

Notice of Privacy Practices for Access Community Health Centers



Your Information. Your Rights. Our Responsibilities.

This notice describes how your health care information about you may be used and disclosed and how you can get access to your information. When it comes to your health information, you have certain rights. This notice explains your rights and some of our responsibilities to help you.

Please review it carefully.

Your Rights

Get an electronic or paper copy of your medical record:

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.
- If you have signed up for MyChart, much of your medical record will be available to you at no cost through the MyChart portal.
- You can also ask to see or get an electronic or paper copy of your health information through Access' Health Information Management department. We will provide a copy or a summary of your requested health information within the timeframe required by law. We may charge a reasonable, cost-based fee in accordance with applicable laws.
- In limited situations, we may say "no" to your request for records. If your request is denied, we will tell you the reasons why in writing and tell you how to request further review of the denial or submit a complaint.

Ask us to correct your medical record:

- You can ask us to correct health information about you that you think is incorrect or incomplete. You must submit this request in writing.
- We may say "no" to your request. If your request is denied, we will tell you the reasons why in writing. We will also tell you about further steps you may take, such as submitting a statement of disagreement.

Request confidential communications:

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Your Rights (Cont'd)

Get a list of those with whom we've shared information:

- You can ask for a list of the times we have shared your health information, who we shared it with, and why, for the six years prior to the date you ask.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).
- We'll provide one list per year at no charge to you, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice:

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy at any time.

Choose someone to act for you:

- If you have a legal representative, such as an activated health care power of attorney or a legal guardian, that person can exercise your rights and make choices about your health information.

File a complaint if you feel your rights are violated:

- You have the right to complain if you feel we have violated your rights. To file a complaint, you can contact Access' Privacy Officer by calling 608-443-5480 or at the address below.

Privacy Officer
Access Community Health Centers
2901 W. Beltline Hwy., Suite 120
Madison, WI 53513

- You also have the right to file a complaint with the Secretary of the U.S. Department of Health and Human Services Office for Civil Rights by calling 1-877-696-6775, visiting <https://www.hhs.gov/hipaa/filing-a-complaint/what-to-expect/index.html>, or at the address below.

Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201

- We will not retaliate against you for filing a complaint.

Your Choices

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

In the case of fundraising:

- We may contact you for Access fundraising efforts, but you can tell us not to contact you again and we will honor that request.

How else can we use or share your health information?

We typically use or share your health information in the following ways.

You have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care, and
- Share information in a disaster relief situation.

Your Choices (Cont'd)

If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

Provide health care treatment for you:

- We can use your health information and share it with other professionals who are treating you. Example: A doctor treating you for an injury asks another doctor about your overall health condition.
- Our behavioral health providers are part of our primary care team, and they document in your medical record. Their notes are available to your primary care team for coordination of care.

Run our organization:

- We can use and share your health information to:
 - Conduct business activities.
 - Improve quality of care.
 - Reduce health care costs
 - Training and licensing activities.
 - Contact you when needed.Example: We may review your health information to evaluate the treatment and services provided, and the performance of our staff in caring for you.

Bill for your services:

- We can use and share your health information to bill and get payment from health plans or other entities. Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues:

- We can share health information about you with certain people, organizations, state and federal agencies, and/or law enforcement for certain situations, including but not limited to the following.
 - Prevent or control disease, injury, or disability.
 - Help with product recalls, report adverse reactions to medications, track products regulated by the Food and Drug Administration, and conduct post marketing surveillance.
 - Prevent or reduce a serious threat to anyone's health or safety.
 - If you are a student, in some situations we may share proof of your immunizations with the school.

Conduct research:

- We can use or share your information for health research.

Abuse, neglect or domestic violence:

- To the extent required or permitted by law, we may notify the appropriate government authority if we believe an individual has been the victim of abuse, neglect or domestic violence.

How else can we use or share your health information? (Cont'd)

Comply with the law.

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Work with a medical examiner or funeral director:

- We can share health information with a coroner or medical examiner for identification purposes when a person dies, to help determine cause of death, or to comply with law. We can also share health information with funeral directors to carry out their duties.

Address workers' compensation, law enforcement, and other government requests:

- We can use or share health information about you.
 - For workers' compensation claims.
 - With health oversight agencies for activities authorized by law such as audits, investigation, inspections, licensure, certification, and other proceedings.
 - For special government functions such as military, national security, and presidential protective services.

Respond to lawsuits and legal actions:

- We can share health information about you in response to a court or administrative order, or in response to a valid subpoena.

Law enforcement purposes:

- We can (and are sometimes required to) share your health information for certain law enforcement purposes, including but not limited to the following.
 - Reporting some types of injuries, suspicious deaths, or crimes on our premises, or to comply with a court order, subpoena, warrant, or similar process.
 - Identifying or locating a suspect, fugitive, missing person, or witness.
 - Sharing information about the victim of a crime if we obtain the individual's agreement or, under certain limited circumstances, if we are unable to obtain the individual's agreement.
 - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Correctional institutions and other specialized government functions:

- If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may share health information about you to the correctional institution or law enforcement official if it is necessary for the following:
 - For the institution to provide you with health care,
 - To protect your health and safety or the health and safety of others, and
 - For the safety and security of the correctional institution.

Organ and tissue donation requests:

- We may share health information with organ procurement organizations and other organizations involved in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue for purposes of organ, eye or tissue donation and transplantation.

How else can we use or share your health information? (Cont'd)

Business associates:

- We may share your health information with our business associates and allow them to create, use and disclose your health information to perform services for us. Our business associates have the same obligations that we have to protect your health information. Example: We may share your health information with a company that stores medical records on our behalf.

Health information exchanges:

- We may participate in electronic health information exchanges (HIE) with other organizations who are permitted by law to access your health information. For example, HIEs often involve the sharing of health information between providers involved in the treatment of the same patient. You may ask to opt out of an HIE by submitting a release restriction request to Access' Health Information Management.

Other state and federal laws:

- Where Wisconsin and other federal laws are more protective of your health information than the HIPAA regulations, we will comply with the more protective requirements. For example, certain sensitive types of records have heightened protections under state and federal laws such as mental health records, substance use disorder records, and HIV test results.
- Access operated the Health Promotions Clinic (HPC) which provided substance use disorder treatment and followed the confidential protections of 42 C.F.R. Part 2. HPC followed the privacy practices described in Appendix A of this notice.

Emails, texts, calls, MyChart

- By providing Access with your phone number, by setting your communication preferences accordingly, or by agreeing through an opt-in process, you authorize Access (or those acting on its behalf) to communicate with you by telephone (including cell phone), text message, and/or use of any automated or prerecorded message or call regarding:
 - Services, payment for services and other billing information,
 - Scheduling appointments, refill reminders, healthcare
 - Operations activities, health maintenance reminders, pre-visit reminders, instructions and documentation, pre- and postsurgery information, patient surveys, research opportunities,
 - Fundraising, public health emergencies and other operational or informational messages.
 - Calls may be monitored or recorded for any purpose permitted by law. Standard message and data rates may apply to text messages.
- By providing Access with your email address, you agree to receive email messages from Access (or those acting on its behalf) for promotional, operational and informational purposes, including but not limited to those outlined above.
- If you have signed up for MyChart with Access, you also agree to receive these messages through the MyChart portal.
- Emails and texts that contain your health information may not be secure. This creates a risk that third parties could view the information contained in the message. If you do not want to receive any emails, you should not provide an email address to Access.
- You may opt out of certain calls, emails, or text messages by:
 - Managing your communication preferences directly through your MyChart account settings,
 - Following the applicable unsubscribe or other opt-out instructions provided to you in the communication, or
 - Contacting Access main clinic phone lines.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can do so (generally in writing). If you tell us we can, you may change your mind at any time and let us know in writing if you change your mind.
- For more information on HIPAA, see the following website:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of This Notice:

- We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Contact Information

Access Community Health Centers Privacy Officer
Tammy.Quall@accesshealthwi.org
(608) 443-5517

Effective date: November 2024

Appendix A

In addition to the privacy protections afforded to all medical records under HIPAA, there is another federal law that provides additional confidentiality protections for substance use disorder records. That law can be found at 42 U.S.C. §290dd-2 and 42 C.F.R. Part 2 ("Part 2").

Disclosures of information subject to federal substance use disorder rules.

The following is a summary of the limited circumstances under which we may acknowledge your presence or disclose information about you to individuals outside of the Part 2 program without your permission.

Qualified service organizations:

- We will disclose your information to our qualified service organizations to the extent necessary for these entities to provide services to the Part 2 program.
- Reporting certain criminal conduct, the following information is not protected by Part 2:
 - Information related to your suspected crime committed on the premises of an Access facility,
 - Information related to your crime committed against Access personnel, and
 - Reports of suspected child abuse and neglect made under state law to the appropriate state or local authorities.

Medical emergencies:

- We may disclose your information to medical personnel to the extent necessary during a medical emergency if you are unable to provide prior authorization of the disclosure. We may also disclose your identifying information to medical personnel of the Food and Drug Administration (“FDA”) who assert a reason to believe that your health may be threatened by an error in the manufacture, labeling, or sale of a product under FDA jurisdiction, and that the information will be used for the exclusive purpose of notifying patients or their physicians of potential dangers.

Research:

- In certain cases, we may disclose your information for scientific research, subject to certain safeguards.

Audit and evaluations:

- We may disclose information to others for specific audits or evaluations. This includes those who provide financial assistance to Access or those who conduct audits and evaluations required under federally funded health care programs and federal agencies who oversee those programs.
- Persons involved in your care.
- Depending on your age and mental capacity, we may be allowed to disclose certain information to your legally authorized representative (such as a parent of a minor or court appointment guardian), for payment purposes. Your legally authorized representative may be allowed to authorize disclosures of your information.

Deceased patients:

- We may disclose your information relating to cause of death under laws which require the collection of death or other vital statistics or permitting inquiry into the cause of death. For other disclosures where authorization is required, we may disclose your information if authorization was given by an executor, administrator, or other personal representative appointed under applicable state law. If there is no such appointed representative, the authorization may be given by the patient’s spouse or, if none, by any responsible member of the patient’s family.

Judicial proceedings:

- We may disclose information about you in response to a court order and subpoena that comply with the requirements of the regulations and other applicable law.

Communications within the Health Promotions Clinic program and Access:

- We may use or disclose information between or among personnel having a need for the information in connection with their duties that arise out of the provision of diagnosis, treatment, or referral for treatment of alcohol or drug abuse, provided such communication is either within the Part 2 program, or between the Part 2 program and Access. For example, our staff, including doctors, nurses, and other clinicians, will use your health information to provide your treatment care. Your health information may be used in connection with billing statements we send you and in connection with tracking charges

and credits to your account. We may also use your health information to check for eligibility for insurance coverage and prepare claims for your insurance company where appropriate. We may use and disclose your health information in order to conduct our healthcare business and to perform functions associated with our business activities, including accreditation and licensing.

Violations of laws and regulations:

- A violation of the federal law and regulations governing the confidentiality of substance use disorder records is a crime. Suspected violations may be reported to the Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment at 5600 Fishers Lane Rockville, MD 20857 or (240) 276-1660 or to the US Attorney for the district in which the violation occurred.