



NOTICE OF PRIVACY PRACTICES

Protected Health Information as it relates to
Mental Health & Alcohol and Other Drug Abuse Services
provided by
Journey Mental Health Center, Inc.

Effective April 14, 2003

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Journey Mental Health Center, Inc. (JMHC) is committed to protecting the privacy of health information about you and the services you receive at JMHC. Your privacy rights and our responsibilities are governed under provisions of State and Federal Law, including but not limited to:

- Sec. 51.30, Wisconsin Statutes
- HFS 92, Wisconsin Administrative Code
- 42 Code of Federal Regulations, Part 2, Confidentiality of Alcohol & Drug Abuse Patient Records
- 45 Code of Federal Regulations, pts 160 & 164, Health Insurance Portability/Accountability Act of 1996 (HIPAA)

JMHC is required by law to:

- Maintain the privacy of your health information
- Provide you with this notice of our duties and practices with respect to your health information; and
- Abide by the terms of this notice.

In general, JMHC must obtain your written consent before giving anyone outside JMHC information which identifies you as someone who has applied for or received services at JMHC or before disclosing any personally identifiable information from your treatment record. You may revoke any such authorization at any time, except to the extent that information has already been shared. This can be done by giving written notice to your JMHC service provider(s) or to JMHC's Records Department.

The following page lists exceptions in which information about you may be disclosed without your consent. In all cases—with or without consent—information given will be limited to that information needed to meet the purpose for the disclosure and/or to the extent provided for by law.

USES AND DISCLOSURES REQUIRED OR PERMITTED WITHOUT YOUR CONSENT

Within Journey Mental Health Center, Inc. – Without Consent

JMHC is made up of a number of clinical programs and administrative departments staffed by employees, students and volunteers. Your health information may be shared across these programs, departments and staffing categories for purposes of treatment, payment and health care operations, but this is done only where there is a need to know the information. For example, medical staff at JMHC may need to consult with your case manager about prescribing medications, program assistants may need access to information to send you an appointment reminder or a description of new services, management and executive staff may access your health information for purposes of evaluating services or the performance of your health care provider, etc.

Outside Journey Mental Health Center, Inc. – Without Consent

To Avert a Serious Threat to Health or Safety: As required or permitted by law and standards of ethical conduct, we may release your health information to the proper authorities if we believe, in good faith, that such release is necessary to prevent or minimize a serious and approaching threat to your health or safety or to the health or safety of the public. Examples might include reporting of child abuse, a threat made to harm a specific individual, sharing of information with physicians in a hospital emergency room, etc.

Business Associates: Certain services (for example, lab testing, pharmacy, legal services, etc.) are performed through contract with outside persons or organizations known as “Business Associates.” Your health information may be shared with one of these business associates as it is necessary to the service they provide for us. JMHC signs an agreement with these business associates that obligates them to appropriately safeguard privacy of the information.

For Payment: JMHC may need to submit a bill identifying you, your diagnosis and treatment provided to an insurer or other agency paying for your mental health services (for example, Medicare or Medicaid, grant funders, private insurance, etc.). If you are receiving alcohol or other drug abuse treatment, however, your signed release is required to release information for payment purposes.

Health System Oversight Activities: Certain information may be shared with government agencies who provide funding to or oversight of JMHC’s services. Examples of such agencies include the Wisconsin Department of Health and Family Services and the Dane County Department of Human Services. Purposes for disclosing the information might include service coordination, financial or program audits, program certification, death investigation, etc.

Research: JMHC may use or disclose information about you for research purposes under conditions that meet the stringent requirements of both State and Federal law and JMHC’s Research Committee. In most cases, however, JMHC will first remove information that personally identifies you or seek your approval to participate in a research study before sharing the information.

Judicial Proceedings: JMHC may disclose information in response to a specific legal proceeding, court order or other legal process, as stipulated by law. For example, law

enforcement officers often consult with JMHC's Emergency Services staff in the process of an emergency detention.

Crime on Premises or Against Program Personnel: In certain circumstances, JMHC may disclose limited information to law enforcement officers when a consumer commits or threatens to commit a crime at any JMHC facility or against JMHC staff.

Family Members: Limited information may be shared with your spouse, parent, adult child or sibling, but only if JMHC treatment staff have verified that the family member is directly involved in providing or monitoring your treatment.

YOUR HEALTH INFORMATION RIGHTS

You have the right to:

Receive Confidential Communications: You have the right to request that we communicate with you by alternative means or at an alternative location. For example, you may ask that we phone you at work rather than at home. We will try to accommodate reasonable requests.

Access your Treatment Record: You have the right to inspect (within one working day) and obtain (within five working days) a copy of your treatment record, except for specific documents where access is prohibited by law. This information will be provided at no cost to you for the first copy. Requests for additional copies may result in a customary fee to cover the cost of duplication.

Amend your Treatment Record: You have the right to request an amendment to your treatment record if you believe information in the record is incorrect or incomplete. If the staff person working with you disagrees with the requested amendment, you may submit a written request to JMHC's Medical Director specifying the information you would like to have changed and the reason for the change. Your request will be granted or denied by the Medical Director within 30 days. You will receive either a copy of the information as amended in your record or a written explanation of why the request was denied. If the request is denied, you have the right to insert a statement in the record disputing the accuracy or completeness of the information which was not changed. This statement will become part of your treatment record.

Request Restrictions: You have the right to request restrictions on certain uses and disclosures of your health information for payment of services or JMHC's service related operations. JMHC is not obligated to agree to your request but will give every reasonable request careful consideration. For example, if your neighbor works at JMHC as a transcriptionist, we may be able to have someone else type any information dictated by a clinician for your treatment record.

Obtain an Accounting of Disclosures: You have the right to an accounting of disclosures of your health information made by JMHC. This accounting will list the date of each disclosure, a brief description of information disclosed and the reason for disclosure. The first accounting in any 12-month period is free; you may be charged a reasonable fee for any additional accounting requested by you within the same 12-month period.

Request a Paper Copy of this Notice: If you received this "Notice of Privacy Practices" electronically, you may request that JMHC provide you with a paper copy.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint by contacting JMHC's Client Rights Specialist at (608) 280-2700. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington, D.C., in writing, within 180 days of the violation. There will be no retaliation against you for filing a complaint.

FOR FURTHER INFORMATION ABOUT THIS NOTICE

Contact;
Lynn Brady, Chief Operating Officer
Journey Mental Health Center, Inc.
625 West Washington Avenue, Madison, WI 53703
(Phone) 608-280-2700 • (Fax) 608-280-2707 • TTY (to Wisconsin Relay) 1-800-947-3529

JMHC must comply with the provisions of this notice, although we reserve the right to change our privacy practices and the terms of the notice and to make the revised notice effective for all protected health information maintained by JMHC.

JMHC will promptly revise and distribute its notice, during a consumer contact with JMHC or by mail, whenever a substantial change in any of its privacy practices is made.

Revised 11/05/2012