



# City of Racine Public Health Department

*Serving the City of Racine and the Villages of Wind Point & Elmwood Park*

## **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.*

This notice is effective as of November 15, 2017.

### **How the City of Racine Public Health Department May Use or Disclose Your Protected Health Information:**

- **Treatment.** Your Protected Health Information (PHI) may be used or disclosed in the provision, coordination, or management of your health care. Communication with you will be by telephone, cell phone, email, text messaging, or mail. For example, your information may be used to call and remind you of an upcoming appointment.
- **Payment.** Your PHI may be used or disclosed to obtain payment for your health care services. For example, your information may be used to send a bill for your health care services to your insurer.
- **Health Care Operations.** Your PHI may be used or disclosed for activities related to the evaluation of patient care and the performance of health care providers, business planning, and compliance with the law. For example, your information may be used to determine the quality of care you received during your appointment.

### **How the City of Racine Public Health Department May Use or Disclose Your Protected Health Information Without Your Written Authorization:**

- **Required by Law.** Your PHI may be used or disclosed when required by state or federal law. For example, health information may be disclosed to report child abuse or respond to a court order.
- **Public Health.** Your PHI may be used or disclosed to local, state, or federal public health agencies for reporting communicable diseases, preventing the spread of certain diseases, and product recalls.
- **Victims of Abuse, Neglect, or Violence.** Your PHI may be disclosed to authorities authorized to receive reports of abuse, neglect, or violence related to children or the elderly.
- **Health Oversight Activities.** Your PHI may be disclosed to health agencies authorized to conduct audits, investigations, licensing, and other activities related to oversight of the health care system.
- **Judicial and Administrative Proceedings.** Your PHI may be disclosed in response to an administrative or court order.
- **Law Enforcement.** Your PHI may be disclosed to law enforcement for reasons such as complying with a court order, identifying or locating a missing person, suspect, or fugitive, or other law enforcement purposes.

- **Coroners, Medical Examiners, and Funeral Directors.** Your PHI may be disclosed after your death. For example, PHI may be needed to determine cause of death.
- **Cadaveric Organ, Eye, or Tissue Donation.** Your PHI may be disclosed to organizations involved in procuring tissues and organs for transplantation.
- **Research.** Your PHI may be used or disclosed, under certain circumstances and after special approval, to conduct medical research.
- **Averting Serious Threat to Health or Safety.** Your PHI may be disclosed in a limited manner, generally to law enforcement, to prevent a serious threat to the health or safety of a specific person or the general public.
- **Specialized Government Functions.** Your PHI may be disclosed under certain and very limited circumstances for military, national security, or law enforcement custodial situations.
- **Workers' Compensation.** Your PHI related to workplace injuries or illnesses may be disclosed.
- **Provider Directories.** Unless you object, your PHI may be used for a facility directory. For example, it may include your name, religious affiliation, or general health condition ("stable" or "unstable"). Your information will not be disclosed to individuals outside our health care environment without your authorization.
- **Health Information.** Your PHI may be used or disclosed to provide treatment alternatives or other health-related benefits or services that may interest you.
- **PHI Availability After Death.** Your PHI may be used or disclosed 50 years after the date of your death, unless protected under Wisconsin Statute 51.30 or you wish to restrict such uses and disclosures.
- **Other Uses or Disclosures.** Your PHI may be disclosed under the following circumstances if you do not object, the situation is not an emergency, and disclosure is not otherwise prohibited by law:
  - To family members, other relatives, friends, or other individuals you have identified to be involved in your health care or payment of your health care.
  - To notify family members, personal representative, or other individuals responsible for your care of your location, general health condition, or death.
  - To agencies authorized by law to assist in disaster relief activities.

### **When the City of Racine Public Health Department is Required to Obtain an Authorization to Use or Disclose Your Protected Health Information:**

- **Psychotherapy Notes.** Your PHI is not shared except with your written authorization.
- **Marketing Purposes.** Your PHI is not shared except with your written authorization.
- **Sale of Your Information.** Your PHI is not shared except with your written authorization.
- **Fundraising.** You may opt out of receiving these communications.

If you authorize the City of Racine Public Health Department to use or disclose your PHI for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your PHI but will be unable to take back disclosures made with your permission.

### **Your Protected Health Information Rights**

- **Inspect and Copy Your Protected Health Information.** This does not apply to psychotherapy notes, information related to civil, criminal, or administrative actions or proceedings, or certain information related to the Clinical Laboratory Improvements Amendments of 1988.
  - Your request must be in writing. We will provide the requested information, usually within 30 days.
  - You will be charged a reasonable, cost-based fee.

- **Request to Correct or Amend Your Protected Health Information.** You can request a correction or amendment to your PHI that you believe is incorrect or incomplete.
  - This Department is not required to change your PHI. If your request is denied, you will receive information about the denial and how to disagree with it.
  - Requests for corrections or amendments must be made in writing to: City of Racine Privacy Officer, 730 Washington Ave, Racine, WI 53403. A reason for the request must be provided.
- **Request Restrictions on Certain Uses and Disclosures.** You may request restrictions on certain uses and sharing of your PHI, such as those for treatment, payment, health care operations, or disclosures to individuals involved in your care or for notification purposes.
  - Your restriction request may be denied, except for: a disclosure restricted to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and the PHI pertains solely to a health care item for which you, or another person on your behalf, other than the health plan, has paid the covered entity in full.
  - Requests for restrictions must be made in writing to: City of Racine Privacy Officer, 730 Washington Ave, Racine, WI 53403.
- **Receive Confidential Communications of Protected Health Information.** You may request that your PHI is communicated in a specific way: calling your cell phone, for example, or sending mail to a different address.
  - Reasonable requests will be accommodated.
  - Confidential communications requests must be made in writing to: City of Racine Privacy Officer, 730 Washington Ave, Racine, WI 53403.
- **Receive a Record of Disclosures of Your Protected Health Information.** You may request a list of disclosures of your PHI made by the City of Racine Public Health Department during the six years prior to the request date. This list is not required to include disclosures related to: treatment, payment, operations, when authorizations are required, limited data sets, disclosures to you, the facility's directory, persons involved with your care or other notifications, national security or intelligence, correctional institutions or law enforcement officials, any other use or disclosures permitted or required by law, or disclosures made prior to April 14, 2003.
  - Disclosure requests must be made in writing to: City of Racine Privacy Officer, 730 Washington Ave, Racine, WI 53403.
  - We will provide one list per year for free, but will charge a reasonable, cost-based fee if you ask for another within 12 months.
- **Obtain a Paper Copy of This Notice.** You may request a paper copy of this notice at any time, even if you agreed to receive this notice electronically.
  - Requests for a paper copy of this Notice should be sent in writing to: City of Racine Privacy Officer, 730 Washington Ave, Racine, WI 53403.
- **Notified of a Breach.** The City of Racine Public Health Department is required by law to maintain the privacy of protected health information and provide you with notice of our legal duties and privacy practices with respect to protected health information and to notify you following a breach of unsecured protected health information.
- **Complaint.** If you believe your privacy rights have been violated, contact: City of Racine Privacy Officer, 730 Washington Ave, Racine, WI 53403. There will be no retaliation in any way against you for filing a complaint.
  - You may also file a complaint with the Secretary of the Department of Health and Human Services by sending a letter to: US Department of Health and Human Services, Office of Civil Rights, 200 Independence Ave S.W., Washington, DC 20201. You may also file the complaint by phone at 1-877-696-6775.

- The City of Racine Public Health Department is required to maintain the privacy of your PHI and also to provide you with a notice that describes our legal duties and privacy practices and your privacy rights with respect to your PHI. This Department is required to abide by the terms of the notice currently in effect.
- This Department reserves the right to change the privacy practices described in this notice to be in compliance with the law, and to make the new privacy provisions effective for all PHI that we maintain. The new privacy practices will be available upon request and will be posted in our office.
- If you have any questions about any part of this notice, or if you want more information about the privacy practices of the City of Racine Public Health Department, please contact: City of Racine Privacy Officer, 730 Washington Ave, Racine, WI 53403, or by phone at 262-636-9115.