



YOUR RIGHTS
YOUR INFORMATION
MY RESPONSIBILITIES

This document describes your rights and how your personal information may be used and/or disclosed.

Please read it carefully.

Your Rights

When you receive any type of service for mental illness, alcoholism, drug abuse, or a developmental disability, you have the following rights in Wisconsin. You must be:

Treated with dignity	<ul style="list-style-type: none"> You must be treated with dignity and respect, free from any verbal, physical, emotional, or sexual abuse.
Treated fairly	<ul style="list-style-type: none"> You may not be treated unfairly because of your race, national origin, sex, age, religion, disability, or sexual orientation. You have the right to have staff make fair and reasonable decisions about your treatment and care.
Allowed to make your own decisions	<ul style="list-style-type: none"> You may make your own decisions about things like getting married, voting, and writing a will, if you are over the age of 18, and have not been found to be legally incompetent. You may use your own money as you choose. You must not be forced to work or do chores. If you agree to do work, you must be paid. You may not be filmed, taped, or photographed unless you agree to be.
Provided adequate treatment	<ul style="list-style-type: none"> You must be provided prompt and adequate treatment, rehabilitation, and educational services appropriate for you. You must be allowed to participate in the planning of your care. You must be informed of your treatment and care including alternatives to and possible side effects of treatment, including medications. No treatment or medication may be given to you without your written, informed consent, unless it is needed in an emergency to prevent harm to you or others or if the court orders it. You may not be given unnecessary or excessive medication. You may not be subject to electroconvulsive therapy or any drastic treatment measures such as psychosurgery or experimental research without your written informed consent. You must be treated in the least restrictive manner and setting necessary to achieve the purposes of admission to the program, within the limits of available funding.

Informed of the cost

- You must be informed in writing of any costs of your care and treatment for which you or your relatives may have to pay.

Your Information

While the records I keep on your health are property of my business, the information contained in the health record ultimately belongs to you. You have certain rights when it comes to your health information. You have the right to:

Get an electronic or paper copy of your personal record

- You may ask to view or obtain a copy of your medical record and any other health information I have regarding you.
- I will release a copy or a summary of your information within 30 days. I charge a reasonable fee for my time and resources to provide this service. Ask for details. Some limits apply.

Ask to have your medical record corrected

- You may ask to have any incorrect or incomplete health information about you changed or completed. Ask for details.
- I may deny your request but will provide a written reason why within 60 days.
- You may respond with a statement of disagreement to be appended to the information you wanted to amend if I deny your request for amendment.

Request communications be confidential

- You may ask that I contact you in a specific way (e.g. on your cell phone as opposed to home phone), request that I do not leave messages, or to send mail to a different address.
- I will honor any reasonable requests.

Limit what information is used or shared

- You may ask me to NOT use or share certain health information for the purpose of treatment, payment or business. I am not required to honor your request and may say “no” if it is unlawful or would negatively impact your care.
- If you pay for services or health care out-of-pocket in full, you may ask me not to share that information for the purpose of payment or operations with your health insurer. I will honor this request unless the law requires a different course of action.

Obtain a list of all agencies that have received your information

- You may ask for a list of the persons or agencies to whom I have shared your health information in the past, why it was shared, and how many times.
- I will include all the disclosures except for those regarding treatment, payment, health care options, and certain other disclosures (such as those that you have asked me to make). I will provide one accounting a year for free but will charge a fee for time spent if you ask for another accounting within 12 months.

Get a copy of this privacy notice

- You may ask for a paper copy of this notice at any time, even if you have previously received it electronically. I will provide it to you within a reasonable amount of time.

Choose someone to act on your behalf

- If you have given someone medical power of attorney or if someone is your legal guardian, that person may exercise your rights/choices regarding your health care and information.
- I will verify this person has authority and can act on your behalf before I proceed.

File a complaint if you feel your rights have been violated

- You may complain if you feel I have violated your rights by contacting me at 715-446-0007 or ginaryoung@linkrelationshipcounseling.com. I will make every effort to hear your complaint and remedy the situation. If my efforts are unsatisfactory, you may contact my colleague, Amy Sexton at Compassionate Heart Christian Counseling. If you feel my colleague is unable to address your concerns, you may decide to file a formal complaint.
- You may file a formal complaint regarding a HIPAA concern with the US Dept of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Ave, S.W., Washington, D.C. 20201 or calling 1-877-696-6775, or see www.hhw.gov/ocr/provacy/hipaa/complaints/.
- I will not retaliate against you for filing a complaint.

File a Grievance

- Depending on the type of grievance, you may want to contact the State Grievance Examiner at the Division of Mental Health and Substance Abuse Services (DMHSAS), PO Box 7851, Madison, WI 53707-7851, or www.dhs.wisconsin.gov for more information.

Uses and Disclosures

These are typical ways that I may share or use your health information.

Treat you

- I may use your health information and share it with other professionals who are treating you. (Example: Your primary care doctor contacts me to discuss referral or your overall health condition)
- I may seek consultation from other health professionals concerning your care, but do not identify you by name when doing so unless a release of information is provided.

Run my business

- I may use and share your health information to run my practice, improve your care, and contact you when necessary. (Example: I use your health information to manage your treatment, provide services, and obtain assistance from administrative professionals or software specialists to maintain your records)

Bill for services

- I may use and share your health information to bill and get payment from health plans or entities responsible for payment of services rendered to you. (Example: I may send bills to parents of college students with permission)

Other Uses and Disclosures

How else may I use or share your information? I am allowed or required to share your information in several ways without your consent. These uses are for the public good. There are conditions that need to be met in the laws before I may share your information for these purposes. For more information, please see this website: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- I may share health information in the following situations:
 - Preventing disease
 - Reporting suspected or confessed abuse, neglect, or domestic violence
 - Reporting a serious threat to anyone's health or safety
 - Reporting adverse reactions to medication
 - Helping with product recall

Do research

- I may use or share your information for health research.

Comply with the law

- I may 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 I am complying with privacy laws.

Respond to organ and tissue donation requests

- I may share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

- I may share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address worker's compensation, law enforcement, and other government requests

- I may use or share health information about you:
 - For workers' compensation claims
 - For law enforcement purposes or with law enforcement officials
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- I may share health information about you in response to a court or administrative order, or in response to a subpoena.

My Responsibilities

- I am required by law to maintain the privacy and security of your protected health information.
- I will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- I must follow the duties and privacy practices described in this notice and offer to give you a copy of it.
- I will not use or share your information other than as described here unless you tell me I may in writing. If you change your mind regarding who or what agency has authorization to your information, simply write a letter revoking your previous release of information. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.
- See also: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Your Choices

For certain health information, you may determine what information I share. If you have a preference in how I share your information in the situations described below, please communicate them clearly in writing.

In these cases, you have the right and choice to tell me to:

- Share information with your family, close friends, and others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- Contact you for fundraising
- If you are unconscious or unable to communicate your preference, I may go ahead and share your information if I believe it is in your best interest. I may also share your information when needed to lesson a serious or imminent threat to your own or anyone else's health or safety.

In these cases, I will never share your information without written permission:

- Marketing purposes
- Sale of your information
- Most sharing of your psychotherapy notes

Changes to the Terms of this Notice

I may change the terms of this notice and changes will apply to all information I have about you. The new notice will be available upon request and on my website.

Please be aware that state and federal law may have more requirements than HIPAA on how I use and disclose your health information. If there are more specific restrictive requirements, even for some of the purposes listed above, I may not disclose your health information without your written permission as required by such laws. I also am required by law to obtain your written permission to use and disclose your information related to treatment for a mental illness, developmental disability, or alcohol or drug abuse. State and Federal laws discussing these restrictions are Wisconsin Statutes Sections 146.82, 51.30, 895.50 and 905.04; Wisconsin Administrative Code HFS 92 and 124.14; and 42 C.F.R. Part 2 and 45 C.F.R. Parts 160 and 164; sec 51.61(1) and DHS 94.

Effective Date September 29, 2021 until updated or replaced.