

# **Shorewood House Notice of Privacy Practices**

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

## **General Information**

Information regarding your health care, including payment for health care, is protected by two federal laws: the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. § 1320d *et seq.*, 45 C.F.R. Parts 160 & 164, and the Confidentiality Law, 42 U.S.C. § 290dd-2, 42 C.F.R. Part 2, as well as several Wisconsin state laws. Under these laws, Shorewood House staff may not say to a person outside Shorewood House that you attend the program, nor may Shorewood House disclose any information identifying you as someone who abuses alcohol or drugs or any other protected information except as permitted by federal and state law.

Shorewood House must obtain your written consent before it can disclose information about you for payment purposes. For example, Shorewood House must obtain your written consent before it can disclose information to your health insurer in order to be paid for services. Generally, you must also sign a written consent before Shorewood House can share information for treatment purposes or for health care operations. However, federal law permits Shorewood House to disclose information *without* your written permission:

- 1. Pursuant to an agreement with a business associate;
- 2. For research, audits, or evaluations;
- 3. To report a crime committed on Shorewood House's premises or against Shorewood House personnel;
- 4. To medical personnel in a medical emergency;
- 5. To appropriate authorities to report suspected child abuse or neglect
- 6. As allowed by a court order

For example, Shorewood House can disclose information without your consent to obtain legal or financial services, or to another medical facility to provide health care to you, as long as there is an agreement in place in which the business associate agrees to protect the privacy of your information.

Before Shorewood House can use or disclose any information about your health in a manner which is not described above, it must first obtain your specific written consent allowing it to make the disclosure. Any such written consent may be revoked by you in writing.

### **Your Rights**

You have the right to request restrictions on certain uses and disclosures of your health information. Shorewood House is not required to agree to any restrictions you request, but

if it does agree, then it is bound by that agreement and may not use or disclose any information which you have restricted except as necessary in a medical emergency.

We may contact you to remind you about an appointment. Unless you tell us otherwise in writing, we may contact you by either telephone or by mail at either your home or your workplace. At either location, we may leave messages for you on the answering machine or voice mail. If you want to request that we communicate to you in a certain way or at a certain location, you have the right to request that we communicate with you by alternative means or at an alternative location. Shorewood House will accommodate such requests that are reasonable and will not request an explanation from you.

You also have the right to inspect and copy your own health information maintained by Shorewood House, except to the extent that the information contains information compiled for use in a civil, criminal or administrative proceeding or in other limited circumstances.

You have the right, with some exceptions, to amend health care information maintained in Shorewood House's records. To do so, you must state in a written request a reason to support the requested amendment. You also have the right to request and receive an accounting of all disclosures of your health related information made by Shorewood House during the six years prior to your request with some exceptions, which include:

- 1) disclosures which you have previously authorized, and
- 2) disclosures for treatment, payment or health care operations.

You also have the right to receive a paper copy of this notice.

#### **Shorewood House's Duties**

Shorewood House is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. Shorewood House is required by law to abide by the terms of this notice. Shorewood House reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains. You may obtain a copy of the current version of the notice of Shorewood House's privacy practice at any time by requesting one from your counselor or from the Shorewood House Privacy Officer. The Privacy Officer can be contacted by telephone at 414-962-1200 or in writing at 2625 N. Weil Street, Milwaukee, 53212.

## **Complaints and Reporting Violations**

You may complain to Shorewood House and the Secretary of the United States Department of Health and Human Services if you believe that your privacy rights have been violated under HIPAA. To file a complaint with us, contact the Shorewood House Privacy Officer at 2625 N. Weil Street, Milwaukee, WI, 53212, or at 414-962-1200. All complaints should be submitted in writing. You will not be retaliated against for filing such a complaint.

Violation of the Confidentiality Law by a program is a crime. Suspected violations of the Confidentiality Law may be reported to the United States Attorney in the district where the violation occurs.

For further information, contact the Shorewood House Privacy Officer at 414-962-1200.

Effective Date: April 14, 2003