

**Right to Access:** You have the right to access PHI about you that may be used to make decisions about your health. A request to inspect your records may be made to RCPH Privacy Officer. Your request must be in writing, and we require that you use our form. There may be a charge for copies.

**Right to Amend:** If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the information, for as long as we maintain the information. Requests for amending your PHI must be made in writing to RCPH Privacy Officer. RCPH will respond to your request within 60 days after you submit the written amendment request form. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

**Right to an Accounting of Disclosures:** You have the right to request an accounting of instances in which we or our Business Associates disclosed your PHI for purposes other than treatment, payment, health care operations, disclosures authorized by you or made to you, and certain other activities. To request this accounting of disclosures, you must submit your request in writing to the RCPH Privacy Officer. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Alternate Means of Communication:** You have the right to request that we communicate with you about your PHI in a certain way or at a certain location. We will accommodate all reasonable requests. You must make any such request in writing submitted to RCPH Privacy Officer.

**Right to Revoke Authorization:** If you authorize RCPH to use or disclose your PHI, you may revoke that authorization, in writing, at any time. We are unable to take back any disclosures we have already made with your permission. To revoke an authorization you must contact RCPH Privacy Officer.

**Right to Complain:** If you believe your privacy rights have been violated, you may file a complaint with RCPH or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with RCPH, you must put your complaint in writing and address it to RCPH Privacy Officer. This person will assist you in filing your complaint and the necessary paper work. Filing a complaint will not affect your care and treatment.

**Important Notice:** We reserve the right to revise or change this Notice and to make the new Notice provisions effective for all PHI RCPH maintains. The most current copy of this Notice will be available for you. You have a right to obtain a paper copy of this Notice upon request.

**How to Contact Us:**  
HIPAA Privacy Officer  
10005 Northwestern Avenue, Suite A  
Franksville, WI 53126  
262-898-4460

Office for Civil Rights, Region V  
U.S. Department of Health and Human Services  
233 N. Michigan Ave., Suite 240  
Chicago, IL 60601  
Voice Phone 800-368-1019  
FAX 202-619-3818  
TTD 800-537-7697  
E-mail: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)

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# NOTICE OF PRIVACY PRACTICES

**Racine County Public  
Health Division**  
10005 Northwestern Ave  
US Bank, 2nd Floor  
Franksville, WI 53126  
Phone: (262) 898-4460  
Fax: (262) 898-4490

**Office Hours:**  
Monday - Friday  
8 AM – 4:30 PM



**Find RCPH on  
Facebook and Twitter**



**THIS NOTICE DESCRIBES  
HOW MEDICAL  
INFORMATION ABOUT YOU  
MAY BE USED AND  
DISCLOSED AND HOW YOU  
CAN GET ACCESS TO THIS  
INFORMATION**

**[www.racinecounty.com/  
publichealth](http://www.racinecounty.com/publichealth)**

## **Please Review This Notice Carefully**

Esta información está disponible en español.  
(This information is available in Spanish.)

This notice applies to all protected health information\* (“PHI”) maintained by Racine County Public Health Division (“RCPH”). This notice will be followed by all members of RCPH’s Workforce, including employees, medical staff members, students and volunteers, with respect to PHI maintained by RCPH. If you have any questions after reading this Notice, please contact RCPH’s HIPAA Privacy Officer or designee.

\* Protected Health Information (PHI) is any individually identifiable health information, whether oral, written, electronic, transmitted or maintained in any form or medium that is created or received by a health care provider, a health plan, or a health care clearinghouse; and relates to an individual’s past, present, or future physical or mental health condition, health care treatment, or the past, present or future payment for health care services to the individual; and either identifies an individual (for example, name, social security number or medical record number) or can reasonably be used to find out the person’s identity (address, telephone number, birth date, e-mail address, and names of relatives or employers).

## **Our Pledge Regarding Your Health Information**

We are committed to the protection of PHI in accordance with applicable law and accreditation standards regarding patient privacy. The health information about you is personal. This information may consist of paper, digital or electronic records but could also include photographs, videos and other electronic transmissions or recordings that are created during your care and treatment. A record of the care and services you receive is needed to provide you with quality care and to comply with legal requirements. The law requires us to:

- Make sure that health information that identifies you is kept private.
- Give you this Notice of our legal duties and privacy practices with respect to health information about you.
- Notify you in the event of a breach of your Unsecured PHI.
- Follow the terms of this Notice that are currently in effect.

When releasing your PHI, RCPH will follow a “Minimum Necessary” standard, whereby we will make reasonable efforts to limit the use and disclosure of your PHI in order to accomplish the intended purpose or job.

Uses and disclosures of health information not covered by this Notice or the laws that apply to RCPH will be made only with your authorization.

## **In certain circumstances RCPH may use and disclose PHI about you without your written consent as follows:**

**Treatment:** We may use your medical information, without your permission, to treat you. We may disclose your medical information, without your permission, to a physician or other health care provider for your treatment. For example, our Workforce may use or disclose your health information to help your doctor and our Workforce manage your care.

**Payment:** We will use and disclose your PHI to send bills and collect payment from you, your insurance company, or other payers, such as Medicaid, for the care, treatment, and other related services you receive. We may provide your name, address and insurance information to other health care providers related to your care. We may tell your health insurer about a treatment your doctor has recommended to obtain prior approval to determine whether your plan will cover the cost of the treatment. For billing information, contact RCPH Privacy Officer.

**Health Care Operations:** We may use and disclose PHI about you for the purpose of our business operations. These business uses and disclosures are necessary to make sure that our patients receive quality care and cost effective services. For example, we may use PHI to review the quality of our treatment and services, and to evaluate the performance of our staff, contracted employees and students in caring for you.

**Family Members and Friends:** We may disclose PHI about you to a family member, relative, or another person identified by you who is involved in

your health care or payment for your health care. If you are not present or are incapacitated or it is an emergency or disaster relief situation, we will use our professional judgment to determine whether disclosing limited PHI is in your best interest under the circumstances.

**Future Communications:** We may use your name, address, e-mail and phone number to contact you to provide you information about new programs or other services we offer. An example of this would be mailers to all clients regarding an upcoming influenza clinic. This same information may be used to develop new programs as part of promoting health.

**Public Health and Government Functions:** We will disclose your PHI in certain circumstances to:

- Control or prevent a communicable disease,
- injury or disability, to report births and deaths, and for public health oversight activities or interventions.
- The Food and Drug Administration (FDA), to report adverse events or product defects, to track products, to enable product recalls, or to conduct post-market surveillance as required by law.
- A state or federal government agency to facilitate their functions.

**Required or Permitted by Law:** We will disclose your PHI when required to do so by federal, state, or local law. We are permitted, and required in some cases, to release your PHI in certain circumstances to:

- Report suspected elder or child abuse to law enforcement or other governmental agencies
- responsible to investigate or prosecute abuse.
- Respond to a valid court order.
- The Department of Health Services (DHS), the Department of Children and Families (DCF), a protection or advocacy agency, and law enforcement authorities investigating abuse, neglect, physical injury, death, and suspicious wounds, burns, or gunshot wounds.
- Your court-appointed guardian or agent you have appointed under a health care power of attorney.
- A prisoner's health care provider.

- A medical examiner, coroner, and funeral director regarding a death.
- Law enforcement officials with regard to crime victims, crimes on our premises, crime reporting in emergencies, and identifying or locating suspects or other persons.

**Organ, Eye and Tissue Donation:** We will disclose PHI to organizations that obtain, bank or transplant organs or tissues.

**Research:** We may use and share your health information for certain kinds of research.

**Workers’ Compensation:** We will disclose your health information that is reasonably related to a worker’s compensation illness or injury following written request by your employer, worker’s compensation insurer, or the Department of Workforce Development or its representative.

## **Your Protected Health Information Rights**

**Right to Request Restrictions:** You have the right to request certain restrictions of our use or disclosure of PHI for treatment, payment, or health care operations. You also have the right to request a restriction on our disclosure of your PHI to someone who is involved in your care or the payment for your care. We are not required to agree to your request in most cases. If we agree to the restriction, it will comply with your request unless the information is needed to provide you emergency treatment. We must, however, agree to your request to (1) restrict our disclosure of your PHI to your health plan when you have paid us out-of-pocket in full for the health care item or service we provided you, (2) restrict our disclosure of your immunization data to the Wisconsin Immunization Registry. A request for restriction must be made in writing. To request a restriction, please contact the RCPH Privacy Officer.

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