



PRIVACY NOTICE

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!

CHILDREN'S COMMUNITY MENTAL HEALTH SERVICES AND WRAPAROUND MILWAUKEE IS REQUIRED BY LAW TO MAINTAIN THE PRIVACY OF YOUR CHILD'S HEALTH CARE RECORDS. WE ARE ALSO REQUIRED TO GIVE YOU A COPY OF THIS NOTICE SO THAT YOU CAN BETTER UNDERSTAND OUR DUTIES AND RESPONSIBILITIES REGARDING INFORMATION THAT IS CONTAINED IN THAT RECORD.

USE OR DISCLOSURE of HEALTH INFORMATION

The following categories describe the ways that Children's Community Mental Health Services and Wraparound Milwaukee may use and disclose health related information that is obtained about your child or family while you are in the program.

We may use and disclose, "protected health information" for activities related to the day-to-day operation of Children's Community Mental Health Services and Wraparound Milwaukee. This includes coordinating treatment for your child or family, processing payments, and organizational operations.

Case Management/Treatment/Crisis Intervention – We may use or disclose your health information in order to coordinate health care services for your child and family. This includes disclosing health related information to your assigned Care Coordinator, the Care Coordinator's Supervisor, and Milwaukee County Mobile Crisis Team. It also includes disclosing information to mental health and other health related health providers authorized by Children's Community Mental Health Services and Wraparound Milwaukee to provide services to your child and family.

Health Care Operations and Oversight Activities - We may use and disclose health information about you to carry out business management, planning and general administration activities including: determining revenue sources based on a court order type or status, eligibility for state or county programs (such as Title 19); quality management activities and audits related to fraud or abuse. This may include a review of information by the Federal government- Center for Medicaid and Medicaid Services (CMS), State of Wisconsin-Department of Health Services (DHS), or Milwaukee County representatives or their agents to determine eligibility for Medicaid funds or to confirm that services are provided in compliance with Children's Community Mental Health Services and Wraparound Milwaukee policies and procedures.

Payment Functions - We may use or disclose health information to determine Children's Community Mental Health Services and Wraparound Milwaukee's responsibility for payment of services and to coordinate services and service authorizations. This may also include release/exchanging health related and billing data with any and all private or public health care insurers, reimbursement agencies, third party payers, the Federal government- Center for Medicaid and Medicaid Services (CMS), State of Wisconsin-Department of Health Services (DHS), or Milwaukee County representatives or their agents. For example, payment functions may include reviewing progress records to verify service delivery.



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Required by Law - We may use and disclose health information as required by law. For example, we may disclose medical information when required by a subpoena, a court order in a litigation proceeding for fraud or malpractice; or a judicial proceeding or administrative proceeding.

Public Health - We may disclose health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; and reporting exposure to disease or infection as required by law.

Law Enforcement - We may disclose health information to law enforcement officials for in order to locate a material witness or missing person, to comply with a court order, subpoena and for other law enforcement purposes.

Organ Donation, Medical Examiner, Funeral Directors - We may disclose health information to agencies that handle organ and tissue donation and transplants; to the coroner or medical examiner to determine a cause of death or identify a deceased person and to funeral directors so they may carry out their duties.

Public Safety / National Security - We may disclose health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person, the general public or for purposes of national security.

Correctional Facilities - If you are an inmate in a correctional institution, health information may be disclosed to the correctional institution or a law enforcement officer for: (1) the institution to provide health care to you; (2) for the health and safety of all inmates in the institution; (3) the safety and security of the correctional facility.

Marketing – Children's Community Mental Health Services and Wraparound Milwaukee, including your assigned Care Coordination Agency or the Family Advocacy Agency contracted by Children's Community Mental Health Services and Wraparound Milwaukee may contact you to give you information about services that may be of interest to you. As an example, Children's Community Mental Health Services and Wraparound Milwaukee may offer you the opportunity to attend focus groups or special holiday events.

OTHER DISCLOSERS - Except as described above, we will not use or disclose health information without written authorization from you. If you do authorize us to disclose health information, you may revoke the authorization in writing at any time. If you revoke an authorization, we will no longer disclose health information about your child or family about the specific authorization that has been withdrawn.

YOUR RIGHTS

1. **Right to Request Restrictions.** You have the right to request that Children's Community Mental Health Services and Wraparound Milwaukee place limits on certain uses and disclosures of your health information. Requests must be submitted in writing to the address listed below. Include in your request: 1) the information that you want to limit and 2) how you want to limit its use or disclosure. Children's Community Mental Health Services and Wraparound Milwaukee does not have to agree to the limits that you request.
2. **Right to Request Confidential Communications.** Your Care Coordinator will generally contact you by phone. Benefits statements will be sent to your home. You have the right



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to receive this and other communication through a reasonable alternative means or at another location. To request confidential communications, you must submit your request in writing to the address listed below. In your request, be sure to identify 1) the information that you want communicated in an alternative manner and 2) the alternative means or location for the communication. Depending on the request, we may or may not be able to comply with your request.

3. **Right to Inspect and Copy.** You have the right to inspect and obtain a copy of certain health information maintained by Children's Community Mental Health Services and Wraparound Milwaukee. To inspect or obtain a copy of any information, you must submit a written request to the address listed below. In certain circumstances, Children's Community Mental Health Services and Wraparound Milwaukee may deny the request. If the request is approved, you may be charged a fee to cover expenses associated with your request.
4. **Right to Request Amendment.** You have a right to request that Children's Community Mental Health Services and Wraparound Milwaukee amend health information that you believe is incorrect or incomplete. Children's Community Mental Health Services and Wraparound Milwaukee is not required to change your health information. If your request is denied, Children's Community Mental Health Services and Wraparound Milwaukee will provide you with information about the denial and how you can disagree with the denial. To request an amendment of your health information, submit your written request (including the reason for the request) the address listed below.
5. **Right to Accounting of Disclosures.** You have the right to request a list or "accounting of disclosures" of your health information made by Children's Community Mental Health Services and Wraparound Milwaukee. Children's Community Mental Health Services and Wraparound Milwaukee does not have to account for disclosures made for purposes of payment, health care operations, or for disclosures made to you. You must submit your request for a list of disclosures in writing to the address listed below. Your request should specify the time period of the disclosure (up to six years - may not include dates before April 14, 2003). Children's Community Mental Health Services and Wraparound Milwaukee will provide one list per 12-month period free of charge. Children's Community Mental Health Services and Wraparound Milwaukee may charge you for additional lists.
6. **Right to Paper Copy.** You have a right to receive a paper copy of this Notice of Privacy Practices at any time. To obtain a paper copy of this Notice, send your written request to the address listed below. You may also obtain a copy of this Notice at Children's Community Mental Health Services and Wraparound Milwaukee website, wraparoundmke.com, under Family/Youth- Helpful Forms.

CHANGES TO THIS NOTICE

Children's Community Mental Health Services and Wraparound Milwaukee reserves the right to amend this Notice at any time in the future and to make the provisions of the new notice effective for all health information that it maintains. Children's Community Mental Health Services and Wraparound Milwaukee will promptly supply a copy of the new notice to you whenever changes to the notice are made. Until such time, Children's Community Mental Health Services and Wraparound Milwaukee is required by law to comply with the current version of this notice.



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Grievances

Grievances about how Children’s Community Mental Health Services and Wraparound Milwaukee handles your health information should be directed to at the address listed below. All grievances should be submitted in writing. Children’s Community Mental Health Services and Wraparound Milwaukee will not retaliate against you in any way for filing a grievance. If you believe your privacy rights have been violated, you may also file a grievance with the Secretary of the Department of Health and Human Services.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of the rights listed above, submit your written requests to:

Milwaukee County-DHHS
Attn: Wraparound Milwaukee, Quality Assurance
1220 W Vliet St, 3rd Floor
Milwaukee, WI 53205 Phone: 414-257-7600

Effective Date of this Notice: 04/14/2003
Revised Date: 05/31/2018, 5/28/20, 9/2022

ATTENTION: If you speak English, language assistance services are available to you free of charge. Call your Care Coordinator directly or call 1-833-912-2468 (TTY: 711)

Español (Spanish) - ATENCIÓN: Si habla español, tenemos servicios de asistencia lingüística disponibles de forma gratuita. Llame a su coordinador de atención directamente o bien llame al 1-833-912-2468 (TTY: 711)

Hmoob (Hmong) - CEEB TOOM: Yog koj hais lus Hmoob, muaj cov kev pab txhais lus pub dawb rau koj. Hu xov tooj ncaj nraim rau koj tus Neeg Khiav Hauj Lwm Muab Kev Kho Mob los yog hu rau 1-833-912-2468 (TTY: 711)

မြန်မာစာ (Myanmar) (Burmese) - အထူးသတိပြုရန် - အကယ်၍ မြန်မာဘာသာစကားကို သင်ပြောဆိုနိုင်ပါက ဘာသာစကားဆိုင်ရာ ဝန်ဆောင်မှုများကို အခမဲ့ သင် ရရှိနိုင်ပါသည်။ သင့် စောင့်ရှောက်မှု ဆက်စပ်ဆောင်ရွက်ပေးသူ ထံသို့ တိုက်ရိုက် ဖုန်းခေါ်ဆိုပါ သို့မဟုတ်လျှင်လည်း 1-833-912-2468 (TTY: 711) သို့ ခေါ်ဆိုပါ။

Chinese注意：如果您使用中文，那么您可以免费获得语言协助服务。请直接联系您的护理协调员，或致电 1-833-912-2468 (TTY: 711)。