WRAPAROUND MILWAUKEE **POLICY & PROCEDURE**	Date Issued: **8/1/03**	Date Revised: **8/15/08**	Section: **ADMINISTRATION**	Policy No: **047**	Pages: **1 of 4** (2 Attachments)
☒ **Wraparound** ☒ **Wraparound/REACH** ☒ **FISS**	Effective Date: **1/1/09**	Subject: **PRIVACY PRACTICES**			

I. POLICY

It is the Policy of Wraparound Milwaukee to maintain and distribute a Statement of Privacy Practices to all clients enrolled in Wraparound Milwaukee. As part of Wraparound Milwaukee's Privacy Practice, Wraparound will designate a Privacy Officer who will be responsible for oversight of Privacy Practices for Wraparound Milwaukee and the Mobile Urgent Treatment Team.

II. PROCEDURE

A. Notice of Privacy Practices - Privacy Statement.

Wraparound Milwaukee and the Mobile Urgent Treatment Team will maintain the WRAPAROUND MILWAUKEE PRIVACY NOTICE statement (*see Attachment 1)* that complies with the Health Insurance Portability and Accountability Act (HIPAA) Part 164.520 "Notice of Privacy Practices for Protected Health Information". The Privacy Statement will be given to all clients or their parent or guardian at the time of enrollment or at the first contact following enrollment and every 3 years thereafter. The Privacy Notice will describe:

- how protected health information (PHI) may be used or disclosed.
- include examples of types of uses and disclosures.
- an individual's right to request restrictions related to the use and disclosure of protected health information.
- the right to receive confidential communication related to protected health information.
- the right to inspect and copy protected health information.
- the right to request an amendment of protected health information.
- Wraparound Milwaukee/Mobile Urgent Treatment Team responsibilities to maintain the privacy of protected health information.
- that an individual may file a complaint with Wraparound Milwaukee or the Secretary of the Department of Health and Human Services.

The client/legal guardian will be asked to sign a written statement acknowledging receipt of the Privacy Statement at the time of enrollment. Refusal to sign the acknowledgement will be documented on the signature form. Acknowledgement forms are maintained as part of the client record.

A copy of the Wraparound Milwaukee and Mobile Urgent Treatment Team Privacy Statements will be available on the Milwaukee County Web site.

B. Disclosure of Protected Health Information (PHI).

Client related Protected Health Information may be released by Wraparound Milwaukee as outlined in the Wraparound Milwaukee Confidentiality / Exchange of Information and Minimum Necessary Access to Client Protected Health Information Policies or as required by State or Federal law(s).

C. Accounting for Disclosure of Protected Health Information (PHI).

Wraparound Milwaukee (including Mobile Urgent Treatment Team Staff) shall document each instance in which written information is disclosed from the Designated Record Set (see the Wraparound Milwaukee Client Records Policy and Procedure for a description of the "Designated Record Set") and all oral

disclosures of protected health information for which there is NO signed Authorization to release the information.

1. Documentation of these disclosures may be made using the electronic progress notes feature of the Wraparound Milwaukee computer application known as Synthesis or using the Wraparound/Mobile Urgent Treatment Team Disclosure Tracking Log.

   a. **Documentation Using Electronic Progress Notes in Synthesis**.
   An entry may be made using the "Progress Note" feature in Synthesis to log release of protected health information pertaining to a specific client.

   The ***Note Type*** selection for the progress note entry is "Release of Info". A progress note entry regarding disclosed information must contain the following detailed information:
   - the date the information was released.
   - the name of the agency and/or individual receiving the information – including their address or phone number.
   - the purpose of the disclosure.
   - the information/documents that were released.
   - the name of the individual releasing the information/document(s).

   Detailed information related to the release of protected health information to more than one agency or individual may be contained in a single progress note entry.

   b. **Documentation Using the Disclosure Tracking Log**.
   A record of the Disclosure of Protected Health Information may be also maintained using the WRAPAROUND MILWAUKEE PROTECTED HEALTH INFORMATION DISCLOSURE TRACKING LOG (*see Attachment 2*). The record must include the following information:
   - the date the request for information was received.
   - the name of the agency and/or individual receiving the information – including their address or phone number.
   - the purpose of the disclosure.
   - the information/documents that were released.
   - the name of the individual releasing the information/document(s).

   Multiple instances documenting release of information for a SINGLE client may be entered on the same Log sheet.

2. **Administrative Disclosure Accounting at Disenrollment**.
   At the time of disenrollment from Wraparound Milwaukee, an administrative report identifying written documents released in conjunction with Wraparound Milwaukee Administrative Care Management Operations will be generated and placed in the client record.

   The administrative report will document detailed information related to the release of documents containing protected health information used to:
   - establish eligibility for and/or obtain payment for services.
   - report changes in eligibility for payment of services.
   - reporting changes of placement.

D. Requests for Accounting of Disclosure.

Wraparound Milwaukee will process written request for an accounting of disclosures as outlined in the HIPAA regulations. Upon receipt of a written request from a client or the client's legal guardian for an accounting of disclosure of confidential information, Wraparound Milwaukee will provide a client specific report of disclosures occurring up to six years prior to the date of the request including disclosures to and by

business associates of Wraparound Milwaukee.

Acounting for disclosure of information is to include the following:

- the date of the disclosure.
- the name of the entity or person who received the protected health information.
- the address of the entity or person at the time of the disclosure (if known).
- a brief description of the protected health information disclosed.
- a brief statement of the purpose of the disclosure or in lieu of such statement, a copy of the request for disclosure.
- for multiple disclosures to the same entity, an accounting of the frequency, periodicity or number of the disclosures made during the accounting period and the date of the last disclosure in the accounting period

A response to a request for an accounting of disclosure of protected health information will be generated no more than 60 days from the date of receipt of the request. In the event that the request cannot be complied within the 60 day limit, Wraparound Milwaukee will submit a written statement of the reason for a delay to the individual making the request identifying the reason for the delay and the date that the accounting will be provided (such date being no more than 90 days from the date the of receipt of the request).

E. Documentation of Complaints.

Clients presenting complaints about the management of protected health information will be encouraged to submit the complaints in writing. Written complaints will be forwarded to staff in the Wraparound Milwaukee Quality Assurance office for review. Wraparound Milwaukee will attempt to mediate written complaints. The Wraparound Quality Assurance office will maintain a written or electronic log of each complaint and the outcome of the complaint.

F. Request to Review Client Records.

Requests by clients or their legal guardian to review the client record must be in writing and are to be forwarded to the Wraparound Quality Assurance office for review and processing. The client/legal guardian must include the reason for record review as part of the written request.

Upon determination that the request to review the client record is valid, **a copy** of that portion of the record (see Wraparound Client Chart Policy and Procedure for documents defined as contained in the client record) that the client or their legal guardian has requested to review will be made available for review by the client/legal guardian. A staff member will be designated to review the copy of the requested record with the client/legal guardian and answer any questions that may arise.

A record of all requests to review records will be maintained by the Quality Assurance office (in the Complaint Data Base) including detailed information about the date, time and staff who reviewed the records with the client/legal guardian.

Written requests by the client or legal guardian to review a client record will be processed within 30 days unless Wraparound Milwaukee notifies the client/legal guardian in writing that a 30 day extension is being enacted. When written notice of a 30 day extension is enacted, requests to review the client record will be processed no later than 60 days from the day of receipt of the request.

G. Denial of Request to Review Client Record.

Wraparound may employ the right to decline requests by a client or legal guardian to review the client record if the request meets any of the following conditions:

- the request is to compile information regarding an actual or anticipated legal proceeding.
- the information requested was obtained in confidence from a non-provider and access to the information may reveal the source of the information.

- the requested information contains psychotherapy notes.
- release of the information is deemed "likely to endanger" the client by a qualified health care professional.

H. Requests to Amend Client Records.

It is the policy of Wraparound Milwaukee that entries made as part of the client record (defined in Wraparound Client Chart Policy and Procedure) NOT be changed or altered.

Entries made in error may be amended by the addition of an addendum made by the originator or other appropriate staff member.

Written requests to amend the client records that are received by Wraparound Milwaukee will be processed. However, it is the policy of Wraparound Milwaukee that existing entries in the client records will not be altered. An amendment in the form of an addendum or a written statement from the client/legal guardian disputing the information may be added to the record. In these cases, any subsequent releases of the disputed entry will include the addendum or written statement disputing the information as presented by the client/legal guardian.

I. Requests for Confidential Communication.

The client and his/her caregiver may request "confidential communication" as outlined in the HIPAA regulations. Requests must be submitted in writing. Written requests for confidential communication must include a statement requesting communication in an alternative manner than usually employed by Wraparound Milwaukee staff, identify the alternative means and location for the communication.

Requests for "confidential communication" are to be submitted to the Wraparound Milwaukee Quality Assurance Office for administrative review. Following the administrative review, a written response will be submitted to the client or caregiver as to the outcome of the review. In those cases where Wraparound Milwaukee agrees to the request for "confidential communication" all subsequent communication with the client/care giver must conform to the agreed upon standard for the communication.

Wraparound Milwaukee will accommodate requests for "confidential communication" where the individual indicates that disclosure of the information may endanger the individual. Other requests will be administratively reviewed with accommodation made on a case-by-case basis following a finding that the request is considered to be "reasonable".

J. Staff Training on (HIPAA) Privacy Regulations.

All Wraparound Milwaukee staff are required to participate in training on the HIPAA regulations. Training will be provided as part of Milwaukee County – Behavioral Health Division Orientation, and New Care Coordination training. Provider billing staff and care coordination clerical support staff will be given an overview of the HIPAA regulations as part training on the use of the Wraparound Milwaukee Synthesis application.

Reviewed & Approved By: Bruce Kamradt

Bruce Kamradt, Director

WRAPAROUND MILWAUKEE PRIVACY NOTICE

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!

WE ARE REQUIRED BY LAW TO MAINTAIN THE PRIVACY OF YOUR CHILD'S HEALTH CARE RECORDS. WE ARE ALSO REQUIRED TO GIVE YOU A COPY OF THIS NOTICE SO THAT YOU CAN BETTER UNDERSTAND OUR DUTIES AND RESPONSIBILITIES REGARDING INFORMATION THAT IS CONTAINED IN THAT RECORD.

USE OR DISCLOSURE of HEALTH INFORMATION

The following categories describe the ways that Wraparound Milwaukee may use and disclose health related information that is obtained about your child or family while you are in the Wraparound Program.

We may use and disclose, "protected health information" for activities related to the day-to-day operation of Wraparound Milwaukee. This includes coordinating treatment for your child or family, processing payments, and organizational operations.

Case Management/Treatment/Crisis Intervention - Wraparound may use or disclose your health information in order to coordinate health care services for your child and family. This includes disclosing health related information to your assigned Care Coordinator, the Care Coordinator's Supervisor, and Mobile Urgent Treatment Team. It also includes disclosing information to mental health and other health related health providers authorized by Wraparound Milwaukee to provide services to your child and family.

Health Care Operations and Oversight Activities - Wraparound may use and disclose health information about you to carry out business management, planning and general administration activities including: determining revenue sources based on a court order type or status, eligibility for state or county programs (such as Title 19); quality management activities and audits related to fraud or abuse. This may include a review of information by State of Wisconsin or Milwaukee County representatives or their agents to determine eligibility for Medicaid funds or to confirm that services are provided in compliance with Wraparound policies and procedures.

Payment Functions - Wraparound may use or disclose health information to determine Wraparound's responsibility for payment of services and to coordinate services and service authorizations. For example, payment functions may include reviewing progress records to verify service delivery.

Required by Law - Wraparound may use and disclose health information as required by law. For example, Wraparound may disclose medical information when required by a subpoena, a court order in a litigation proceeding for fraud or malpractice; or a judicial proceeding or administrative proceeding.

Public Health - Wraparound may disclose health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; and reporting exposure to disease or infection as required by law.

Law Enforcement - Wraparound may disclose health information to law enforcement officials for in order to locate a material witness or missing person, to comply with a court order, subpoena and for other law enforcement purposes.

Organ Donation, Medical Examiner, Funeral Directors - Wraparound may disclose health information to agencies that handle organ and tissue donation and transplants; to the coroner or medical examiner to determine a cause of death or identify a deceased person and to funeral directors so they may carry out their duties.

Public Safety / National Security - Wraparound may disclose health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person, the general public or for purposes of national security.

Correctional Facilities - If you are an inmate in a correctional institution, health information may be disclosed to the correctional institution or a law enforcement officer for: (1) the institution to provide health care to you; (2) for the health and safety of all inmates in the institution; (3) the safety and security of the correctional facility.

Marketing - Wraparound Milwaukee, including your assigned Care Coordination Agency or Families United of Milwaukee may contact you to give you information about services that may be of interest to you. As an example, Families United of Milwaukee may offer you the opportunity to attend support groups or special Holiday events.

OTHER DISCLOSERS

Except as described above, Wraparound will not use or disclose health information without written authorization from you. If you do authorize us to disclose health information, you may revoke the authorization in writing at any time. If you revoke an authorization, Wraparound will no longer disclose health information about your child or family about the specific authorization that has been withdrawn.

YOUR RIGHTS

1. **Right to Request Restrictions.** You have the right to request that Wraparound place limits on certain uses and disclosures of your health information. Requests must be submitted in writing to the address listed below. Include in your request: 1) the information that you want to limit and 2) how you want to limit its use or disclosure**.** Wraparound does not have to agree to the limits that you request.

2. **Right to Request Confidential Communications.** Your Care Coordinator will generally contact you by phone at home. Benefits statements will be sent to your home. You have the right to receive this and other communication through a reasonable alternative means or at another location. To request confidential communications, you must submit your request in writing to the address listed below. In your request, be sure to identify 1) the information that you want communicated in an alternative manner and 2) the alternative means or location for the communication. Depending on the request, Wraparound may or may not be able to comply with your request.

3. **Right to Inspect and Copy.** You have the right to inspect and obtain a copy of certain health information maintained by Wraparound Milwaukee. To inspect or obtain a copy of any information, you must submit a written request to the address listed below. In certain circumstances, Wraparound may deny the request. If the request is approved, you may be charged a fee to cover expenses associated with your request.

4. **Right to Request Amendment.** You have a right to request that Wraparound Milwaukee amend health information that you believe is incorrect or incomplete. Wraparound is not required to change your health information. If your request is denied, Wraparound will provide you with information about the denial and how you can disagree with the denial. To request an amendment of your health information, submit your written request (including the reason for the request) the address listed below.

5. **Right to Accounting of Disclosures. You have the right to request** a list or "accounting of disclosures" of your health information made by Wraparound Milwaukee. Wraparound does not have to account for disclosures made for purposes of payment, health care operations, or for disclosures made to you. You must submit your request for a list of disclosures in writing to the address listed below. Your request should specify the time period of the disclosure (up to six years - may not include dates before April 14, 2003). Wraparound Milwaukee will provide one list per 12-month period free of charge. Wraparound may charge you for additional lists.

6. **Right to Paper Copy.** You have a right to receive a paper copy of this Notice of Privacy Practices at any time. To obtain a paper copy of this Notice, send your written request to the address listed below. You may also obtain a copy of this Notice at Milwaukee County's web site for the Wraparound Program at www.county.milwaukee,gov. Search using the keywords "Wraparound" or "HIPAA".

CHANGES TO THIS NOTICE

Wraparound Milwaukee reserves the right to amend this Notice at any time in the future and to make the provisions of the new notice effective for all health information that it maintains. Wraparound will promptly supply a copy of the new notice to you whenever changes to the notice are made. Until such time, Wraparound Milwaukee is required by law to comply with the current version of this notice.

COMPLAINTS

Complaints about how Wraparound handles your health information should be directed to at the address listed below. All complaints must be submitted in writing. Wraparound Milwaukee will not retaliate against you in any way for filing a complaint. If you believe your privacy rights have been violated, you may also file a complaint with the Secretary of the Department of Health and Human Services.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of the rights listed above, submit your written requests to:

Ms. Pamela Erdman, Quality Assurance Director
Wraparound Milwaukee Administrative Offices
9201 Watertown Plank Road,
Milwaukee, WI 53226 Phone: (414) 257-7611

Effective Date of This Notice: April 14, 2003
Updated April 22, 2005

Wraparound Milwaukee

PROTECTED HEALTH INFORMATION

DISCLOSURE TRACKING LOG

Client Name:			**Date of Birth:**			
Date Received	*(Include: name/agency and address or phone)* **Individual Requesting Information**	**Purpose of Disclosure**	**Disclosure Type**	**(One line for per disclosure.) Information or Document/s Disclosed**	**Date Disclosed**	**Disclosed By**
			Auth on File: ☐ Yes ☐ No ☐ Written Material ☐ Oral			
			Auth on File: ☐ Yes ☐ No ☐ Written Material ☐ Oral			
			Auth on File: ☐ Yes ☐ No ☐ Written Material ☐ Oral			
			Auth on File: ☐ Yes ☐ No ☐ Written Material ☐ Oral			
			Auth on File: ☐ Yes ☐ No ☐ Written Material ☐ Oral			
			Auth on File: ☐ Yes ☐ No ☐ Written Material ☐ Oral			
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PURPOSE OF DISCLOSURE KEY

AR=Agency Referral COP=Change of Placement CR=Court Report F=Financial Referral Forms POC=Plan of Care O=Other (Specify)

Use this form to record all written material released from a client record and for disclosure of protected health information when there is NO signed authorization for the information to be release. This form is to be included as part of the client record at disenrollment.