

# NOTICE OF PRIVACY PRACTICES

---

## Foundations Health & Wholeness



**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.**

Foundations may use your health information, that is, information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), for the purposes of providing your treatment, obtaining payment for your care and conducting health care operations. Foundations has established a policy to guard against unnecessary disclosure of your health information.

### **PART I: DISCLOSURE OF HEALTH INFORMATION**

---

The following is a summary of the circumstances under which and purposes for which and purposes for which your health information may be used and disclosed:

#### **To Provide Treatment**

---

Foundations may use your health information to provide care to you and disclose your health information to others who provide care to you. We may disclose your health information to others who provide care to you. We may disclose in person, by phone, mail, fax, or electronically PHI about you to physicians, nurses, technicians, or other personnel who are involved in your care or treatment. For example, a physician may use the information in your medical records to determine which treatment options best addresses your health needs. As required by Wisconsin law we will obtain your authorization before disclosing psychotherapy notes to other health care professionals for treatment purposes.

#### **To Obtain Payment**

---

Foundations may include your health information in invoices to collect payment from third parties for the care you may receive here. For example, Foundations may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or Foundations. We may also need to obtain prior approval from your insurer and may need to explain to the insurer your need for health care and the services that will be provided to you.

## To Conduct Health Care Options

---

Foundations may use and disclose health information for its own operations in order to facilitate the function of Foundations and as necessary to provide quality care to all our clients. Health care operations include activities such as:

### Quality assessment and improvement activities

1. Activities designed to improve or reduce health care costs.
2. Protocol development, case management and care coordination.
3. Contacting health care providers and clients with information about treatment alternatives and other related functions that do not include treatment.
4. Professional review and performance evaluation. Foundations may use your health information to evaluate its staff performance.
5. Training programs including those in which students, interns, or practitioners in health care learn under supervision and use disclosed health information Foundations staff and contracted personnel for training purposes.
6. Training of non-health care professionals.
7. Accreditation, certification, licensing, or credentialing activities.
8. Review and auditing, including compliance reviews, medical reviews, legal services, and compliance programs. Foundations combines your health information with that of other Foundations clients in evaluating how to serve all our clients more effectively.
9. Business planning and development including cost management and planning related analyses and formulary development.
10. Business management and general administrative activities of Foundations.

## For Appointment Reminders

---

Foundations, with your verbal/written authorization, may use your health information to contact you as a reminder of an appointment for treatment/services with Foundations.

## For Treatment Alternatives

---

Foundations, with your verbal/written authorization, may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

## When Legally Required

---

Foundations will disclose your health information when it is required to do so by any Federal, State, or local law.

When There Are Risks to Public Health, Foundations may disclose your health information for the following public activities and purposes:

- To prevent or control disease, injury or disability, report disease, injury, vital events such as birth or death and to conduct public health surveillance, investigations, and interventions.
- To report adverse events, product defects, to track products or enable product recalls, repairs, and replacements and to conduct post-marketing surveillance and compliance with requirements of the Food and Drug Administration.
- To notify a person who had been exposed to a communicable disease or who may be at risk of

contracting or spreading a disease.

- To an employer with written authorization, about an individual who is a member of the workforce as legally required.

**NOTE:** *Licensing requirements may mandate additional reporting based upon their standards such as to prevent or control body/head lice etc.*

### To Report Abuse, Neglect, or Domestic Violence

---

Foundations is allowed to notify government authorities if Foundations believes the client is the victim of abuse, neglect, or domestic violence. Foundations will make this disclosure when specifically required or authorized by law, or when you agree to the disclosure if you are age 18 or older.

### To Conduct Health Oversight Activities

---

Foundations may disclose your health information to a health oversight agency for activities including audits, civil, administrative, or criminal investigations; inspections; licensure or disciplinary action. Foundations however, may not disclose your health information if you are the subject on an investigation and the investigation does not arise out of and is not directly related to your receipt of health care or public benefits, (e.g., Social Security).

### For Law Enforcement Purposes

---

As permitted or required by State law, Foundations may disclose your health information to a law enforcement official for certain law enforcement purposes, including, under certain limited circumstances, if you are a victim of a crime or in order to report a crime.

### To Coroners and Medical Examiners

---

Foundations may disclose your health information to coroners and medical examiners for purposes of determining cause of death or for other duties, as authorized by law.

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

---

Foundations may, consistent with applicable law and ethical standards of conduct, disclose your health information if Foundations in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

### For Specified Government Functions

---

In certain circumstances, Federal regulations authorize Foundations to use or disclose your health information to facilitate specified government functions relating to the military and veteran, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody.

### For Worker's Compensation

---

Foundations may release your health information for worker's compensation or similar programs.

### AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

---

Other than is stated above, Foundations will not disclose your health information without your written authorization. If you or your representative authorizes Foundations to use or disclose your health information, you may revoke that authorization in writing at any time.

## PART II: YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

---

You have the following rights regarding your health information maintained by Foundations.

### Right to Request Restrictions

---

You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on our disclosure of your health information to someone who is involved in your care or the payment of your care. If you pay out of pocket in full for a service, you can restrict certain disclosures of PHI to a health plan. If you wish to make a request for restrictions, please contact the Privacy Official, HIPAA Officer (920) 437-8256.

### Right to Receive Confidential Communications

---

You have the right to request that Foundations communicate with you in a certain way. For example, you may ask that Foundations only conduct communications pertaining to your health information with you privately and with no other family members present. Foundations will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications. For example, records of minor children may be released to parents without a minor child's permission. Exceptions include Alcohol and other Drug Abuse records, Developmentally Disabled persons.

### Right to Inspect and Copy Your Health Information

---

You have the right to inspect and copy your health information, including billing records. A request to inspect and copy records containing records must be made to the Privacy Official, HIPAA Officer, 1061 W. Mason St., Green Bay, WI 54303.

### Right to Request an Amendment of Your Health Information

---

If you believe your health information is incorrect, you may ask us to amend the information. You will be asked to make such a request in writing and to give a reason as to why your health information should be changed. However, if we did not create the health information that you believe is incorrect, or if we disagree with you and believe your health information is correct, we may deny your request.

## Right to an Accounting

---

You or your representative has the right to request an accounting of disclosures of your health information made by Foundations for certain purposes authorized by law and certain research. The request for an accounting must be made in writing to the Privacy Official, HIPAA Officer, 1061 W. Mason St., Green Bay, WI 54303. The request should specify the time periods for the accounting starting April 14, 2003. Accounting requests may not be made for periods in excess of six (6) years. Foundations will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

## Right to a Paper Copy of this Notice

---

You or your representative has the right to a separate paper copy of this Notice at any time even if you or your representative has received this notice previously. To obtain a separate paper copy, please contact our office at (920) 437-8256.

## Part III: DUTIES OF PROVIDER

---

Foundations is required by law to maintain the privacy of your health information and to provide you and your representative with this Notice of our duties and practices. Foundations is required to abide by the terms of this Notice which may be amended from time to time. Foundations reserves the right to change the terms of our Notice and to make new Notice provisions effective for all health information that it maintains. Foundations is required to notify you if your PHI has been breached. If Foundations makes a material change to this Notice, Foundations will provide you with a copy of the revised Notice to you or your appointed representative. You or your representative has the right to express complaint to Foundations and the Secretary of Health and Human Services if you or your representative believes that your privacy rights have been violated. Any complaints to Foundations should be made in writing to the Privacy Official, HIPAA Officer, 1061 W. Mason St., Green Bay, WI 54303. Foundations encourages you to express any concerns you may have regarding the PRIVACY of your information. You will not be retaliated against in any way for filing a complaint.

**CONTACT PERSON:** Foundations has designated the Privacy Official as our contact person for all issues regarding client privacy and your rights under the Federal privacy standards. You may contact this person at Foundations, 1061 W. Mason St., Green Bay, WI 54303.

If you have any questions, please contact:

Privacy Official, HIPAA Officer  
1061 W. Mason St.  
Green Bay, WI 54303  
Or call (920) 437-8256

*This notice is effective July 6, 2020*