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## **Notice of Health Information Practices of Professional Services Group & Community Impact Programs**

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### **Introduction**

At Professional Services Group (PSG) and Community Impact Programs (CIP), we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information as defined by federal regulations.

### **Understanding Your Health Record/Information**

Each time you have contact with PSG/CIP, a record of your visit is made. Typically, this record contains your symptoms, diagnoses, treatment notes, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- ◆ Basis for planning your care and treatment.
- ◆ Means of communication among the health professionals who contribute to your care.
- ◆ Legal document describing the care you received.
- ◆ Means by which you or a third party payer can verify that services billed were actually provided.
- ◆ Tool in educating health professionals.
- ◆ Source of data for medical research.
- ◆ Source of information for public health officials charged with improving the health of this state and the nation.
- ◆ Source of data for our planning and marketing.
- ◆ Tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to:

- ◆ Ensure its accuracy.
- ◆ Better understand who, what, when, where and why others may access your health information.
- ◆ Make more informed decisions when authorizing disclosure to others.

## **Your Health Information Rights**

Although your health record is the physical property of Professional Services Group/Community Impact Programs, the information belongs to you. You have the right to:

- ◆ Obtain a paper copy of this notice of information practices upon request.
- ◆ Inspect and copy your health record as provided for in 45 CFR 164.524. This right is not absolute. In certain situations, we may deny access. You do not have right of access to the following information:
  - Psychotherapy notes.
  - Information to be used in civil, criminal or administrative proceedings.
  - Information that was obtained from someone other than PSG/CIP.
  - Personal health information that makes reference to another individual.

We reserve the right to charge a reasonable, cost-based fee for making copies.

- ◆ Amend your health record as provided in CFR 164.528.
- ◆ Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528.
- ◆ Request communications of your health information by alternative means or at alternative locations.
- ◆ Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522.
- ◆ Revoke your authorization to use or disclose health information except to the extent that action has already been taken.
- ◆ Request that we communicate with you in a certain way (i.e. you may request that we speak with you only when no other family members are present). Please contact the Privacy Officer if you wish to receive special communications.

## **Our Responsibilities**

Professional Services Group/Community Impact Programs is required to:

- ◆ Maintain the privacy of your health information.
- ◆ Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- ◆ Abide by the terms of this notice.
- ◆ Notify you if we are unable to agree to a requested restriction.
- ◆ Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

## **Circumstances Under Which Health Information Will Be Used or Disclosed**

### **To Provide Treatment**

- ◆ We may disclose your health information to other who provide care to you.

### To Obtain Payment

- ◆ We may use your health information to collect reimbursement from your health insurance carrier.
- ◆ We may need to obtain prior approval from your insurer and may need to provide to your insurer your need for health care and the services you will be provided.
- ◆ We will provide your personal health information to our private billing service.
- ◆ We will also provide your health information to the credit bureau if you fail to pay for services rendered or for failure to pay the \$50.00 no show fee (\$70.00 for a missed psychiatric appointment).

### For Appointment Reminders

- ◆ We may use your health information to contact you as a reminder that you have an appointment for treatment or care.
- ◆ We will leave such notice on the answering machine if you do not answer the phone, and we will leave the least information possible to confirm the appointment.
- ◆ We will address you by using only your first name in the presence of others (i.e. in the waiting room, in a group of others).

### To Report Abuse or Neglect

- ◆ Provider will notify authorities if there is a belief that a child is the victim of physical, sexual, or emotional abuse or neglect.

### In the Event of a Serious Threat to Health or Safety

- ◆ Consistent with the laws and ethical standards of conduct, we will disclose your personal health information, if in good faith, we believe that such a disclosure is necessary to prevent or lessen a serious and imminent threat to your safety or the safety of another or the public.
- ◆ We will disclose your health information to coroners/medical examiners for purposes of determining your cause of death or for other duties authorized by law.

### When Legally Required

- ◆ We will disclose your health care information when ordered to do so by a judge.
- ◆ We will disclose your health care information when required to do so by Federal, State or local law.
- ◆ We will disclose your health care information in the course of judicial or administrative proceedings.

### To Conduct Health Oversight Activities

- ◆ Audits, civil, administrative or criminal proceedings, inspections, or disciplinary action.

### For Specified Government Functions

- ◆ We may disclose your health care information to facilitate specified government relating to the military, national security, intelligence activities, or protective services for the President.

## Workers Compensation

- ◆ We may disclose your health care information for worker's compensation or similar programs.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you've supplied us, or if you agree, we will e-mail the revised notice to you.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

### **For More Information or to Report a Problem**

If you have questions or would like additional information, you may contact the practice's Privacy Officer, Brian A. Wolf, Ph.D. at (262) 652-2406.

If you believe your rights have been violated, you can file a complaint with the practice's Grievance Specialist, Privacy Officer or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Grievance Specialist, Privacy Officer or the Office for Civil Rights. The address for the Office for Civil Rights is listed below.

*Office for Civil Rights*  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, DC 20201