



## JEFFERSON COUNTY

### HUMAN RESOURCES

Courthouse Room 111  
JEFFERSON, WISCONSIN 53549  
Telephone (920) 674-7102

TERRI PALM KOSTROSKI  
Human Resources Director

KAREN MUNDT  
Benefits Administrator

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Human Resources Coordinator

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## NOTICE OF PRIVACY PRACTICES

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

We are required by federal and state law to maintain the privacy of your health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect April 14, 2003, and will remain in effect until we replace it. It describes the practices we follow in administering our health, dental, and long term care policies, and the contracting of the Employee Assistance Program (EAP).

We reserve the right to change our privacy practices and to amend this notice at any time, as long as such changes are consistent with applicable law. We reserve the right to make changes in our privacy practices and notice effective for all health information that we maintain, including health information we created or received before we made the changes. If we make material changes to our practices, we will promptly revise our notice and make it available to you.

### Organizations and Insurance Policies Covered by this Notice

This notice applies to the Group Health Plans (each a "Health Plan" and collectively, the "Plans") maintained by the Plans' sponsor, Jefferson County (the "Plan Sponsor"/"Employer"), and to the dental, and long term care policies, and the Employee Assistance Program (EAP), offered by Jefferson County. This notice applies to all of the Health Plans sponsored by the employer. References to "we" and "us" throughout this notice means the Plans. Each of the Plans will use and disclose your health information as described in this notice and each is obligated to comply with the terms of this notice. The Plans may provide benefits through a health insurance issuer or health maintenance organization ("HMO"). The health insurance issuer or HMO may have its own policies and notice regarding your health information and you should review those notices for information about how the insurance issuer or HMO will handle your medical information that is in its possession.

### Uses and Disclosures of Health Information

We use and disclose health information about you for purposes of payment functions and health care operations.

Health Care Operations: We may use and disclose your health information for a variety of insurance-related activities, such as:

- Quality assessment and improvement activities.
- Activities designed to improve health or reduce health care costs.
- Clinical guideline and protocol development, case management, and care coordination.
- Contacting health care providers with information about treatment alternatives and other related functions.
- Credentialing activities.
- Underwriting, premium rating, or other activities relating to the creation, renewal, or replacement of a contract of health insurance.
- Conducting or arranging for medical review, legal services, and auditing, including fraud and abuse detection programs.
- Business planning and development, including cost management and analyses and formulary development.
- Business management and general administrative activities, such as customer service and resolution of internal grievances.

There are several other situations in which we may be required or permitted to disclose your health information:

Public Benefit: We may use and disclose your health information as authorized by law for the following purposes deemed to be in the public interest or benefit:

- As required by law; for example, when required by a court order in medical malpractice litigation.
- Health oversight activities such as audits, investigations, inspections, licensure, and other proceedings related to oversight of the health care system.
- Judicial and administrative proceedings.
- To law enforcement officials pursuant to a court order or subpoena; for example, to identify a crime victim.
- To coroners, medical examiners, and funeral directors; for example, to identify a deceased person.
- For organ and tissue donation.
- To avert a serious threat to health or safety.
- As authorized by state worker's compensation or similar laws.

Health-Related Products or Services: We may use your health information to contact you about other available health plan coverages that could enhance or substitute for your existing health plan coverage, or concerning health-related products or services that add value to, but are not part of, your plan of benefits. We may disclose your health information to a business associate to assist us in these activities. We may also use your health information to communicate with you for medical case management or to direct or recommend alternative medical treatments, therapies, health care providers, or health care settings. We will not disclose your health information to other entities for marketing purposes.

Restrictions on Other Uses or Disclosures Without Your Written Authorization: Except as described in this notice, we will not use or disclose your health information without written authorization from you. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time, and we will no longer use or disclose your health information for the purpose you previously authorized. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.

#### Your Individual Rights With Respect to Your Health Information

Please see the contact information at the end of this notice about how to implement these rights and find out what costs might be involved.

**Access:** You have the right to inspect and get copies of any of your health information that we have used to make decisions about you. You must make such a request in writing. We have the right to charge you a reasonable fee for expenses associated with your request. We encourage you to contact us to clarify the scope of the information you may be requesting.

**Amendment:** If you believe that your health information records are inaccurate or incomplete, you may request that we amend those records. Your request must be in writing and must explain why the information should be amended. We may deny your request for certain reasons; for example, if the information was not created by us, or if we determine that the information is correct and accurate. If we deny your request, we will provide you with a written explanation, and you may respond with a statement of disagreement which will be appended to the information you want amended.

**Restrictions:** You have the right to request, in writing, additional restrictions on the uses and disclosures of your health information. We are not required to agree to those restrictions.

**Confidential Communication:** You have the right to request that we communicate with you about your health information by reasonable alternative means or at an alternative location if our normal means of communication endangers you. We will attempt to honor reasonable requests for alternative confidential communications.

**Accounting of Disclosures:** We are required to keep a record of certain disclosures of your health information, and you have a right to request a list of these disclosures, which is called an Accounting of Disclosures. This accounting would include, for example, the types of disclosures identified above under the Public Benefit section, if any such disclosures have occurred. Your request must be in writing. We will provide one list per 12-month period free of charge; we may charge you for additional lists.

**Paper Copy of Notice:** You have a right to request and receive a paper copy of this notice at any time. You may also obtain a copy of the current version of this notice at our web site [www.jeffersoncountywi.gov](http://www.jeffersoncountywi.gov).

### QuestionsandComplaints

If you want more information about our privacy practices or have questions, please contact the Human Resources Director at 920-674-7103. Alternatively, you may contact us using the information listed at the end of this notice.

If you believe we may have violated your privacy rights, or if you disagree with a decision we made about any of the rights described in this Notice, you may file a complaint with us using the contact information below. You may also file a complaint with the Secretary of U.S. Department of Health and Human Services. We support your right to have your health information treated in a private fashion. We will not retaliate in any way if you choose to file a complaint.

#### Contact:

Human Resources Benefits Administrator, Privacy Officer  
Jefferson County Courthouse, Room 111  
311 S Center Ave  
Jefferson, WI 53549  
Telephone: 920-674-8634