,

telephone and fax numbers, email address, social security number, medical record numbers and health plan beneficiary number.

This notice describes the legal duties and privacy practices of Wisconsin Health Fund.

### **USES/DISCLOSURES ALLOWED WITHOUT YOUR AUTHORIZATION**

Wisconsin Health Fund is permitted by law to use health information about you without your authorization for several purposes. For each category noted below we will explain the particular purpose we are allowed to use or disclose your health information for without your authorization and give you at least one example. Please note that not every permissible use or disclosure in a particular category is listed. However, all the ways we are permitted to use protected health information without your authorization must fall into one of these categories.

1. **Treatment**: We may use or disclose your personal health information to facilitate prompt diagnosis and treatment. For example, we may disclose your personal health information to a specialist to help determine the best treatment for your condition.
2. **Payment Functions**: We may use or disclose protected health information to facilitate payment for services, coordinate benefits with other responsible parties, determine eligibility for benefits, and obtain premiums. For example, we may disclose your name, date of birth, diagnosis and a description of the service your doctor provided on a claim form so that we may bill your insurance company for these services.
3. **Health Care Operations**: We may use or disclose your protected health information to carry out functions, which are necessary to the operation of our business. For example, we may review the medical information from your chart to determine if you have been provided with the proper health screening tests such as an annual pap smear. Activities that fall under this category include, but are not limited to quality improvement, medical review activities, legal services, cost reduction activities, fundraising, evaluating health plan performance, business planning and compliance activities.
4. **Appointment/Service Reminders**: We may contact you to provide appointment reminders and information about various services or treatments available. For example, we may look at your medical record and determine that you are due to have a particular test or service and send a letter to remind you of this. Or we may look at your medical record and decide that a service we offer may be of interest to you. For example, we may contact a diabetic patient to inform them of an upcoming class on managing diabetes.
5. **Facility Directory**: Unless you object, we may inform people who either call or come in and ask for you individually by name of your presence in our facility and your general location (i.e., medical department, dental department, pharmacy, customer service). For example, if your spouse would call and ask for you by name and you were here for a dental appointment we could tell them that you are at Wisconsin Health Fund in the dental department
6. **As Required or Permitted by Law**: We may disclose your health information to legal authorities, such as government agencies, law enforcement or court officials.
7. **Public Health Activities**: We may be required to report certain diseases, injuries or vital statistics, such as birth or death to public health officials. In addition, information regarding medical device function or side effects of medication may be reported to the Food and Drug Administration. For example, we may disclose protected health information to the Public Health Department if you are diagnosed with certain communicable diseases such as tuberculosis.

responsible for your care, for notification purposes. You have the right to object to such disclosure unless you are unable to function or there is an emergency.

23. **Disaster Relief:** We may use or disclose your health information to any entity authorized by law to assist in disaster relief efforts. You have the right to object to such disclosure unless you are unable to function or there is an emergency.

For the situations noted above under **Individual's Care**, **Notification Purposes** and **Disaster Relief**, if you are able to make health care decisions for yourself, you have the right to object to disclosure of your health information. It is our duty to give you enough information so that you can decide whether or not to object to the release of your health information or not. If you do not express an objection or from the circumstances at hand we reasonably infer, based on our professional judgment that you do not object to the disclosure we are permitted to disclose your health information. If you are not present or are unable to agree or object to the disclosure because of incapacity or an emergency we may exercise professional judgment to determine whether the disclosure is in your best interest and if so, we will make the disclosure. An example of this would be our allowing your spouse to pick up a prescription for you while you are temporarily incapacitated due to recent surgery.

### **USES/DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION**

Other Permitted and Required Uses and Disclosures will be made only with your consent, authorization or opportunity to object unless required by law. Without your authorization, we are expressly prohibited to use or disclose your protected health information for marketing purposes. We may not sell your protected health information without your authorization. We may not use or disclose most psychotherapy notes contained in your protected health information. We will not use or disclose any of your protected health information that contains genetic information that will be used for underwriting purposes.

**Written Authorization Required:** Except as described in this Notice of Privacy Practices, we must obtain your written authorization to release your health information. If you do provide authorization to permit other releases of your health information you may withdraw it at any time, as long as your withdrawal is in writing. If you wish to withdraw your authorization, please submit your written withdrawal to Wisconsin Health Fund, Attention: Privacy Officer, 6200 West Bluemound Road, Milwaukee, WI 53213.

### **INDIVIDUAL RIGHTS**

You have several rights with regard to your personal health information including:

1. **Right to Request Restrictions:** You have the right to request restrictions on how your health information is used or disclosed. For example, you may want to restrict the health information provided to a friend or family member who is involved in your care. Your right to request restrictions includes the right to request restrictions on the use of your personal health information for treatment, payment and health care operations. In addition, if you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request. However, Wisconsin Health Fund is not required to agree to the restrictions you request. Requests must be made in writing and forwarded to Wisconsin Health Fund, Attention: Privacy Officer, 6200 West Bluemound Road, Milwaukee, WI 53213.
2. **Right to Request Confidential Communications:** You have the right to request that your health information be communicated to you in different ways or places to ensure

confidentiality. For example, you may request to view or receive your health information in a private room or you may request that written communications be mailed to you at an address you designate. We are required to accommodate any reasonable request you make. Requests must be made in writing and forwarded to Wisconsin Health Fund, Attention: Privacy Officer, 6200 West Bluemound Road, Milwaukee, WI 53213.

3. **Right to Inspect and Copy:** With a few limited exceptions, you have the right to inspect and copy your protected health information. If you request a copy of the protected health information we may charge a reasonable fee for the cost of supplies and labor necessary to copy the information. In addition, if you request that the information be mailed to you we may charge you for the cost of postage. You must make your request in writing and forward it to Wisconsin Health Fund, Medical Records Supervisor, 6200 West Bluemound Road, Milwaukee, WI 53213. In most cases, we must act on your request no later than 30 days after receipt of your request. Except in some limited circumstances we are allowed up to 60 days to respond.
4. **Right to Request Amendment:** You have the right to request that Wisconsin Health Fund amend your protected health information. Your request for amendment must be in writing and must include a reason to support your request. Wisconsin Health Fund may deny your request. If your request is denied we will send you a written explanation of the reason for our denial and a description of any further rights you may have. Send your written request to Wisconsin Health Fund, Attention: Privacy Officer, 6200 West Bluemound Road, Milwaukee, WI 53213. In most cases, we must act on your request within 60 days of receiving the request, in certain circumstances we may have up to 90 days to make a determination on your request.
5. **Right to an Accounting of Disclosures:** You have the right to request a list or "an accounting", of those persons or businesses that we have disclosed your protected health information to for the six year period prior to the date of your request, **except** for disclosures:
  - a. To carry out treatment, payment or health care operations
  - b. Made to you
  - c. That occurred while carrying out uses and disclosures specifically allowed in this Notice
  - d. That you authorized
  - e. Made for national security or intelligence
  - f. Made to correctional institutions or law enforcement officials
  - g. Made which are part of a limited disclosure of information where all the identifying information is removed or changed so that it is no longer identifiable
  - h. That occurred prior to April 14<sup>th</sup>, 2003

Your request must be made in writing and should specify the time period for which you want the accounting. Your written request can be forwarded to Wisconsin Health Fund, Attention: Privacy Officer, 6200 West Bluemound Road, Milwaukee, WI 53213. In most cases, we must act on your request within 60 days of receiving it. Under certain circumstances we may have up to 90 days to

respond to your request. Wisconsin Health Fund will provide one accounting per 12-month period free of charge; however, we may charge you for additional accountings.

6. Right to receive Notice of a Breach: You have the right to receive a notification if your unsecured protected health information has been breached.
7. Right to revoke the authorization: You have the right to revoke the authorization at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.
8. Right to Paper Copy: You have the right to receive a paper copy of this Notice of Privacy Practices. You may pick one up at any of the service locations listed on the first page of this notice or send your request for a copy of this notice to Wisconsin Health Fund, Attention: Privacy Officer, 6200 West Bluemound Road, Milwaukee, WI 53213.

Changes to this Notice: We reserve the right to change the terms of this Notice of Privacy Practices and to make the new Notice provisions effective for all protected health information we maintain. We will update our Notice of Privacy Practices promptly and make the new Notice available whenever an important change is made to our privacy practices. Until we revise and make the updated Notice of Privacy Practices available we are required to abide by the current version of this Notice.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with us by writing Wisconsin Health Fund's Privacy Officer at 6200 West Bluemound Road, Milwaukee, WI 53213. We will not retaliate against you for filing a complaint. You may also file a complaint with the Secretary of the Department of Health and Human Services by contacting that office.

Contact: If you have questions about how we handle your protected health information or about this Notice you may contact Wisconsin Health Fund's Privacy Officer by calling Wisconsin Health Fund at 414-771-5600.

**Notice of Privacy Practices Effective Date: April 14, 2003**

8. Abuse, Neglect or Domestic Violence: We may disclose protected health information about an individual whom we reasonably believe is a victim of abuse, neglect or domestic violence to a government authority. We will promptly inform the individual that such a report will be made unless we believe in our professional judgment that informing the individual would place them at risk of serious harm.
9. Health Oversight Activities: We may disclose otherwise protected information to authorities as part of an investigation into a complaint, to surveyors as part of a quality inspection, to a professional body to review the work of one of our health professionals. For example, we may disclose your health information to an investigator from the State as a part of a yearly inspection of our laboratory facilities.
10. Judicial and Administrative Proceedings: We may disclose protected health information in response to an order of a court or administrative tribunal, subpoena, discovery request or other lawful process. We will limit the information disclosed to the information expressly authorized by such order.
11. Disclosure Related to Crime on Premise/Victims of Crime: We may use or disclose protected health information that we believe in good faith is evidence of a crime.
12. For Identification and Location: We may use or disclose limited information in response to a law enforcement official's request for such information for the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
13. Coroners/Funeral Directors: We may disclose your health information to coroners, the medical examiner and funeral directors so that they can carry out their duties. For example, we may disclose dental records to assist the medical examiner in identifying a body.
14. Organ, Eye and Tissue Donation: We may disclose health information to appropriate agencies or their representatives to facilitate organ donation. This includes, but is not limited to obtaining, storing or transplanting cadaver organs, eyes and tissues for donation purposes.
15. Research: After a special approval process we may use or disclose your health information under certain circumstances, to assist with research. For example, we may disclose your response to a particular treatment to assist researchers with determining whether the treatment is effective in curing an illness.
16. To Avoid a Serious Threat to Health or Safety: We may use or disclose protected health information if we believe in good faith that the use or disclosure is reasonably likely to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
17. Specialized Government Functions: We may use or disclose protected health information to allow the government to carry out their duties under the law.
18. Correctional Institutions/Incarceration: We may use or disclose protected health information if the information is needed to protect the health or safety of any person or the security and good order of any institution.
19. Worker's Compensation: We may use or disclose protected health information to the extent necessary to comply with Worker's Compensation law or similar programs that provide benefits for work-related injuries.
20. Plan Sponsor: We may also disclose your health information to the sponsor of your health plan.
21. Individual's Care: We may disclose your health information to a family member, close personal friend or other person identified by you who is helping to care for you or pay your medical bills. You have the right to object to such disclosure unless you are unable to function or there is an emergency.
22. Notification Purposes: We may use or disclose protected information, such as your location, your general condition or your death to your family or another person