

# HIPAA Notice of Privacy Practices

**Affiliated Clinical Services, Inc.**  
**111 E. Washington St.**  
**West Bend, WI 53095**  
**262-338-2717**

**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 of Privacy Practices is NOT an authorization. This Notice of Privacy Practices describes how we, our Business Associates and their subcontractors, may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected Health Information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services.

## **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, and any other use required by law.

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

**Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

**Healthcare Operations:** We may use or disclose, as-needed, your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment, employee review, training of medical students, licensing, fundraising, and conducting or arranging for other business activities. For example, we may disclose your protected health information to medical school students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment, and inform you about treatment alternatives or other health-related benefits and services that may be of interest to you. If we use or disclose your protected health information for fundraising activities, we will provide you the choice to opt out of those activities. You may also choose to opt back in.

We may use or disclose your protected health information in the following situations without your authorization. These situations include: as required by law, public health issues as required by law, communicable diseases, health oversight, abuse or neglect, food and drug administration requirements, legal proceedings, law enforcement, coroners, funeral directors, organ donation, research, criminal activity, military activity and national security, workers' compensation, inmates, and other required uses and disclosures. Under the law, we must make disclosures to you upon your request. Under the law, we must also disclose your protected health information when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements under Section 164.500.

## **USES AND 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.

**You may 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.

## **YOUR RIGHTS**

The following are statements of your rights with respect to your protected health information.

**You have the right to inspect and copy your protected health information** (fees may apply) – Pursuant to your written request, you have the right to inspect or copy your protected health information whether in paper or electronic format. Under federal law, however, you may not inspect or copy the following records: Psychotherapy notes, information compiled in reasonable anticipation of, or used in, a civil, criminal, or administrative action or proceeding, protected health information restricted by law, information that is related to medical research in which you have agreed to participate, information whose disclosure may result in harm or injury to you or to another person, or information that was obtained under a promise of confidentiality.

**You have the right to request a restriction of your protected health information** – This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your physician is not required to agree to your requested restriction except if you request that the physician not disclose protected health information to your health plan with respect to healthcare for which you have paid in full out of pocket.

**You have the right to request to receive confidential communications** – You have the right to request confidential communication from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively i.e. electronically.

**You have the right to request an amendment to your protected health information** – If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

**You have the right to receive an accounting of certain disclosures** – You have the right to receive an accounting of disclosures, paper or electronic, except for disclosures: pursuant to an authorization, for purposes of treatment, payment, healthcare operations; required by law, that occurred prior to April 14, 2003, or six years prior to the date of the request.

**You have the right to receive notice of a breach** – We will notify you if your unsecured protected health information has been breached.

**You have the right to obtain a paper copy of this notice** from us even if you have agreed to receive the notice electronically. We reserve the right to change the terms of this notice and we will notify you of such changes on the following appointment. We will also make available copies of our new notice if you wish to obtain one.

## **COMPLAINTS**

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Compliance Officer of your complaint. We will not retaliate against you for filing a complaint.

HIPAA COMPLIANCE OFFICER: Debra Pietsch      Phone: (262) 338-2717

**We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. We are also required to abide by the terms of the notice currently in effect. If you have any questions in reference to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at our main phone number. Please sign the Treatment Plan "Acknowledgment" form. Please note that by signing the Acknowledgment form you are acknowledging that you have received or been given the opportunity to receive a copy of our Notice of Privacy Practices.**

*Provided By HCSI – Revised March 2013*

# ***YOUR RIGHTS AND THE GRIEVANCE PROCEDURE***

## **Bill of Rights**

When you receive any type of service for mental health, alcoholism, drug abuse, or a developmental disability you have the following rights under Wisconsin Statute sec. 51.61(1) and HSS 94 Wis. Administrative Code:

Each service provider must post this bill of rights where anyone can easily see it. Your rights must be explained to you. You may also keep this pamphlet.

### **PERSONAL RIGHTS:**

- You must be treated with dignity and respect, free of any verbal or physical abuse.
- You have the right to have staff make fair and reasonable decisions about your treatment and care.
- You can decide whether you want to participate in religious services.
- You can not be made to work except for personal house keeping chores. If you agree to do other work, you must be paid.
- You can make your own decisions about things like getting married, voting and writing a will.
- You can not be treated differently because of your race, national origin, sex, age, religion, disability or sexual orientation.
- Your surrounding must be kept safe and clean.
- You must be given the chance to exercise and go outside for fresh air regularly and frequently.

Rights designated with a • generally apply to inpatient and residential settings.

### **TREATMENT AND RELATED RIGHTS:**

- You must be provided prompt and adequate treatment, rehabilitation and educational services appropriate for you.
- You must be allowed to participate in the planning of your treatment and care.
- You must be informed of your treatment and care, including alternatives and possible side effects of medications.
- No treatment or medication may be given to you without your consent, unless it is needed in an emergency to prevent serious physical harm to you or others, or a court orders it. (If you have a guardian, however, your guardian can consent to treatment and medications on your behalf.)
- You must not be given unnecessary or excessive medication.
- You cannot be subject to electro-convulsive therapy or any drastic treatment measures such as psychosurgery or experimental research without your written informed consent.
- You must be informed of any costs of your care and treatment that you or your relatives may have to pay.
- You must be treated in the least restrictive manner and setting necessary to safely and appropriately meet your needs.
- You may not be restrained or placed in a locked room (seclusion) unless in an emergency when it is necessary to prevent physical harm to you or to others.

### **COMMUNICATION AND PRIVACY RIGHTS:**

- You may call or write to public officials or your lawyer to advocate.
- You may not be filmed or taped unless you agree to it.
- You may use your own money as you choose, within some limits.
- You may send and receive private mail. (Staff cannot read your mail unless you or your guardian asks them to do so. Staff may check your mail for contraband. They can only do so if you are watching.)
- You may use a telephone daily. \*

- You may see (or refuse to see) visitors daily. \*
- You must have privacy when you are in the bathroom. \*
- You may wear your own clothing.
- You must be given the opportunity to have your clothes washed. \*
- You may keep and use your own belongings. \*
- You must be given a reasonable amount of secure storage space. \*

Some of your rights may be limited or denied for treatment or safety reasons. (See the rights with the \* after them.) Your wishes and the wishes of your guardian should be considered. If any of your rights are limited or denied, you must be informed of the reasons for doing so. You may ask to talk with staff about it. You may also file a grievance about any limits of your rights.

### **RECORD PRIVACY AND ACCESS LAW:**

Under Wisconsin Statute sec. 51.30 and HSS 92, Wis. Admin. Code.

- Your treatment information must be kept private (confidential).
- Your records cannot be released without your consent, unless the law specifically allows for it.
- You can ask to see your records. You must be shown any records about your physical health or medications. Staff may limit how much you can see of the rest of your records while you are receiving services. You must be informed of the reasons for such limits. You can challenge those reasons in the grievance process. After discharge, you can see your entire record if you ask to do so.
- If you believe something in your record is wrong, you can challenge its accuracy. If staff will not change the part of your record you have challenged, you can put your own version in the record.

### **RIGHT OF ACCESS TO COURTS:**

- You may sue someone for damages or other court relief if they violate any of your rights.
- Involuntary patients can ask a court to review the order to place them in a facility.

### **GRIEVANCE RESOLUTION PROCESS:**

- If you feel your rights have been violated, you may file a grievance.
- You cannot be threatened or penalized in any way for filing a grievance.
- The service provider or facility must inform you of your rights and how to use the grievance process.
- You may, at the end of the grievance process, or any time during it, choose to take the matter to court.

Contact your Client Rights Specialist, whose name is shown below to file a grievance or to learn more about the specific grievance process used by the agency from which you are receiving services.

Your Client Rights Specialist is:

Dianne Smith  
 2131 W. Washington Street  
 West Bend, WI 53095  
 262-334-7919

## **NOTIFICATION OF PATIENT'S RIGHTS AND GRIEVANCE PROCEDURE**

All persons who receive services from Affiliated Clinical Services, Inc. or through an agency under contract with this department are assured the rights listed in section 51.61 of the Wisconsin Statutes.

(A listing of those rights is on the following page)

If someone believes that any of those rights has been violated, a complaint or grievance procedure is available to them.

### **GRIEVANCE PROCEDURE SUMMARY:**

#### **I. GENERAL INFORMATION**

- A. A detailed copy of the procedure and a complaint form can be obtained by contacting Affiliated Clinical Services.
- B. Persons may use this procedure or any other remedy available under the law.
- C. Persons are assured that no reprisal shall follow the filing of a complaint.
- D. Other persons may use this procedure on behalf of a client and the client may have an advocate who is not an attorney.
- E. The name of the complaint investigator is Ron Gumm.

#### **II. INVESTIGATION, APPEALS, AND REVIEWS**

- A. After the complaint has been filed, the person will be given the option of an informal meeting with the staff person having the most control over the subject matter.
- B. The complaint is investigated if it has not already been resolved. A report with recommendations is sent to the designated agency representative.
- C. The complaint investigator's report or a summary is sent to the person who filed the complaint and the agency or staff person involved.
- D. The agency representative will respond to the finds and the recommendations of the complaint investigator and send the complaint to the Clinical Director.
- E. If a satisfactory solution has not been accomplished at this time, the person who filed the complaint of the client involved may make a written request for a review by the Clinical Director who will act as a grievance examiner.
- F. The Grievance examiner shall conduct an investigative review and send his/her written decision to the person who filed the complaint, as well as to others who are involved.
- G. If a decision reached by the grievance examiner is not delivered within the allotted time period or if it does not resolve the complaint to the satisfaction of any person involved, such person may appeal to the Client Rights Committee.

## **1. RIGHTS OF PERSONS RECEIVING OUTPATIENT (AND INPATIENT) TREATMENT:**

- A. The right to be informed of your rights as a patient. (Sec. 51.61(1)(a), Wis. Stats.)
- B. The right to the least restrictive treatment conditions necessary. (Sec. 51.61(1)(e))
- C. The right to receive prompt and adequate treatment. (Sec. 51.61(1)(f))
- D. The right to refuse medication and treatment (except for court orders and emergencies) prior to commitment. (Sec. 51.61(1))
- E. The right to be free from unnecessary or excessive medications at any time. (Sec. 51.61(1)(h))
- F. The right not to be subjected to experimental research without your informed, written consent. (Sec. 51.61(1)(j))
- G. The right not to be subjected to psychosurgery or other drastic treatment procedures without your informed, written consent. (Sec. 51.61(1)(k))
- H. The right to a humane psychological and physical environment. (Sec. 51.61(1)(e))
- I. The right to petition the court for review of your commitment order. (Sec. 51.61(1)(d))
- J. The right to confidentiality of all treatment records, to review and copy certain records, and to challenge the accuracy, completeness, timeliness or relevance of information in your records in accordance with the provisions of Sec. 51.30, Wis. Stats. (Sec. 51.61(1)(n))
- K. The right not be filmed or taped without your permission. (Sec. 51.61(1)(o))
- L. The right of access to a grievance procedure to ensure your rights. (Sec. 51.61(5))
- M. The right to go to court if you believe your rights were violated. (Sec. 51.61(7))

## **2. RIGHTS APPLICABLE ONLY TO PERSONS RECEIVING INPATIENT TREATMENT:**

The law does not distinguish among rights on the basis of inpatient or outpatient status, but the following rights are more applicable to inpatient settings.

- A. The right to refuse to do work that is of financial benefit to the facility, or if you volunteer for such work, the right to be paid wages according to a plan approved by the Department of Health and Social Services. This right does not apply to work of a personal house keeping nature such as making your bed or cleaning your room. (Sec. 51.61(1)(b))
- B. The right to send and receive sealed mail. (Sec. 51.61(1)(e))
- C. The right to be free from physical restraint and isolation except for emergency situations or when it is part of a treatment plan. (Sec. 51.61(1)(i))
- D. The right to religious worship. (Sec. 51.61(1)(l))
- \*E. The right to make and receive phone calls. (Sec. 51.61(1)(p))
- \*F. The right to use and wear your own clothing and personal articles. (Sec. 51.61(1)(q))
- \*G. The right to a reasonable amount of secure storage space. (Sec. 51.61(1)(r))
- \*H. The right to privacy in toileting and bathing. (Ser. 51.61(1)(s))
- \*I. The right to see visitors each day. (Sec. 51.61(1)(t))
- \*J. The right to retain your rights as a citizen (e.g., voting, marriage, obtaining a drivers license). (Sec. 51.59)

*\*These rights may be denied for cause following an informal hearing. (Sec. 51.61(2))*