Status **Active** PolicyStat ID **12283075**

MILWAUKEE COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES
BEHAVIORAL HEALTH SERVICES

Date Issued	8/1/2003
Last Approved Date	8/30/2022
Effective	9/1/2022
Last Revised Date	8/30/2022
Next Review	12/31/2024
Owner	Dana James
Policy Area	Wraparound (Wrap, REACH, youth CCS)-Administration

#047 - Privacy Practices

COPY

I. POLICY

It is the policy of Children's Community Mental Health Services and Wraparound Milwaukee (hereby referenced as Wraparound Milwaukee) to maintain and distribute a Statement of Privacy Practices to all clients enrolled in Wraparound Milwaukee. As part of Wraparound Milwaukee's Privacy Practice, a Privacy Officer will be designated and who will be responsible for oversight of Privacy Practices for Wraparound Milwaukee and the Children's Mobile Crisis Team.

II. PROCEDURE

A. **Notice of Privacy Practices - Privacy Statement**
Wraparound Milwaukee and the Children's Mobile Crisis Team will maintain the PRIVACY NOTICE statement (*Attachment 1)* that complies with the Health Insurance Portability and Accountability Act (HIPAA) Part 164.520 "Notice of Privacy Practices for Protected Health Information". The Privacy Statement will be given to all clients or their parent or guardian at the time of enrollment or at the first contact following enrollment and on an annual basis. The Privacy Notice will describe:

- how protected health information (PHI) may be used or disclosed.
- includes examples of types of uses and disclosures.
- an individual's right to request restrictions related to the use and disclosure of protected health information.
- the right to receive confidential communication related to protected health information.
- the right to inspect and copy protected health information.

- the right to request an amendment of protected health information.
- Wraparound Milwaukee/Children's Mobile Crisis Team responsibilities to maintain the privacy of protected health information.
- that an individual may file a grievance with Wraparound Milwaukee or the Secretary of the Department of Health and Human Services.

The client/legal guardian will be asked to sign a written statement acknowledging receipt of the Privacy Statement at the time of enrollment. Refusal to sign the acknowledgement will be documented on the signature form. Acknowledgement forms are maintained as part of the client record.

A copy of the Privacy Statements will be available on the Wraparound Milwaukee website (wraparoundmke.com)

B. **Disclosure of Protected Health Information (PHI)**
Client related Protected Health Information may be released by Wraparound Milwaukee as outlined in the Wraparound Milwaukee Policies #009- Confidentiality / Exchange of Information and #044- Minimum Necessary Access to Client Protected Health Information Policies or as required by State or Federal law(s).

C. **Accounting for Disclosure of Protected Health Information (PHI)**
Wraparound Milwaukee (including Children's Mobile Crisis Team Staff) shall document each instance in which written information is disclosed from the Designated Record Set (see Policy #007- Client Chart Format and Record Retention for a description of the "Designated Record Set") and all oral disclosures of protected health information for which there is NO signed Authorization to release the information.

1. Documentation of these disclosures must be made using the electronic progress/ provider notes feature of the Wraparound Milwaukee computer application known as Synthesis.

    a. **Documentation Using Electronic Progress/Provider Notes in Synthesis**
    An entry must be made using the "Progress/Provider Note" feature in Synthesis to log release of protected health information pertaining to a specific client.

    The ***Note Type*** selection for the note entry is "Release of Info". A note entry regarding disclosed information must contain the following detailed information:

    - the date the information was released.
    - the name of the agency and/or individual receiving the information – including their address or phone number.
    - the purpose of the disclosure.
    - the information/documents that were released.
    - the name of the individual releasing the information/ document(s).

COPY

Detailed information related to the release of protected health information to more than one agency or individual may be contained in a single note entry.

2. If a disclosure of PHI occurs without proper consent, Wraparound Milwaukee Privacy Officer needs to be made aware within the same business day that the breach was identified. If a breach is confirmed by the Privacy Officer, the Privacy Officer will do the following:
    a. Gather information on what PHI was disclosed, to whom, in what format
    b. Will work to have the information destroyed when possible (i.e. deletion of email, destroy a paper copy).
    c. Advise the agency to inform the client/legal guardian of the breach and provide documentation within the same business day.
    d. If internally, the Privacy Officer will send a letter to the client/legal guardian notifying them of the breach (see attachment 2 for HIPAA Notification Template).
    e. Provide training and/or action plan to mitigate the risk of another breach occurring.
    f. Notify Wisconsin Department of Health Services Contract Administrator of any breaches with the Wraparound Milwaukee HMO within same business day of becoming aware.
    g. Document the breach and actions taken in Synthesis as an Admin Concern.

COPY

D. **Requests for Accounting of Disclosure**

Wraparound Milwaukee will process written request for an accounting of disclosures as outlined in the HIPAA regulations. Upon receipt of a written request from a client or the client's legal guardian for an accounting of disclosure of confidential information, Wraparound Milwaukee will provide a client specific report of disclosures occurring up to six years prior to the date of the request including disclosures to and by business associates of Wraparound Milwaukee.

Accounting for disclosure of information is to include the following:

- the date of the disclosure.
- the name of the entity or person who received the protected health information.
- the address of the entity or person at the time of the disclosure (if known).
- a brief description of the protected health information disclosed.
- a brief statement of the purpose of the disclosure or in lieu of such statement, a copy of the request for disclosure.
- for multiple disclosures to the same entity, an accounting of the frequency, periodicity or number of the disclosures made during the accounting period and the date of the last disclosure in the accounting period

A response to a request for an accounting of disclosure of protected health information will be generated no more than 60 days from the date of receipt of the request. In the event that the request cannot be complied within the 60 day limit, Wraparound Milwaukee will submit a written statement of the reason for a delay to the individual making the request identifying the reason for the delay and the date that the accounting will be provided (such date being no more than 90 days from the date the of receipt of the request).

E. **Documentation of Grievances**
Clients presenting grievances about the management of protected health information will be encouraged to submit the grievances in writing. Written grievances will be forwarded to staff in the Wraparound Milwaukee Quality Assurance office for review. Wraparound Milwaukee will attempt to mediate written grievances. The Quality Assurance office will maintain a written or electronic log of each grievance and the outcome of the grievance.

F. **Request to Review Client Records**
Requests by clients or their legal guardian to review the client record must be in writing and are to be forwarded to the Wraparound Milwaukee Quality Assurance office for review and processing. The client/legal guardian must include the reason for record review as part of the written request.

Upon determination that the request to review the client record is valid, a copy of that portion of the record (see Policy #007- Client Chart Format and Record Retention for documents defined as contained in the client record) that the client or their legal guardian has requested to review will be made available for review by the client/legal guardian. A staff member will be designated to review the copy of the requested record with the client/legal guardian and answer any questions that may arise.

Clients can request for a copy of their electronic medical record in an electronic form.

A record of all requests to review records will be maintained by the Quality Assurance office (in Synthesis) including detailed information about the date, time and staff who reviewed the records with the client/legal guardian.

Written requests by the client or legal guardian to review a client record will be processed within 30 days unless Wraparound Milwaukee notifies the client/legal guardian in writing that a 30 day extension is being enacted. When written notice of a 30 day extension is enacted, requests to review the client record will be processed no later than 60 days from the day of receipt of the request.

G. **Denial of Request to Review Client Record**
Wraparound Milwaukee may employ the right to decline requests by a client or legal guardian to review the client record if the request meets any of the following conditions:

- the request is to compile information regarding an actual or anticipated legal proceeding.
- the information requested was obtained in confidence from a non-provider and access to the information may reveal the source of the information.
- the requested information contains psychotherapy notes.
- release of the information is deemed "likely to endanger" the client by a qualified

COPY

health care professional.

H. **Requests to Amend Client Records**
It is the policy of Wraparound Milwaukee that entries made as part of the client record (defined in Policy #007- Client Chart Format and Record Retention) NOT be changed or altered.

Entries made in error may be amended by the addition of an addendum made by the originator or other appropriate staff member.

Written requests to amend the client records that are received by Wraparound Milwaukee will be processed. However, it is the policy of Wraparound Milwaukee that existing entries in the client records will not be altered. An amendment in the form of an addendum or a written statement from the client/legal guardian disputing the information may be added to the record. In these cases, any subsequent releases of the disputed entry will include the addendum or written statement disputing the information as presented by the client/legal guardian.

I. **Requests for Confidential Communication**
The client and his/her caregiver may request "confidential communication" as outlined in the HIPAA regulations. Requests must be submitted in writing. Written requests for confidential communication must include a statement requesting communication in an alternative manner than usually employed by Wraparound Milwaukee staff, identify the alternative means and location for the communication.

Requests for "confidential communication" are to be submitted to the Wraparound Milwaukee Quality Assurance Office for administrative review. Following the administrative review, a written response will be submitted to the client or caregiver as to the outcome of the review. In those cases where Wraparound Milwaukee agrees to the request for "confidential communication" all subsequent communication with the client/care giver must conform to the agreed upon standard for the communication.

Wraparound Milwaukee will accommodate requests for "confidential communication" where the individual indicates that disclosure of the information may endanger the individual. Other requests will be administratively reviewed with accommodation made on a case-by-case basis following a finding that the request is considered to be "reasonable".

J. **Staff Training on (HIPAA) Privacy Regulations**
All Wraparound Milwaukee staff are required to participate in training on the HIPAA regulations. Training will be provided as part of Milwaukee County – Behavioral Health Services Orientation and New Care Coordination training. Provider billing staff and care coordination clerical support staff will be given an overview of the HIPAA regulations as part of training on the use of Synthesis.

Wraparound Milwaukee Privacy Officer:
Laura Pittman, HIPAA Officer (414)257-7600
laura.pittman@milwaukeecountywi.gov

Heidi Ciske-Schmidt, HIPAA Advisor (414) 257-6024
heidi.ciske-schmidt@milwaukeecountywi.gov

COPY

Attachments

1. Privacy Notice

2. HIPAA Notification Template

Approval Signatures

Step Description	Approver	Date
	Michael Lappen: BHD Administrator	8/30/2022
	Brian McBride: ExDir2 – Program Administrator	8/30/2022
	Dana James: Integrated Services Manager- Quality Assurance	8/29/2022
	Dana James: Integrated Services Manager- Quality Assurance	8/29/2022

PRIVACY NOTICE

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!

CHILDREN'S COMMUNITY MENTAL HEALTH SERVICES AND WRAPAROUND MILWAUKEE IS REQUIRED BY LAW TO MAINTAIN THE PRIVACY OF YOUR CHILD'S HEALTH CARE RECORDS. WE ARE ALSO REQUIRED TO GIVE YOU A COPY OF THIS NOTICE SO THAT YOU CAN BETTER UNDERSTAND OUR DUTIES AND RESPONSIBILITIES REGARDING INFORMATION THAT IS CONTAINED IN THAT RECORD.

USE OR DISCLOSURE of HEALTH INFORMATION

The following categories describe the ways that Children's Community Mental Health Services and Wraparound Milwaukee may use and disclose health related information that is obtained about your child or family while you are in the program.

We may use and disclose, "protected health information" for activities related to the day-to-day operation of Children's Community Mental Health Services and Wraparound Milwaukee. This includes coordinating treatment for your child or family, processing payments, and organizational operations.

Case Management/Treatment/Crisis Intervention – We may use or disclose your health information in order to coordinate health care services for your child and family. This includes disclosing health related information to your assigned Care Coordinator, the Care Coordinator's Supervisor, and Milwaukee County Mobile Crisis Team. It also includes disclosing information to mental health and other health related health providers authorized by Children's Community Mental Health Services and Wraparound Milwaukee to provide services to your child and family.

Health Care Operations and Oversight Activities - We may use and disclose health information about you to carry out business management, planning and general administration activities including: determining revenue sources based on a court order type or status, eligibility for state or county programs (such as Title 19); quality management activities and audits related to fraud or abuse. This may include a review of information by the Federal government- Center for Medicaid and Medicaid Services (CMS), State of Wisconsin-Department of Health Services (DHS), or Milwaukee County representatives or their agents to determine eligibility for Medicaid funds or to confirm that services are provided in compliance with Children's Community Mental Health Services and Wraparound Milwaukee policies and procedures.

Payment Functions - We may use or disclose health information to determine Children's Community Mental Health Services and Wraparound Milwaukee's responsibility for payment of services and to coordinate services and service authorizations. This may also include release/exchanging health related and billing data with any and all private or public health care insurers, reimbursement agencies, third party payers, the Federal government- Center for Medicaid and Medicaid Services (CMS), State of Wisconsin-Department of Health Services (DHS), or Milwaukee County representatives or their agents. For example, payment functions may include reviewing progress records to verify service delivery.

Required by Law - We may use and disclose health information as required by law. For example, we may disclose medical information when required by a subpoena, a court order in a litigation proceeding for fraud or malpractice; or a judicial proceeding or administrative proceeding.

Public Health - We may disclose health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; and reporting exposure to disease or infection as required by law.

Law Enforcement - We may disclose health information to law enforcement officials for in order to locate a material witness or missing person, to comply with a court order, subpoena and for other law enforcement purposes.

Organ Donation, Medical Examiner, Funeral Directors - We may disclose health information to agencies that handle organ and tissue donation and transplants; to the coroner or medical examiner to determine a cause of death or identify a deceased person and to funeral directors so they may carry out their duties.

Public Safety / National Security - We may disclose 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, the general public or for purposes of national security.

Correctional Facilities - If you are an inmate in a correctional institution, health information may be disclosed to the correctional institution or a law enforcement officer for: (1) the institution to provide health care to you; (2) for the health and safety of all inmates in the institution; (3) the safety and security of the correctional facility.

Marketing – Children's Community Mental Health Services and Wraparound Milwaukee, including your assigned Care Coordination Agency or the Family Advocacy Agency contracted by Children's Community Mental Health Services and Wraparound Milwaukee may contact you to give you information about services that may be of interest to you. As an example, Children's Community Mental Health Services and Wraparound Milwaukee may offer you the opportunity to attend focus groups or special holiday events.

OTHER DISCLOSERS - Except as described above, we will not use or disclose health information without written authorization from you. If you do authorize us to disclose health information, you may revoke the authorization in writing at any time. If you revoke an authorization, we will no longer disclose health information about your child or family about the specific authorization that has been withdrawn.

YOUR RIGHTS

1. **Right to Request Restrictions.** You have the right to request that Children's Community Mental Health Services and Wraparound Milwaukee place limits on certain uses and disclosures of your health information. Requests must be submitted in writing to the address listed below. Include in your request: 1) the information that you want to limit and 2) how you want to limit its use or disclosure**.** Children's Community Mental Health Services and Wraparound Milwaukee does not have to agree to the limits that you request.

2. **Right to Request Confidential Communications.** Your Care Coordinator will generally contact you by phone. Benefits statements will be sent to your home. You have the right

to receive this and other communication through a reasonable alternative means or at another location. To request confidential communications, you must submit your request in writing to the address listed below. In your request, be sure to identify 1) the information that you want communicated in an alternative manner and 2) the alternative means or location for the communication. Depending on the request, we may or may not be able to comply with your request.

3. **Right to Inspect and Copy.** You have the right to inspect and obtain a copy of certain health information maintained by Children's Community Mental Health Services and Wraparound Milwaukee. To inspect or obtain a copy of any information, you must submit a written request to the address listed below. In certain circumstances, Children's Community Mental Health Services and Wraparound Milwaukee may deny the request. If the request is approved, you may be charged a fee to cover expenses associated with your request.

4. **Right to Request Amendment.** You have a right to request that Children's Community Mental Health Services and Wraparound Milwaukee amend health information that you believe is incorrect or incomplete. Children's Community Mental Health Services and Wraparound Milwaukee is not required to change your health information. If your request is denied, Children's Community Mental Health Services and Wraparound Milwaukee will provide you with information about the denial and how you can disagree with the denial. To request an amendment of your health information, submit your written request (including the reason for the request) the address listed below.

5. **Right to Accounting of Disclosures.** You have the right to request a list or "accounting of disclosures" of your health information made by Children's Community Mental Health Services and Wraparound Milwaukee. Children's Community Mental Health Services and Wraparound Milwaukee does not have to account for disclosures made for purposes of payment, health care operations, or for disclosures made to you. You must submit your request for a list of disclosures in writing to the address listed below. Your request should specify the time period of the disclosure (up to six years - may not include dates before April 14, 2003). Children's Community Mental Health Services and Wraparound Milwaukee will provide one list per 12-month period free of charge. Children's Community Mental Health Services and Wraparound Milwaukee may charge you for additional lists.

6. **Right to Paper Copy.** You have a right to receive a 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 address listed below. You may also obtain a copy of this Notice at Children's Community Mental Health Services and Wraparound Milwaukee website, wraparoundmke.com, under Family/Youth- Helpful Forms.

CHANGES TO THIS NOTICE

Children's Community Mental Health Services and Wraparound Milwaukee reserves the right to amend this Notice at any time in the future and to make the provisions of the new notice effective for all health information that it maintains. Children's Community Mental Health Services and Wraparound Milwaukee will promptly supply a copy of the new notice to you whenever changes to the notice are made. Until such time, Children's Community Mental Health Services and Wraparound Milwaukee is required by law to comply with the current version of this notice.

Milwaukee County DHHS-BHS
Children's Community Mental Health Services and Wraparound Milwaukee

Grievances

Grievances about how Children's Community Mental Health Services and Wraparound Milwaukee handles your health information should be directed to at the address listed below. All grievances should be submitted in writing. Children's Community Mental Health Services and Wraparound Milwaukee will not retaliate against you in any way for filing a grievance. If you believe your privacy rights have been violated, you may also file a grievance with the Secretary of the Department of Health and Human Services.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of the rights listed above, submit your written requests to:

Milwaukee County-DHHS
Attn: Wraparound Milwaukee, Quality Assurance
1220 W Vliet St, Room 300
Milwaukee, WI 53205 Phone: 414-257-7600

Effective Date of this Notice: 04/14/2003
Revised Date: 05/31/2018, 5/28/20, 9/2022

ATTENTION: If you speak English, language assistance services are available to you free of charge. Call your Care Coordinator directly or call 1-833-912-2468 (TTY: 711)

Español (Spanish) - ATENCIÓN: Si habla español, tenemos servicios de asistencia lingüística disponibles de forma gratuita. Llame a su coordinador de atención directamente o bien llame al 1-833-912-2468 (TTY: 711)

Hmoob (Hmong) - CEEB TOOM: Yog koj hais lus Hmoob, muaj cov kev pab txhais lus pub dawb rau koj. Hu xov tooj ncaj nraim rau koj tus Neeg Khiav Hauj Lwm Muab Kev Kho Mob los yog hu rau 1-833-912-2468 (TTY: 711)

မွာ ျမန္မာစာ (Myanmar)(Burmese) - အထူးသတိျပဳရန္ - အကယ္၍ ျမန္မာဘာသာစကားကို သင္ေျပာဆိုႏိုင္ပါက ဘာသာစကားဆိုင္ရာ ဝန္ေဆာင္မွဳမ်ားကို အခမဲ့ သင္ ရရွိႏိုင္ပါသည္။ သင့္ ေစာင့္ေရွာက္မွဳ ဆက္စပ္ေဆာင္ရြက္ေပးသူထံသို႔ တိုက္ရိုက္ ဖုန္းေခၚဆိုပါ သို႔မဟုတ္လည္း 1-833-912-2468 (TTY: 711) သို႔ ေခၚဆိုပါ

AVISO DE PRIVACIDAD

EN ESTE AVISO, SE EXPLICA CÓMO SU INFORMACIÓN MÉDICA PUEDE UTILIZARSE Y REVELARSE, Y CÓMO USTED PUEDE OBTENER ACCESO A DICHA INFORMACIÓN. ES IMPORTANTE QUE LO REVISE CON CUIDADO.

LA LEY EXIGE QUE CHILDREN'S COMMUNITY MENTAL HEALTH SERVICES AND WRAPAROUND MILWAUKEE PROTEJA LA PRIVACIDAD DE LOS EXPEDIENTES DE ATENCIÓN MÉDICA DE SU HIJO. ASIMISMO, TENEMOS LA OBLIGACIÓN DE ENTREGARLE UNA COPIA DE ESTE AVISO PARA QUE USTED PUEDA ENTENDER MEJOR NUESTROS DEBERES Y RESPONSABILIDADES CON RESPECTO A LA INFORMACIÓN INCLUIDA EN ESOS EXPEDIENTES.

USO O REVELACIÓN DE LA INFORMACIÓN DE SALUD

Las categorías que siguen describen las maneras en que Children's Community Mental Health Services and Wraparound Milwaukee puede utilizar y revelar información relacionada con la salud que se obtenga acerca de su hijo o familia mientras usted participe en el programa Wraparound.

Podemos utilizar y revelar "información de salud protegida" para actividades relacionadas con el funcionamiento cotidiano de Children's Community Mental Health Services and Wraparound Milwaukee. Esto incluye la coordinación del tratamiento para su hijo o familia, el procesamiento de los pagos y las operaciones organizacionales.

Gestión de casos/Tratamiento/Intervención ante crisis: podemos utilizar o revelar su información de salud a fin de coordinar los servicios de atención médica para su hijo y para su familia. Esto incluye revelar información relacionada con la salud al coordinador de atención asignado a su caso, al supervisor de dicho coordinador y al Equipo móvil de control de crisis para niños. Asimismo, incluye revelar información a proveedores de salud mental y otros proveedores de atención médica que estén autorizados por Children's Community Mental Health Services and Wraparound Milwaukee a brindarles servicios a su hijo y a su familia.

Operaciones de atención médica y actividades de supervisión: podemos utilizar y revelar información de salud sobre usted para llevar a cabo actividades de gestión comercial, planificación y administración general, que incluyen lo siguiente: determinar fuentes de ingresos según un estado o tipo de orden judicial, requisitos para programas estatales o del condado (como Title 19), actividades de control de la calidad y auditorías relacionadas con fraudes o casos de uso indebido. Esto puede incluir una revisión de la información por parte del Center for Medicaid and Medicaid Services (CMS) del gobierno federal, del Department of Health Services (DHS) del estado de Wisconsin, o de representantes del condado de Milwaukee o sus agentes para determinar la satisfacción de requisitos para recibir fondos de Medicaid o para confirmar que los servicios se brinden de conformidad con las políticas y procedimientos de Children's Community Mental Health Services and Wraparound Milwaukee.

Funciones de pago: podemos utilizar o revelar información de salud para determinar la responsabilidad de Children's Community Mental Health Services and Wraparound Milwaukee's respecto al pago de servicios, y para coordinar servicios y autorizaciones de servicios. Esto también podría incluir la entrega/el intercambio de datos de facturación y relacionados con la salud con todos o cada uno de los aseguradores de atención médica públicos o privados, agencias de reembolso, terceros pagadores, el Center for Medicaid and Medicaid Services (CMS) del gobierno federal, del Department of Health

Services (DHS) del estado de Wisconsin o de representantes del condado de Milwaukee o sus agentes. Por ejemplo, las funciones de pago pueden incluir la revisión de registros de progreso a fin de verificar la prestación de servicios.

Obligación por ley: podemos utilizar y revelar información de salud si así lo exige la ley. Por ejemplo, podemos revelar información médica si así lo exigen una citación, una orden judicial como parte de un juicio por fraude o negligencia profesional, o un procedimiento judicial o administrativo.

Salud pública: podemos revelar información de salud a las autoridades de salud pública con los siguientes fines: evitar o controlar una enfermedad, lesión o discapacidad; denunciar maltrato o abandono de menores; denunciar casos de violencia doméstica; y denunciar la exposición a una enfermedad o infección, según lo exija la ley.

Cumplimiento de la ley: podemos revelar información de salud a las fuerzas del orden con los siguientes fines: encontrar a un testigo esencial o persona desaparecida, cumplir con una orden judicial o citación, u otros fines relacionados con el cumplimiento de la ley.

Donación de órganos, médico forense, funerarias: podemos revelar información de salud a entidades a cargo de la donación y de trasplantes de órganos y tejidos; al funcionario forense o al médico forense para determinar la causa de muerte o identificar a una persona fallecida, y a los responsables de funerarias para que puedan llevar a cabo su labor.

Seguridad pública/nacional: podemos revelar información de salud a las personas adecuadas a fin de evitar o disminuir una amenaza grave e inminente para la salud o la seguridad de una persona en particular, del público en general o con fines relacionados con la seguridad nacional.

Centros penitenciarios: si usted es un recluso en un centro penitenciario, su información de salud puede revelarse a las autoridades de dicho centro o a un agente de las fuerzas del orden con los siguientes fines: (1) para que le brinden atención médica en el centro; (2) para asegurar la salud y la seguridad de todos los reclusos en el centro; (3) para asegurar la seguridad del centro penitenciario.

Comercialización: Children's Community Mental Health Services and Wraparound Milwaukee, incluido el coordinador de atención a cargo de su caso o la entidad de defensa de la familia contratada por Children's Community Mental Health Services and Wraparound Milwaukee, puede ponerse en contacto con usted para darle información sobre servicios que tal vez le interesen. Por ejemplo, Children's Community Mental Health Services and Wraparound Milwaukee puede ofrecerle la oportunidad de asistir a grupos de apoyo o eventos especiales en días festivos.

OTRAS INSTANCIAS DE REVELACIÓN: con excepción de lo descrito anteriormente, no utilizaremos ni revelaremos información de salud sin su autorización por escrito. Si usted nos autoriza a revelar información de salud, puede revocar dicha autorización por escrito en cualquier momento. Si revoca su autorización, dejaremos de revelar información de salud sobre su hijo o su familia en relación con la autorización específica que se haya cancelado.

SUS DERECHOS

1. **Derecho a solicitar restricciones.** Tiene derecho a solicitar que Children's Community Mental Health Services and Wraparound Milwaukee limite ciertas instancias de uso y revelación de su información de salud. Las solicitudes pueden enviarse por escrito a la dirección que figura a continuación. Debe incluir en su solicitud: 1) la información que desee limitar y 2) cómo desea que limitemos su uso o

revelación. Children's Community Mental Health Services and Wraparound Milwaukee no tiene la obligación de aceptar los límites que usted solicite.

2. **Derecho a solicitar comunicaciones confidenciales.** El coordinador de atención a cargo de su caso por lo general lo llamará a su teléfono particular. Las declaraciones de beneficios se enviarán a su domicilio particular. Usted tiene derecho a recibir estas y otras comunicaciones por un medio alternativo que sea razonable o en otra ubicación. Para solicitar comunicaciones confidenciales, debe enviar su solicitud por escrito a la dirección que figura a continuación. En la solicitud, asegúrese de identificar 1) la información que desee recibir por un medio alternativo y 2) el medio o la ubicación alternativos para la comunicación. Según la solicitud, el personal de Wraparound tal vez pueda acceder o no.

3. **Derecho a inspección y copia.** Tiene derecho a inspeccionar y recibir una copia de cierta información de salud conservada por Children's Community Mental Health Services and Wraparound Milwaukee. A fin de inspeccionar u obtener una copia de cualquier información, debe enviar una solicitud por escrito a la dirección que figura a continuación. En ciertas circunstancias, es posible que Children's Community Mental Health Services and Wraparound Milwaukee deniegue la solicitud. Si se aprueba la solicitud, es posible que deba pagar una suma para cubrir los gastos relacionados con su solicitud.

4. **Derecho a solicitar modificaciones.** Tiene derecho a solicitar que Children's Community Mental Health Services and Wraparound Milwaukee modifique información de salud que usted considere incorrecta o incompleta. Children's Community Mental Health Services and Wraparound Milwaukee tiene la obligación de cambiar su información de salud. Si deniegan su solicitud, Children's Community Mental Health Services and Wraparound Milwaukee le proporcionará información sobre la denegación y de qué manera usted puede expresar su desacuerdo con la decisión. Para solicitar que modifiquen su información de salud, envíe su solicitud por escrito (incluido el motivo) a la dirección que figura a continuación.

5. **Derecho a recibir explicaciones de las instancias de revelación.** Tiene derecho a solicitar una lista o "explicaciones de las instancias de revelación" de su información de salud por parte de Children's Community Mental Health Services and Wraparound Milwaukee. Children's Community Mental Health Services and Wraparound Milwaukee no tiene la obligación de explicar las instancias de revelación con fines de pago u operaciones de atención médica, ni las instancias en que se le haya revelado información a usted. Debe enviar su solicitud de una lista de instancias de revelación por escrito a la dirección que figura a continuación. En la solicitud debe especificar el período de revelación (hasta 6 años, y no puede incluir fechas anteriores al 14 de abril de 2003). Children's Community Mental Health Services and Wraparound Milwaukee le proporcionará una lista cada 12 meses sin cargo. Si solicita listas adicionales, Children's Community Mental Health Services and Wraparound Milwaukee puede cobrarle un cargo.

6. **Derecho a recibir una copia impresa.** Tiene derecho a recibir una copia impresa de este aviso de prácticas de privacidad en cualquier momento. Para obtener una copia de este aviso, envíe su solicitud por escrito a la dirección que figura a continuación. También puede conseguir una copia de este aviso en el sitio web de Children's Community Mental Health Services and Wraparound Milwaukee, wraparoundmke.com, en Family/Youth- Helpful Forms (Familia/Jóvenes – Formularios útiles).

MODIFICACIONES A ESTE AVISO

Children's Community Mental Health Services and Wraparound Milwaukee se reserva el derecho de modificar este aviso en cualquier momento en el futuro y de estipular que las disposiciones del aviso

nuevo se apliquen a toda la información de salud que se conserve en el programa. Children's Community Mental Health Services and Wraparound Milwaukee le proporcionará una copia del aviso nuevo de inmediato cada vez que se hagan cambios. Hasta ese momento, la ley exige que Children's Community Mental Health Services and Wraparound Milwaukee cumpla con la versión vigente de este aviso.

QUEJAS

Si tiene quejas sobre la manera en que Children's Community Mental Health Services and Wraparound Milwaukee maneja su información de salud, envíelas a la dirección que figura a continuación. Todas las quejas deben presentarse por escrito. Children's Community Mental Health Services and Wraparound Milwaukee no tomará ninguna represalia contra usted por presentar una queja. Si cree que se violaron sus derechos de privacidad, también puede presentar una queja ante el secretario del Departamento de Servicios Humanos y de Salud.

Si desea recibir una explicación más detallada de estos derechos o si desea ejercer uno o más de los derechos mencionados anteriormente, envíe sus solicitudes por escrito a la siguiente dirección:

Milwaukee County-DHHS
Attn: Wraparound Milwaukee, Quality Assurance
1220 W Vliet St, Room 300
Milwaukee, WI 53205 Phone: 414-257-7600

Fecha de entrada en vigencia de este aviso: 04/14/2003
Fecha de modificación: 05/31/2018, 9/2022

ATTENTION: If you speak English, language assistance services are available to you free of charge. Call your Care Coordinator directly or call 1-833-912-2468 (TTY: 711)

Español (Spanish) - ATENCIÓN: Si habla español, tenemos servicios de asistencia lingüística disponibles de forma gratuita. Llame a su coordinador de atención directamente o bien llame al 1-833-912-2468 (TTY: 711)

Hmoob (Hmong) - CEEB TOOM: Yog koj hais lus Hmoob, muaj cov kev pab txhais lus pub dawb rau koj. Hu xov tooj ncaj nraim rau koj tus Neeg Khiav Hauj Lwm Muab Kev Kho Mob los yog hu rau 1-833-912-2468 (TTY: 711)

မွာ ျမန္မာစာ (Myanmar)(Burmese) - အထူးသတိျပဳရန္ - အကယ္၍ ျမန္မာဘာသာစကားကို သင္ေျပာဆိုႏိုင္ပါက ဘာသာစကားဆိုင္ရာ ဝန္ေဆာင္မွဳမ်ားကို အခမဲ့ သင္ ရရွိႏိုင္ပါသည္။ သင့္ ေစာင့္ေရွာက္မွဳ ဆက္စပ္ေဆာင္ရြက္ေပးသူထံသို႔ တိုက္ရိုက္ ဖုန္းေခၚဆိုပါ သို႔မဟုတ္လွ်င္လည္း 1-833-912-2468 (TTY: 711) သို႔ ေခၚဆိုပါ

Date:

Parent/Guardian
Youth
Address
City, State Zip

Dear

This notification is to inform you that a potential, accidental breach of youth name's personal information occurred by Children's Community Mental Health Services and Wraparound Milwaukee (WM). WM became aware of this breach on _____, which occurred on or about _____. The breach occurred as follows:

Description

- [A brief description of what happened, including the date of the breach and the date the breach was discovered, if it is known]

Protected Health Information Breached

- [full name, social security number, date of birth, home address, account number, diagnosis, disability code, or other types of information]

Steps taken to rectify the breach

-

Additional/Future Actions:

-

WM takes this incident very seriously and we are taking the necessary and appropriate actions to rectify the situation. We sincerely apologize for the incident.

If you have any questions or request additional information about the incident, you can contact me at PHONE NUMBER.

Sincerely,

Name
HIPAA Officer
Children's Community Mental Health Services and Wraparound Milwaukee