



**Shawano-Menominee Counties Health Department**  
**311 N. Main Street, Room 102**  
**Shawano, WI 54166-2198**

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**Theresa Harmala, MSN, RN**  
**Director / Health Officer**



## NOTICE OF PROVIDER PRIVACY PRACTICES REGARDING HEALTH INFORMATION

**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.**

The Shawano-Menominee Counties Health Department must maintain the privacy of your personal health information and give you this notice that describes our legal duties and privacy practices concerning your personal health information. When we release your health information, we must release only the information we need to achieve the purpose of the use or disclosure. However, all of your personal health information that you designate will be available for release if you sign an authorization form, if you request the information for yourself, to a provider regarding your treatment, or due to a legal requirement. We must follow the privacy practices described in this notice.

**Without your written authorization,** we can use your health information for the following purposes:

1. **Treatment.** The services that you receive will be documented in your record. It will be used to determine a plan of care. For example, a public health nurse may use the information in your record to determine what services best address your health needs. We may also share information about your health with other providers involved in your care.
2. **Payment.** We may use your Protected Health Information to obtain payment for services we provide. For example, the Health Department bills Medicare, Medicaid, and some insurance providers for influenza vaccines.
3. **Healthcare operations.** We may use and disclose information about you for Health Department operations. These uses and disclosures are necessary to run the Health Department and to make sure that all of our clients receive quality services. For example, we may record information to review treatment/services and to evaluate the performance of our staff providing services to you.

In addition, we may want you to use your health information for appointment reminders. For example, we may look at your health record to determine the date and time of your next appointment, and then send you a reminder letter to help you remember the appointment.

4. **Required or permitted by law.** We must report some health information to legal authorities, such as law enforcement officials, or government agencies when we suspect abuse, neglect, domestic violence, or certain physical injuries, or to respond to a court order.
5. **Public health activities.** We may be required to report your health information to authorities to help prevent or control disease, injury, or disability. This may include using your medical record to report certain diseases, injuries, birth or death information, information of concern to the Food and Drug Administration, or information related to child abuse or neglect. We may also have to report to your employer certain work-related illnesses and injuries so that your workplace can be monitored for safety.
6. **Health oversight activities.** We may disclose your health information to healthcare oversight agencies so they can monitor, investigate, inspect, discipline or license those in the health care system or for government benefit programs.
7. **Activities related to death.** We may disclose your health information to coroners, medical examiners and funeral directors so they can carry out their duties related to your death, such as identifying the body, determining cause of death, or in the case of funeral directors, to carry out funeral preparation activities.
8. **Organ, eye or tissue donation.** We may disclose your health information to agencies involved with obtaining, storing or transplanting organs, eyes or tissue of cadavers for donation purposes.
9. **Research.** We may use and disclose your health information to conduct research, for example, studies related to evaluating the effectiveness of a treatment.
10. **Health or safety.** We may release your health information to prevent or minimize a serious and approaching threat to you or the public's health and safety.
11. **Special government functions:** If you are involved with the military, national safety or intelligence activities, or you are in the custody of law enforcement officials or an inmate in a correctional institution, we may release your health information to the proper authorities so they may carry out their duties under the law.
12. **Workers' compensation.** We may disclose your health information to workers' compensation or other similar programs.
13. **Those involved with your care or payment of your care.** If people such as family members, relatives, or close personal friends are helping care for you or helping you pay your medical bills, we may release important health information about you to those people IF 1)

we obtain your agreement; 2) we provide you with the opportunity to object to the disclosure and you do not object; and 3) we can reasonably infer that you do not object to the disclosure. The information released to these people may include your general condition or death. You have the right to object to such disclosure, unless you are unable to function or there is an emergency. In addition, we may release your health information to organizations authorized to handle disaster relief efforts so those who care for you can receive information about your location or health status.

**NOTE: Except for the situations listed above, we must obtain your specific written authorization for any other release of your health information.**

If you sign an authorization form, you may withdraw your authorization at any time, as long as your withdrawal is in writing. If you wish to withdraw your authorization, please submit your written withdrawal to the Shawano County Health Department.

### **Your Health Information Rights**

You have several rights with regard to your health information. If you wish to exercise any of the following rights, please contact the Health Department Privacy Officer, 311 North Main Street, Shawano, WI 54166. You have the right to:

1. **Inspect and copy your health information.** With a few exceptions, you have the right to inspect and obtain a copy of your health information. However, this right does not apply to psychotherapy notes or information gathered for judicial proceedings. In addition, we may charge you a reasonable fee if you want a copy of your health information.
2. **Request to correct your health information.** If you believe your health information is incorrect, you may ask us to correct the information. You may be asked to make such requests in writing and to give a reason as to why your health information should be changed. However, if we did not create the health information that you believe is incorrect, or if we disagree with you and believe your health information is correct, we may deny your request.
3. **Request restrictions on certain uses and disclosures.** You have the right to ask for restrictions on how your health information is used or to whom your information is disclosed, even if the restriction affects your treatment or our payment or health care operation activities. Or, you may want to limit the health information provided to family or friends involved in your care or payment of medical bills. You may also want to limit the health information provided to authorities involved with disaster and relief efforts. However, we are not required to agree in all circumstances to your requested restriction.

If you receive certain medical devices (for example, life-supporting devices used outside our facility), you may refuse to release your name, address, telephone number, social security number or other identifying information for purpose of tracking the medical device.

4. **Receive confidential communication of health information.** You have the right to ask that we communicate your health information to you in different ways or places. For example, you may wish to receive information about your health status in a special, private room to through a written letter sent to a private address. We will accommodate reasonable requests.
5. **Receive a record of disclosures of your health information.** In some events, you have the right to ask for a list of the disclosures of your health information. The request can include disclosures made during the previous six years, but the request cannot include dates before April 14, 2003. This list must include the date of each disclosure, who received the disclosed health information, a brief description of the health information disclosed and why the disclosure was made. We must comply with your request for a list within 60 days, unless you agree to a 30-day extension, and we may not charge you for the list, unless you request such a list more than once per year. In addition, we will not include in the list disclosures made to you, or for purposes of treatment, payment, health care operations, national security, law enforcement/corrections, and certain health oversight activities.
6. **Obtain a paper copy of this notice.** Upon your request, you may receive a paper copy of this notice, even if you earlier agreed to receive this notice electronically.
7. **File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with us and with the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint. To file a complaint with either entity, please contact the Shawano County Health Department Privacy Officer, who will provide you with the necessary assistance and paperwork.

### **AMENDMENTS TO THIS NOTICE:**

The Shawano-Menominee Counties Health Department reserves the right to amend this Notice at any time. The Health Department is required to amend this Notice when as made necessary by changes in the Privacy Rule. Each version will have an effective date on it. The Health Department reserves the right to make the amended Notice effective for records we have at the time the amendment is made, as well as any records the Health Department may receive or create in the future. A copy of the Notice will be posted in the Health Department. Each time you are admitted for Health Department services we will offer you a copy of the current Notice and ask that you acknowledge receipt of this copy in writing.

If you have any questions or concerns regarding your privacy rights or the information in this notice, please contact:

Privacy Officer  
Shawano-Menominee Counties Health Department  
311 North Main Street  
Shawano, WI 54166  
715-526-4808

**You will not be penalized for filing a complaint.**

This Notice of Medical Information Privacy is Effective: April 14, 2003. Reviewed and Revised: 2/01/05, 12/22/11, 3/12/14, 4/18/17, 05/10/18, 02/11/21