



LA CROSSE COUNTY HEALTH DEPARTMENT

300 4th St N, La Crosse WI 54601-3228 ▪ (608) 785-9872 ▪ Fax (608)785-9846 ▪ www.lacrossecounty.org/health

Notice of Privacy Practices – La Crosse County Health Department Programs

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.

PRIVACY RESPONSIBILITY for La Crosse County Health Department Programs:

- We are required by law to maintain the privacy of your protected health information and will follow all federal and state legal requirements in protecting your privacy.
- We are required to notify you if a breach of your protected health information occurs.
- When we release health information we must release only the information needed to achieve the purpose of the use of disclosure.
- Records will be maintained in a confidential manner in paper version or in an electronic database.
- These privacy practices are subject to change and revised copies will be posted on the La Crosse County Website and copies will be available at our office.

HOW MEDICAL INFORMATION IS USED OR DISCLOSED WITHOUT WRITTEN PERMISSION: We may use and disclose personal health information about you without your authorization in the following circumstances:

- 1. *Provision of Health Treatment:*** To provide, coordinate, and manage your health care and related services. For example, if we are giving you medication, we may use your health information from your records to coordinate health treatment with your physician.
- 2. *Obtain Payment for Services:*** Used to bill and collect payment for treatment and services provided to you. For example, if we are providing you with a flu vaccine, we may use personal health information to bill your insurance as appropriate.
- 3. *Health Care Operations:*** To improve the quality and efficiency of care we deliver. For example, your information could be used for medical review, quality improvement studies, audit services, fraud and abuse detection programs, management, or general administration.
- 4. *Health Information Exchange:*** We may enter your protected health information electronically through an information exchange service shared with other health care providers. Participation in information exchange services also lets us see their information about you. An example of this is WIR (Wisconsin Immunization Registry).
- 5. *Other Circumstances:*** We may use and disclose personal health information under certain other circumstances without your authorization. These include when the use/disclosure is:
 - Required by federal, state, or local law or other judicial/administrative proceeding.
 - Necessary for public health activities to prevent or control disease, injury, or disability.
 - Related to victims of abuse, neglect, or domestic violence.
 - Related to health oversight activities related to the monitoring, investigating, inspecting, or disciplining those who work here.
 - Related to death including information provided to medical examiners, coroners, and funeral directors for identification or determination of the cause of death.
 - Related to medical research and only after a special approval process.
 - Needed to avert a serious threat to health or safety to you or the public.

- Related to military, national security, and other government functions.
- Related to compliance with worker's compensation programs.
- Related to correctional institutions and other law enforcement custodial situations.
- Needed for disaster relief services such as to the American Red Cross.
- Used to provide appointment reminders.
- Used to provide you with products or providers in order to manage or coordinate your healthcare.

WHEN YOUR MEDICAL INFORMATION MAY NOT BE USED:

Applicability of More Stringent Laws: Some of the uses and disclosures described in this notice may be limited by applicable State laws that are more stringent than Federal laws, including disclosures related to mental health, substance abuse, developmental disability, alcohol and other drug abuse (AODA) and HIV testing.

Marketing: We may not use your protected health information for marketing purposes; sell your protected health information; or, use your protected health information for any purpose not otherwise described in this notice.

Your Protected Health Information Rights Include the following:

- **To cancel any previous consent/authorization**
- **Right to review and/or receive copies (paper or electronic) of your health information.** We will respond in a timely manner and provide copies for a reasonable fee.
- **Request amendments (or corrections) be made to your health information**
- **Right to restrict your protected health information.** Providers are not required to agree to such requests, except for restrictions to health plans when the person has paid in full for the related product or service.
- **Right to request alternate (confidential) communication.**
- **Right to receive an accounting of disclosures of your health information** made by us if the disclosures and not for treatment, payment functions, health care operations, health information exchange and for certain other circumstances as listed above.
- **Right to receive a copy of this notice.** We will offer a copy on the date of your first service from us except in an emergency.
- **Right to file a complaint.**
- **Other rights:** The provider or staff may not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against a person for exercising their rights.

For more information on your rights or to utilize your rights: contact the La Crosse County Privacy Officer at (608)785-9872 or write to: La Crosse County Health Department, 300 4th Street North, La Crosse WI 54601. You may also write to DHCAA Privacy Officer, Member Services, P.O. Box 6678, Madison, WI 53716-0678, or telephone (800) 362-3002.

For Complaints: You may file a complaint about our privacy practices with us and with the Secretary of the U.S. Department of Health and Human Services if you feel your privacy rights have been violated. You may also file a complaint directly with the Secretary of the U.S. Department of Health and Human Services by writing to the Privacy Officer, Office of Civil Rights, Department of Health and Human Services, 233 N. Michigan Ave., Suite 240, Chicago, IL 60601. For additional information, call (312) 886-2359 or TDD (312) 353-5693 or <http://www.hhs.gov/hipaa/filing-a-complaint/index.html>.

Spanish – Si necesita ayuda para traducir o entender este texto, por favor llame al teléfono 1-800-362-3002

Russian – Если вам не всё понятно в этом документе, позвоните по телефону 1-800-362-3002

Hmong – Yog xav tau kev pab txhais cov ntaub ntauw no kom koj totaub, hu rau 1-800-362-3002

Laotian – ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນການແປພາສາ ຫຼືເຂົ້າໃຈເອກະສານນີ້, ກະລຸນາ ໂທຫາເບີ 1-800-362-3002