



WESTERN REGION  
**Recovery and Wellness**  
CONSORTIUM

## **NOTICE OF PRIVACY PRACTICES**

**In order to provide you services, the Western Region Recovery & Wellness Consortium (WRRWC) may have health or medical information (may include, but not be limited to, mental health or substance abuse information) about you in your file.**

**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.**

The WRRWC must maintain the privacy of your personal health information and give you this notice that describes our legal duties and privacy practices concerning your personal health information. In general, when WRRWC releases your health information, only the information needed to achieve the purpose of the use or disclosure is released. If you have questions about any part of this Notice or if you want more information about the privacy practices at Western Region Recovery & Wellness Consortium please contact Human Services Administrative Assistant IV, 711 North Bridge Street, Chippewa Falls, WI 54729; 715-726-7816.

### **How the Western Region Recovery & Wellness Consortium may Use or Disclose Your Health Information**

The following categories describe the ways that the WRRWC may use and disclose your health information. For each category of uses and disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories.

1. **Payment Functions.** We may use or disclose health information about you to determine eligibility for plan benefits, obtain premiums, facilitate payment for the treatment and services you receive from health care providers, determine plan responsibility for benefits, and to coordinate benefits. Health information may be shared with other government programs such as Medicare, Medicaid, or private insurance to manage your benefits and payments. For example, payment functions may include reviewing the medical necessity of health care services, determining whether a particular treatment is experimental or investigational, or determining whether a treatment is covered under your plan.
2. **Health Care Operations.** We may use and disclose health information about you to carry out necessary insurance-related activities. For example, such activities may include underwriting, premium rating and other activities relating to plan coverage; conducting quality assessment and improvement activities; submitting claims for stop-loss coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; and business planning, management and general administration.
3. **Activities of Health Plans are not Considered to be Treatment.** **Example statements for Treatment:** We may use or disclose your health information to a physician or other health care provider to treat you. Activities of health plans are not generally considered treatment, except some managed care and similar insurers may provide limited treatment services in addition to Payment/Health Care Operations functions.

4. **Required by Law.** As required by law, we may use and disclose your health information. For example, we may disclose medical information when required by a court order in a litigation proceeding such as a malpractice action.
5. **Public Health.** Information may be reported to a public health authority or other appropriate government authority authorized by law to collect or receive information for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.
6. **Health Oversight Activities.** We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings related to oversight of the health care system.
7. **Judicial and Administrative Proceedings.** We may disclose your health information in the course of any administrative or judicial proceeding.
8. **Law Enforcement.** We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
9. **Public Safety.** We may disclose your 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 or the general public.
10. **National Security.** We may disclose your health information for military, prisoner, and national security.
11. **Worker's Compensation.** We may disclose your health information as necessary to comply with worker's compensation or similar laws.
12. **Marketing.** We may contact you to give you information about health-related benefits and services that may be of interest to you. If we receive compensation from a third party for providing you with information about other products or services (other than drug refill reminders or generic drug availability), we will obtain your authorization to share information with this third party.
13. **Disclosures to Plan Sponsors.** We may disclose your health information to the sponsor of your group health plan, for purposes of administering benefits under the plan. If you have a group health plan, your employer is the plan sponsor.
14. **Research.** Under certain circumstances, and only after a special approval process, including informed consent, we may use and disclose your health information to help conduct research.

### **When Western Region Recovery & Wellness Consortium May Not Use or Disclose Your Health Information**

Except as described in this Notice of Privacy Practices, we will not use or disclose your health information without written authorization from you. If you do authorize us 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 take back any disclosures we have already made with your permission.

- Your authorization is necessary for most uses and disclosures of psychotherapy notes.
- Your authorization is necessary for any disclosure of health information in which the health plan receives compensation.

### **Genetic Information and Underwriting Activities**

The WRRWC is prohibited from using or disclosing genetic information for underwriting purposes, including determination of benefit eligibility. If we obtain any health information for underwriting purposes and the policy or contract of health insurance or health benefits is not written with us or not issued by us, we will not use or disclose that health information for any other purpose, except as required by law.

### **Applicability of More Stringent State Law**

Some of the uses and disclosures described in this notice may be limited in certain cases by applicable State laws that are more stringent than Federal laws, including disclosures related to mental health and substance abuse, developmental disability, alcohol and other drug abuse (AODA), and HIV testing.

### **Statement of Your Health Information Rights**

1. **Right to Request Restrictions.** You have the right to request restrictions on certain uses and disclosures of your health information the WRRWC is not required to agree to the restrictions that you request. If you would like to make a request for restrictions, you must submit your request in writing to the Human Services Administrative Assistant IV, 711 North Bridge Street, Chippewa Falls, WI 54729; 715-726-7816. We will let you know if we can comply with the restriction or not.
2. **Right to Request Confidential Communications.** You have the right to receive your health information through a reasonable alternative means or at an alternative location. To request confidential communications, you must submit your request in writing to the Human Services Administrative Assistant IV, 711 North Bridge Street, Chippewa Falls, WI 54729; 715-726-7816. We are not required to agree to your request.
3. **Right to Inspect and Copy.** You have the right to inspect and receive an electronic or paper copy of health information about you that may be used to make decisions about your plan benefits. To inspect and copy such information, you must submit your request in writing to your assigned worker or the Human Services Administrative Assistant IV, 711 North Bridge Street, Chippewa Falls, WI 54729; 715-726-7816. If you request a copy of the information, we may charge you a reasonable fee to cover expenses associated with your request.
4. **Right to Request Amendment.** You have a right to request that the WRRWC amend your health information that you believe is incorrect or incomplete. We are not required to change your health information and if your request is denied, we will provide you with information about our denial and how you can disagree with the denial. To request an amendment, you must make your request in writing to the Human Services Administrative Assistant IV, 711 North Bridge Street, Chippewa Falls, WI 54729; 715-726-7816.
5. **Right to Accounting of Disclosures.** You have the right to receive a list or “accounting of disclosures” of your health information made by us in the past six years, except that we do not have to account for disclosures made for purposes of payment functions or health care operations, or disclosures made to you. To request this accounting of disclosures, you must submit your request in writing to the Human Services Administrative Assistant IV, 711 North Bridge Street, Chippewa Falls, WI 54729; 715-726-7816. The WRRWC will provide one list per 12 month period free of charge; we may charge you for additional lists.

6. **Right to a Copy.** You have a right to receive an electronic or 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 Human Services Administrative Assistant IV, 711 North Bridge Street, Chippewa Falls, WI 54729; 715-726-7816.
7. **Right to be Notified of a Breach.** You will be notified in the event of a breach of your unsecured protected health information.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact the Human Services Administrative Assistant IV, 711 North Bridge Street, Chippewa Falls, WI 54729; 715-726-7816.

### **Changes to this Notice and Distribution**

The WRRWC reserves the right to amend this Notice of Privacy Practices at any time in the future and to make the new Notice provisions effective for all health information that it maintains.

### **Complaints**

Complaints about this Notice of Privacy Practices or about how we handle your health information should be directed to the Human Services Administrative Assistant IV, 711 North Bridge Street, Chippewa Falls, WI 54729; 715-726-7816. The WRRWC will not retaliate against you in any way for filing a complaint. All complaints to Western Region Recovery & Wellness Consortium must be submitted in writing. If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health and Human Service at <http://www.hhs.gov/ocr/privacy/hipaa/complaints/> or call (800) 368-1019.

**Effective Date of This Notice: July 1, 2014**