

**ARCW
AIDS RESOURCE CENTER OF WISCONSIN**

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTHCARE INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Updated December 15, 2018

At the AIDS Resource Center of Wisconsin (ARCW) we are grateful for the trust you place in us to provide you with health services. ARCW is required by law to maintain the privacy of your Protected Health Information (PHI) and to provide you with a notice that describes ARCW's legal duties and privacy practices and your privacy rights with respect to your health information. ARCW is committed to keeping your personal health information confidential and we will follow the privacy practices described in this notice. We believe that protecting your privacy is one of our most important responsibilities.

Because you have entrusted ARCW to protect your privacy, we want to provide you with a complete explanation of how your personal health information may be used and to whom it may be disclosed. We will explain the use and disclosure of your health information when needed for your treatment, payment for health care or other health care operations, and when required or allowed by law. We will also explain your rights to access and control how your personal health information is used.

Personal health information is about you. It includes information that may identify who you are; where you live; your past, present or future health conditions; and the health care services that you receive. It is important that you carefully review the information we are providing you. If you have any questions or if you prefer that we not use or disclose your personal health information in the manner that we described, please contact the ARCW Health Services Administrator:

ARCW Health Services Administrator
820 North Plankinton Avenue
Milwaukee, Wisconsin 53203
414-225-1639

YOUR PERSONAL HEALTH INFORMATION & ELECTRONIC HEALTH RECORD

Each time you visit a hospital, medical clinic, physician, dentist, mental health therapist, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examinations and test results, diagnoses, and details on current or future care or treatment. This information, often referred to as your healthcare or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which your third party payer can verify that services billed were actually provided
- Tool in educating health professionals
- Source of information for public health officials charged with improving the health of the nation
- Source of data for facility planning and marketing
- Tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to:

- Ensure accuracy
- Better understand who, what and why others may access your health information
- Make more informed decisions when authorizing disclosure to others

AIDS Resource Center of Wisconsin (ARCW) is part of an organized health care arrangement, the Oregon Community Health Information Network (OCHIN) for electronic health record and other purposes. A current list of OCHIN participants is available at <https://ochin.org/member-portal/ochin-members/>. As a business associate of ARCW, OCHIN supplies information technology and related services to ARCW and other OCHIN participants. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and assess clinical benefits that may be derived from the use of electronic health record systems. OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your health information may be shared by ARCW with other OCHIN participants when necessary for health care operation purposes of the organized health care arrangement.

ARCW also participates in the Wisconsin Statewide Health Information Network (WISHIN) for Wisconsin patients, a Health Information Exchange (HIE). In compliance with federal and state laws, we may make your Protected Health Information (PHI) available electronically through WISHIN to select health care providers that may request your information for purposes of treatment; and to public health entities as permitted by law. ARCW may access your PHI from other WISHIN providers for treatment purposes. Our participation also may be able to assist in avoiding medical errors during a health emergency. For example, an emergency room physician with access to WISHIN may access PHI from ARCW for the purposes of providing emergency care.

ARCW also participates in the Wisconsin Immunization Registry (WIR) for Wisconsin patients, a central repository for all immunizations collected in Wisconsin. This participation in WIN enables your health care providers to locate needed information concerning your immunizations.

For example, if you receive a vaccination for Hepatitis A at ARCW, that information will be accessible to external health providers who also provide care for you.

HOW ARCW MAY USE AND DISCLOSE YOUR PERSONAL HEALTH INFORMATION

The following categories describe some of the different ways that we may use and disclose healthcare information without obtaining written authorization.

For Treatment. ARCW may use health information about you to provide, coordinate and manage your treatment or services internally and externally. We may disclose healthcare information about you to other doctors, pharmacists, nurses, behavioral health providers, lab technicians, medical case managers, patient services representatives, legal staff, medical, dental, nursing, pharmacy students, or other personnel as needed who are involved in your care and services. For example, a laboratory or medical specialist may need to know information about you to run tests or to provide treatment, or a patient services representative or other staff may need to access your record to set-up and coordinate appointments or services for you.

We may also provide subsequent healthcare providers with copies of various reports that should assist him or her in treating you. For example, your healthcare information may be provided to a physician to whom you have been referred so that the physician has important information regarding your previous treatment and diagnosis. The amount of information shared will be the “minimum necessary” for a healthcare provider to make informed decisions about your care.

For payment. We may use and disclose healthcare information about your treatment and services to bill and collect payment from you, your insurance company, or a third party payer such as Medicaid or Medicare. For example, we may need to give your insurance company information before it approves or pays for the health care services we recommend for you. The insurance company may use that information to make a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a medical procedure may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

For Health Care Operations. We may use or disclose, as needed, your health information in order to support our business activities. These activities may include, but are not limited to quality assessment and improvement, employee performance reviews, scheduling, student training, agency licensing, marketing, legal advice, accounting support, healthcare records storage, transcription, complaint resolution, and other agency operations. For example, we may provide your contact information to a third party patient evaluation organization to conduct a survey to assist us in care improvement.

Research. Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all individuals who receive one medication to those who receive another. All research projects, however, are subject to a special approval process. This process includes

evaluating a proposed research project and its use of health information, trying to balance the research needs with your need for privacy of your health information. Before we use or disclose health information for research, the project will have been approved through this research approval process. Additionally, when it is necessary for research purposes and so long as the health information does not leave ARCW, we may disclose your health information to researchers preparing to conduct a research project, for example, to help the researchers look for individuals with specific health needs. Lastly, if certain criteria are met, we may disclose your health information to researchers after your death when it is necessary for research purposes.

Those who receive this information are obligated to maintain its confidentiality under federal and state laws.

ARCW USES AND DISCLOSURES MADE WITH YOUR CONSENT OR OPPORTUNITY TO OBJECT

Individuals Involved in Your Care or Payment for Your Care. If you do not object and the situation is not an emergency, and disclosure is not otherwise prohibited by law, privacy laws permit us to use professional judgment to disclose information to family members, relatives, close friends, or others involved in your care or helping you pay your medical bills.

Communications. We will communicate to you via mailings, through electronic communications such as telephone, text, voicemail or email, or other means regarding: treatment options, appointment reminders, prescriptions and medicines, information on health-related benefits or services, disease-management programs, policy changes, wellness programs; to assess your satisfaction with our services; to remind you that you have a healthcare appointment; as part of fund raising efforts; for population-based activities relating to training programs or reviewing competence of health care professionals; or other community based initiatives or activities in which we are participating. If you are not interested in receiving these materials, please contact the Health Services Administrator. For billing we must have an address to send bills to you. If you would prefer your bills to be mailed to an alternative address please contact the Health Services Administrator.

ARCW USES AND DISCLOSURES MADE WITHOUT YOUR AUTHORIZATION OR OPPORTUNITY TO OBJECT

The following categories describe the ways ARCW may use and disclose your health information without your authorization and without providing you an opportunity to object:

- When required by law, including law enforcement, court order, judicial or administrative proceedings, or other requirements
- Public health authorities, including local, state or federal agencies as required
- Health care oversight agencies authorized for audits, investigations or other proceedings
- For judicial and administrative proceedings
- Law enforcement authorities
- Government authorities involving victims of abuse, neglect or violence
- Coroners, medical examiners and funeral directors
- Organ, eye or tissue donation services
- Workers compensation agents

- Specialized government functions, such as national security, military and public safety authorities
- Averting health and safety threats to a person or the general public
- Disaster relief efforts
- Other areas as provided by law

WHEN ARCW MAY NOT USE OR DISCLOSE YOUR HEALTH INFORMATION

Except as provided in this Notice of Privacy Practices or as required or allowable by law, ARCW will not use or disclose your health information without written authorization from you. If you do authorize ARCW to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization, though we will be unable to recover or take back any disclosures we have already made.

YOUR HEALTH INFORMATION RIGHTS

You Have the Right to Request Restrictions on Certain Uses and Disclosures. You have the right to request a restriction or limitation on the healthcare information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the healthcare information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a procedure that you had. We ask that you submit these requests in writing to our Health Services Administrator. ARCW is not required to agree in all circumstances to requested use or disclosure restrictions unless required by law. If we do agree, we will comply with your request except in certain situations such as emergency treatment, health and safety concerns, seeking payment, or other practicalities.

You Have the Right to Request Confidential Communication. You have the right to make reasonable requests that we communicate with you about healthcare matters in a certain way or at a certain location. We will agree to the request to the extent that it is reasonable for us to do so. For example, you can ask that we use an alternative address for billing purposes or that we communicate with you through unencrypted email. We ask that you submit these requests in writing to our Health Services Administrator or through appropriate ARCW staff.

You Have the Right to Inspect and Copy Your Health Information. You have the right to inspect and receive a copy of your healthcare information. We ask that you submit these requests in writing. Usually, this includes medical and billing records, but does not include psychotherapy notes or information compiled in reasonable anticipation of, or for use, a civil, criminal, or administrative action or proceeding. Reasonable requests for access to and copies of your healthcare information must be submitted in writing to our Health Services Administrator. We may charge a reasonable fee to cover the costs of copying these records.

You have the Right to Request an Amendment to Your HealthCare Information.

If you feel that healthcare information we have about you is incorrect or incomplete, you may ask us to amend the information by submitting a request and reason(s) in writing to our Health

Services Administrator. You have the right to request an amendment for as long as we keep the information. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.

You Have the Right to an Accounting of Disclosures. You have the right to make a reasonable request a list of certain disclosures that we have made of your health information. To request this list of disclosures, you must submit your request in writing to ARCW's Health Services Administrator. Your request must state a time period, which may not be longer than six years from the date of the request. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a twelve-month period will be free. For additional lists during the same twelve-month period, we may charge you for the costs of providing the list. 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. We must comply with your reasonable request for a list within 60 days, unless you agree to a 30-day extension.

You have the Right to be Notified of a Breach. We are required by law to notify you following a breach of unsecured protected health information within the parameters of HIPAA or other relevant privacy laws.

You Have the Right to a Paper Copy of this Notice of Privacy Practices. You have the right to a paper copy of this notice, which is also available at <http://www.ARCW.org/ARCW-privacy-notice/>. You may ask us to give you a copy of this notice at any time. To exercise any of your rights, please obtain the required forms from our Health Services Administrator and submit your request in writing.

CHANGES TO THIS NOTICE

ARCW reserves the right to change this Notice of Privacy Practices. We reserve the right to make the revised Notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in a clear and prominent location to which you have access. The Notice is available to you upon request. The Notice will contain on the first page, the effective date. In addition, if we revise the Notice, we will offer you a copy of the current Notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a written complaint with the ARCW Privacy Officer. All complaints must be submitted in writing. You will not be penalized for filing a complaint. You may also file a complaint with the Federal Department of Health and Human Services.

ARCW
Privacy Officer
648 N. Plankinton Ave
Milwaukee, WI 53203

U.S. Department of Health and Human Services
Office of Civil Rights, Region V
233 N. Michigan Ave, Suite 240
Chicago, IL 60601
1-866-627-7748

AVAILABILITY OF THIS NOTICE

ARCW provides this Notice of Privacy Practices to all patients. This Explanation is posted in all ARCW offices and on the ARCW website at <http://www.ARCW.org/ARCW-privacy-notice/>. All patients will be notified of any changes to this Notice of Privacy Practices.