NOTICE OF PRIVACY PRACTICES

Protected Health Information as it relates to
Mental Health, Substance Use, and Medication Services
provided by Journey Mental Health Center, Inc. (Journey)

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Journey is committed to protecting the privacy of health information about you and the services you receive at Journey. Your privacy rights and our responsibilities are governed under provisions of State and Federal Law, including but not limited to:

- WI Statutes Chapter 51, Sec. 51.30 "Records" (State Alcohol, Drug Abuse, Developmental Disabilities and Mental Health Act)
- WI Statutes 146.816 "Uses and Disclosures of Protected Health Information" (WI Mental Health Care Coordination Act)
- WI Administrative Code HFS 92 (Confidentiality of Treatment Records)
- 42 Code of Federal Regulations, Part 2, Confidentiality of Substance Use Disorder Records
- 45 Code of Federal Regulations, parts 160 & 164 - Health Insurance Portability/Accountability Act (HIPAA)

Journey is required by law to:
- Maintain the privacy of your health information (mental health, substance use, medication services)
- Provide you with this notice of our duties and practices with respect to your health information; and
- Abide by the terms of this notice.

USES AND DISCLOSURES PERMITTED OR REQUIRED <u>WITHOUT</u> YOUR CONSENT

Below are examples of information about you that may be disclosed without your consent. Information given will be limited to that information needed to meet the purpose for the disclosure.

<u>Sharing of Information WITHIN Journey Mental Health Center — Without Your Consent</u>

Journey is made up of clinical programs and administrative departments staffed by employees, student interns, and volunteers. Your Journey health information (mental health, substance use, medication services**)** may be shared across these programs, departments and staffing categories for purposes of treatment, payment, and health care operations. This is done only where there is a need to know the information. For example, medical staff at Journey may need to consult with your case manager about prescribing medications; program assistants may need access to information to send you an appointment reminder; management and executive staff may access your health information for purposes of evaluating services or the performance of your health care provider, etc.

NOTE: All Journey staff sign a Journey Statement of Confidentiality upon hire and annually. Staff must follow mental health and substance use privacy laws.

<u>Sharing of Information OUTSIDE Journey Mental Health Center — Without Your Consent</u>

<u>Treatment Coordination</u>: Journey may share your **mental health and medication services** health information with other community health care and social services providers when coordinating your treatment services or follow-up

care services in order to more quickly meet your needs. Information given will be limited to that information needed to meet the purpose for the disclosure.

> *Note: **Substance use information** cannot be shared unless you sign a consent to release this information. **One exception** is if you are experiencing a medical emergency and unable to provide information yourself to the medical provider/hospital.*

Business Associates: Certain services (for example, lab testing, pharmacy, legal services, information technology services, etc.) are performed through contract with outside persons or organizations known as "Business Associates." Your health information may be shared with one of these business associates as it is necessary to the service they provide for us. Journey signs an agreement with these business associates that obligates them to appropriately safeguard privacy of the information.

For Payment: Journey may need to submit a bill identifying you, your diagnosis and treatment provided to an insurer or other agency paying for your mental health services (for example, Medicare or Medicaid, grant funders, private insurance, etc.). *NOTE: If you are receiving substance use services, your signed release is required to release information for payment purposes.*

Health System Oversight Activities: Certain information may be shared with government agencies who provide funding to or oversight of Journey's services. Examples of such agencies include the Wisconsin Department of Health Services, and the Dane County Department of Human Services. Purposes for disclosing the information might include service coordination, financial or program audits, program certification, death investigation, etc.

To Avert a Serious Threat to Health or Safety: As required or permitted by law and standards of ethical conduct, we may release your health information to the proper authorities if we believe, in good faith, that such release is necessary to prevent or minimize a serious and approaching threat to your health or safety or to the health or safety of the public. Examples might include reporting of abuse/neglect and requests by child/adult protective services personnel for additional information; a threat made to harm yourself or a specific individual; sharing of information with physicians in a hospital emergency room; communication with Dane County/State of WI public health officials regarding a potential communicable disease; a report to the Federal Food and Drug Administration related to reactions to medications or problems with products; etc.

Research: Journey may use or disclose information about you for research purposes under conditions that meet the stringent requirements of both State and Federal law and Journey's Research Committee. In most cases, Journey will remove information that personally identifies you or seek your approval to participate in a research study before sharing the information.

Family Members: Limited information may be shared with your spouse, parent, adult child or sibling, but only if Journey treatment staff have verified that the family member is directly involved in providing or monitoring your treatment (or identified as part of your treatment team). *Note: If you are not wanting information shared with a family member, contact Journey staff who you work with so they can make a note of this in your electronic health record.*

Judicial Proceedings and Law Enforcement: Journey may disclose information in response to a specific legal proceeding to comply with a court order. Journey may disclose information related to other legal processes as stipulated by law. For example, law enforcement officers often consult with Journey's Emergency Services staff in the process of an emergency detention.

Crime on Premises or Against Program Personnel: In certain circumstances, Journey may disclose limited information to law enforcement officers when a client commits or threatens to commit a crime at any Journey facility or against Journey staff.

Correctional Institutions: Information may be shared with a correctional institution (jail or prison) in order to provide coordination of care (specific to mental health/mental health medication services). *NOTE: A client must sign a release of information form to release substance use disorder treatment information to a correctional institution.*

Coroners, Medical Examiners, and Funeral Directors: If you die, Journey may release your mental health/substance use/ medication services health information to a coroner, medical examiner, or funeral director as necessary to carry out their duties as authorized by law.

REQUIRED RELEASE OF INFORMATION EXAMPLES

For all other types of client protected health information that require a signed authorization by the client to release information, please complete a Journey Consent for Release of Information form. You can obtain a copy of this form from any Journey provider and through Journey's Records Department at 608-280-2476.

You may revoke any signed authorization at any time, except to the extent that information has already been shared. This can be done by giving written notice to your Journey service provider(s) or to Journey's Records Department. Please call Journey's Records Department at 608-280-2476.

Clients Receiving Substance Use Services

For individuals who receive substance use treatment at Journey, there are additional privacy protections where you must sign a Journey release of information form to share information with organizations outside of Journey:

- You can sign an authorization to release information to a specific organization and/or a one-time single consent release for all future uses/disclosures for treatment, payment and health care operations. If the professional/organization is a HIPAA covered entity (such as another health care provider or insurance company) or a business associate (such as a company that assists a health care provider with storing medical records or health care organization), they may disclose your information as permitted by HIPAA except in civil, criminal, administration, and legislative proceedings against you.

- **Mandated treatment:** If you are mandated to receive substance use treatment through the criminal legal system, you must sign consent forms allowing Journey to share your substance use protected records (examples are court, probation officers, parole officers, lawyers, or other law enforcement).

- **Prescription drug monitoring programs:** If Journey is required by law to report substance use medications our organization prescribes or dispenses to a state prescription drug monitoring program, we may disclose information with your written consent.

- **Civil, criminal, administrative or legislative proceedings:** You must sign a release of information form for Journey to share your substance use protected records or testify about information in a civil, criminal, administrative, legislative investigation, or proceeding against you. *Note: Journey may also be court ordered to release this information (without your consent).*

YOUR HEALTH INFORMATION RIGHTS

You have the right to:

Receive Confidential Communications: You have the right to request that we communicate with you by alternative means or at an alternative location. For example, you may ask that we phone you at work rather than at home. We will try to accommodate reasonable requests.

Access your Treatment Record: You have the right to inspect (within one working day) and obtain (within five working days) a copy of your treatment record, except for specific documents where access is prohibited by law. This information will be provided at no cost to you for the first copy. Requests for additional copies may result in a customary fee to cover the cost of duplication.

Amend your Treatment Record: You have the right to request an amendment to your treatment record if you believe information in the record is incorrect or incomplete. If the staff person working with you disagrees with the requested amendment, you may submit a written request to Journey's Medical Director specifying the information you would like to have changed and the reason for the change. Your request will be granted or denied by the Medical Director within 30 days. You will receive either a copy of the information as amended in your record or a written explanation of why the request was denied. If the request is denied, you have the right to insert a statement in the record disputing the accuracy or completeness of the information which was not changed. This statement will become part of your treatment record.

Request Restrictions: You have the right to request restrictions on certain uses and disclosures of your health information for payment of services or Journey's service-related operations. Journey is not obligated to agree to your request but will give every reasonable request careful consideration.

Obtain an Accounting of Disclosures: You have the right to an accounting of disclosures of your health information made by Journey. This accounting will list the date of each disclosure, a brief description of information disclosed, and the reason for disclosure.

Notification of a breach of information: Journey is required by law to notify you if there is a breach of your protected health information related to your treatment or payment of services.

Request a Paper Copy of this Notice: If you received this "Notice of Privacy Practices" electronically, you may request that Journey provide you with a paper copy.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint by contacting Journey's Client Rights Officer at Journey Mental Health Center, Inc., 25 Kessel Court, Suite 105, Madison, WI 53711. Phone (608) 280-2632; Fax (608) 280-2707; TTY (to Wisconsin Relay) 1-800-947-3529

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington, D.C. within 180 days of the violation. There will be no retaliation against you for filing a complaint.
U.S. Department of Health and Human Services, Office for Civil Rights Centralized Case Management Operations, 200 Independence Ave. S.W. Suite 515F, HHH Building Washington, D.C. 20201
Customer Information Line: (800) 368-1019 Fax: (202) 619-3818 TDD: (800) 537-7697 Email: osocrciu@hhs.gov; website: https://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html

FOR FURTHER INFORMATION ABOUT THIS NOTICE

Contact Journey's Organizational Resources Manager: Journey Mental Health Center, Inc.
25 Kessel Court, Suite 105, Madison, WI 53711. (Phone) 608-280-2406; (Fax) 608-280-2707; TTY (to Wisconsin Relay) 1-800-947-3529.

Journey must comply with the provisions of this notice, although we reserve the right to change our privacy practices. Whenever a substantial change is made in any of Journey's privacy practices, Journey will promptly revise and distribute its notice during a client contact with Journey or by mail, encrypted email, Journey's client portal account, or E-Signature platform. The revised notice will also be available on Journey's public website.

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