

NOTICE OF PRIVACY PRACTICES

Lutheran Social Services of Wisconsin and Upper Michigan, Inc. (“LSS”) is required by law to maintain the privacy of Protected Health Information (“PHI”).

“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.”

Use and Disclosure of Protected Health Information

LSS may use your PHI for the purpose of providing treatment, obtaining payment for care, and other related health care operations, or when we are required by law to do so, without your written permission. In addition, there are other circumstances in which your health information may be used or given without written permission. Not every specific type of use and disclosure are listed in this notice. Applicable state law may further limit LSS’s uses and disclosures. LSS will comply with any more stringent applicable state law when using and disclosing your PHI.

Use and Disclosure of Substance Use Disorder Records

Federal law contains more restrictive provisions regarding certain records created by certain entities that provide substance use disorder treatment, diagnosis or referral. A substance use disorder is a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance (such as drugs or alcohol, but not including tobacco or caffeine) despite significant substance-related problems such as impaired control, social impairment, risky use, and pharmacological tolerance and withdrawal. LSS complies with privacy practices consistent with the federal regulations at 42 C.F.R. Part 2 (“Part 2”) regarding client substance use disorder records subject to Part 2. See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR part 2 for Federal regulations.

Following are some common ways health information is used or disclosed without written permission.

Circumstances Involving Use and Disclosure of Protected Health Information

To Provide Treatment

LSS may use and disclose your PHI to consult with other LSS employees or contracted service providers to provide the best quality of care. For example, a contract between the county and LSS may allow for communication to occur between a county social worker and LSS related to mutual clients.

If you enroll in multiple LSS programs, either consecutively or concurrently, the LSS employees providing services of each program may access your treatment record for continuity of care. It is not required by law to obtain consent for records provided within the same entity.

We may also disclose PHI about you to people outside of LSS who provide your medical care for purposes of treatment. For example, we may provide PHI about your care and treatment to a doctor that provides care following health services at LSS.

To Obtain Payment

LSS may use and disclose your PHI to send and collect bills to you or to other parties involved in paying for your treatment or care. For example, if a client needs additional therapy sessions, LSS will provide the minimum information necessary to the insurance representative in order to authorize payment for additional sessions.

For Health Care Operations Purposes

LSS may use and disclose the minimum required PHI for purposes of its business operations, including, but not limited to, case management and care coordination, quality assessment activities, licensing, statistical, audit, and accreditation purposes.

When Permitted or Required by Law

LSS will disclose your PHI when it is required to do so by federal, state, and local law. This includes responding to a court order or subpoena. Additionally, we may disclose your PHI without permission when permitted to do so by applicable law, such as to report a crime committed on LSS's premises or for certain public health activities or government functions, such as controlling or preventing communicable diseases or reporting adverse events or product defects to the Federal Food and Drug Administration.

To Report Abuse or Neglect

An LSS employee will disclose PHI to report suspected abuse or neglect of a child or elder adult/adult-at-risk seen in the course of their professional duties.

To Report a Serious and Imminent Threat to Health or Safety

If an employee of LSS has good reason to believe that your health or safety is in jeopardy (for example, because of a suicide threat) or that another's health or safety is in jeopardy (for example, because of a threat to harm another), the employee will disclose PHI to persons who may be able to prevent or lessen the threat or help the potential victim of the threat for the purpose of preventing harm to yourself, to someone else, or to the public. State law may require such disclosure when an individual or group has been specifically identified as the target or potential victim, such as when the threat involves school violence.

To Participate in Benchmarking or Other Reporting Purposes

Information may be shared for program performance, benchmarking initiatives, or other reporting purposes such as applications for funding. Confidentiality is maintained for this type of information sharing/disclosure as the information does not contain identifiable or protected health information. LSS benefits from participating in benchmarking for continuous quality improvements. When seeking funding to serve populations and increase access to services, non-identifiable information is included in support of the need for programs, services and funding.

To Our Business Associates

We may use or disclose your PHI to certain contractors that assist us in operating our business. For example, a vendor may need access to PHI in order to service certain software or equipment. These contractors that assist us, if they are not providing the service in the capacity of a member of our own workforce, may be "Business Associates". We enter into agreements with our Business Associates where they agree to keep any PHI received from us confidential.

To Your Friends or Family Members

We may disclose PHI about you to a family member, relative, or another person identified by you who is involved in your health care or payment for your health care. If you are not present or are incapacitated or it is

an emergency or disaster relief situation, we will use our professional judgment to determine whether disclosing limited PHI is in your best interest under the circumstances.

For Directory Purposes

We may at time list certain information about you, such as your name, your location in the facility, and your religious affiliation in a facility directory. Subject to more stringent applicable law, we can disclose this information, except for your religious affiliation, to people who ask for you by name. You may request that no information contained in the directory be disclosed.

For Future Communications and Developments

We may use your name, address, email and phone number to contact you to provide you information about new programs or other services we offer, or to provide LSS newsletters. An example of this would be mailers to all client regarding a benefit walk or run or to announce the opening of a new facility. This same information may be used to develop new programs as part of promoting health.

Except when using or disclosing your PHI for treatment purposes or when using or disclosing your PHI as required by applicable laws, rules, or regulations, LSS will follow a “Minimum Necessary” standard and will make reasonable efforts to limit the use and disclosure of your PHI in order to accomplish the intended purpose..

Circumstances Involving Use and Disclosure of Substance Use Disorder Records

LSS has a number of programs that provide substance use disorder treatment, diagnosis or referral and that collectively comprise LSS’s “Part 2 Program” subject to the federal Part 2 regulations. Not all of LSS’s providers or programs qualify as part of its Part 2 Program pursuant to federal law. Information regarding substance use disorders provided by you to an LSS program that is not within the LSS Part 2 Program would not qualify for the protections of this section. If you have any questions about the applicability of this section to the services you are receiving, please contact us.

If services or treatment is provided to you by a program within LSS’s Part 2 Program, the substance use treatment records are subject to the more restrictive provisions of this section and are generally only accessible to those programs that make up LSS’s Part 2 Program. LSS programs that do not provide services related to substance use disorders and therefore fall outside of LSS’s Part 2 Program will not have access to substance use disorder records. In instances where a program within LSS’s Part 2 Program wants to share information with a program outside of LSS’s Part 2 Program, your consent would be required to share information related to the substance use disorder, even though both programs are part of LSS, unless an express exception under the Part 2 regulations permits or requires the disclosure without your consent.

LSS’s Part 2 Program will not disclose to any program, person or entity outside of the Part 2 Program that you are enrolled in a program subject to Part 2 or disclose any information that would identify you as having or having had a substance use disorder unless:

- you or your authorized representative consents in writing;
- The disclosure is allowed by a court order that complies with applicable law;
- The disclosure is made to medical personnel in a medical emergency consistent with applicable law; or
- The disclosure is made to qualified personnel for research, audit, or program evaluation, so long as applicable legal requirements are met.

Part 2 does not protect information about a crime committed either at the Part 2 Program or against any person who works for the Part 2 Program or about any threat to commit such a crime.

Part 2 also does not prohibit the disclosure of information by LSS's Part 2 Program to report suspected child abuse or neglect under state law to appropriate state or local authorities.

Authorization and Rights Regarding Your Health Information

Other than stated above or as required/allowed by law, LSS will not disclose your PHI other than with your written authorization. If you authorize LSS to use or disclose your PHI, you may revoke the 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.

We may contact you to raise funds for our organization. You have the right to opt out of receiving such communications. If you wish to opt out of such communications, please contact the LSS Privacy Officer, listed below.

You have the following rights regarding your health information:

1. Right to request restrictions on disclosure of your health information. We will respectfully consider your request, but there may be times when we are not required to agree to your request (for example, if the law requires disclosure). However, we will comply with any restriction request if the disclosure is to a health plan for purposes of payment or health care operations (not for treatment) and the health information pertains solely to a health care item or service that you have paid for out-of-pocket and in full.
2. You have the right to request confidential communications of your health information through a reasonable alternative means or through an alternative location. You must submit your request in writing; however, we are not required to agree to your request.
3. Right to inspect and copy your health information. You may request access to your health information in electronic form. You must submit a signed request in writing. There may be a reasonable fee to cover expenses associated with your request.
4. Right to amend health information. If you believe that your health care information is incorrect or incomplete, you may request to amend your record. Your request must be made in writing and signed. We will respectfully consider your request, but there may be times when we are not required to abide by your request.
5. Right to an accounting of disclosures. You have the right to request an accounting of the disclosures that LSS makes of your health information for purposes other than treatment, payment, health care operations, disclosures authorized by you or made to you, and certain other activities.
6. You have a right to receive an electronic copy of this Notice of Privacy Practices. You also have the right to receive a paper copy of this Notice at any time even if you have agreed to receive the notice electronically.
7. You have the right to be notified in the event that we (or one of our contractors) discover a breach in the privacy of your health information that had not been secured. We will notify you of any such breach in accordance with federal and state requirements.
8. You have the right to appoint a personal representative, such as a medical power of attorney or if you have legal guardian. Your personal representative may be authorized to exercise your rights and make choices about your health information. We will confirm the person has this authority and can act for you before we take any action based on their request.

Changes to this Notice of Privacy Practices

LSS reserves the right to amend this Notice of Privacy Practices at any time in the future, and we will distribute it to you whenever we make material changes to the Notice.

Complaints

If you believe that Lutheran Social Services of Wisconsin and Upper Michigan, Inc. has violated your privacy rights, you have the right to file a complaint in writing with the Privacy Officer, Juli Fugate, at 6737 W Washington Street, West Allis, WI 53214, (414) 246-2354 or you can contact the regional Office of Civil Rights:

Region V
Office for Civil Rights
U.S. Department of Health and Human Services
233 N. Michigan Ave., Suite 240
Chicago, IL 60601
Phone: (312) 886-2359
Fax: (312) 886-1807
TDD: (312) 353-5693

Violation of the federal law and regulations regarding substance use disorder records by a Part 2 Program is a crime. You may report suspected violations consistent with Part 2 to:

Executive Office for United States Attorneys
United States Department of Justice
950 Pennsylvania Avenue, NW, Room 2242
Washington, DC 20530-0001

or to the Substance Abuse and Mental Health Services Administration (SAMHSA) at:

SAMHSA Center for Substance Abuse Treatment (CSAT)
5600 Fishers Lane
Rockville, MD 20857

Effective Date

This notice is effective August 24, 2020 and replaces any previous notice of privacy practices issued by Lutheran Social Services of Wisconsin and Upper Michigan, Inc.

Questions

If you have any questions regarding this notice or how to exercise one of your individual rights outlined herein, please contact the program supervisor.