

WRAPAROUND MILWAUKEE 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!

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 Wraparound Milwaukee may use and disclose health related information that is obtained about your child or family while you are in the Wraparound Program.

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

Case Management/Treatment/Crisis Intervention - Wraparound 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 Children's Mobile Crisis Team. It also includes disclosing information to mental health and other health related health providers authorized by Wraparound Milwaukee to provide services to your child and family.

Health Care Operations and Oversight Activities - Wraparound 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 State of Wisconsin or Milwaukee County representatives or their agents to determine eligibility for Medicaid funds or to confirm that services are provided in compliance with Wraparound policies and procedures.

Payment Functions - Wraparound may use or disclose health information to determine Wraparound's responsibility for payment of services and to coordinate services and service authorizations. For example, payment functions may include reviewing progress records to verify service delivery.

Required by Law - Wraparound may use and disclose health information as required by law. For example, Wraparound 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 - Wraparound 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 - Wraparound may disclose health information to law enforcement officials 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 - Wraparound 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 - Wraparound 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 - Wraparound Milwaukee, including your assigned Care Coordination Agency or the Family Advocacy Agency contracted by Wraparound Milwaukee may contact you to give you information about services that may be of interest to you. As an example, the Family Advocacy Agency contracted by Wraparound Milwaukee may offer you the opportunity to attend support groups or special holiday events.

OTHER DISCLOSERS - Except as described above, Wraparound 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, Wraparound 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 Wraparound 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. Wraparound 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 at home. Benefits statements will be sent to your home. You have the right 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, Wraparound 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 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, Wraparound 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 Wraparound Milwaukee amend health information that you believe is incorrect or incomplete. Wraparound is not required to change your health information. If your request is denied, Wraparound 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 Wraparound Milwaukee. Wraparound 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). Wraparound Milwaukee will provide one list per 12-month period free of charge. Wraparound 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 Milwaukee County’s web site for the Wraparound Program at www.county.milwaukee.gov. Search using the keywords “Wraparound” or “HIPAA”.

CHANGES TO THIS NOTICE

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. Wraparound will promptly supply a copy of the new notice to you whenever changes to the notice are made. Until such time, Wraparound Milwaukee is required by law to comply with the current version of this notice.

COMPLAINTS

Complaints about how Wraparound handles your health information should be directed to at the address listed below. All complaints must be submitted in writing. Wraparound Milwaukee will not retaliate against you in any way for filing a complaint. If you believe your privacy rights have been violated, you may also file a complaint 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:

Ms. Pamela Erdman, Quality Assurance Director
Wraparound Milwaukee Administrative Offices
9455 W. Watertown Plank Road
Milwaukee, WI 53226 Phone: (414) 257-7608

Effective Date of this Notice: 04/14/2003
Revised Date: 01/30/2018