

helping people with developmental disabilities participate in our community...

Community Support Network, Inc
Collaborations



1191 North Sherman Avenue, Madison, Wisconsin 53704

Web: www.VisitCSN.org

Phone: 608-421-3239 Fax: 608-270-2238

...bringing our community together

Therapy Privacy Practices Notice

Revised and Effective July 25, 2014

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.

Your health information may be protected by both state and federal law, and we will follow the requirements of both as they apply to us. We are required to protect your privacy and abide by the terms of this notice. You have a right to obtain a paper copy of this notice upon request. We are required by law to provide you with this notice of your legal rights and to notify you of a breach of your protected health information.

How We May Use and Disclose Your Protected Health Information

Under the law, we may use or disclose your protected health information under certain circumstances without your permission. The following categories describe the different ways that we may use and disclose your protected health information. For each category of uses or disclosures we will explain what we mean.

Treatment, Payment, and Health Care Operations. We are permitted to use and disclose your protected health information for purposes of treatment, payment, and health care operations. We will use your protected health information to provide accurate services and/or therapy; as part of the supervision and case review process; in order to contract, bill and report on services to funding providers; in order to coordinate services among providers; and for our own health care operations.

Treatment Alternatives or Health-Related Benefits and Services. We may use and disclose your protected health information to send you information about treatment alternatives or other health-related benefits and services that might be of interest to you.

To Business Associates. We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, transmit, use, and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information.

As Required by Law or for Public Health. We will disclose your protected health information when required to do so by federal, state, or local law. For example, we may disclose your protected health information when required by national security laws or public health disclosure laws or for purposes of a governmental audit. We also may disclose protected health information for public health reasons, such as to notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make this type of disclosure if you agree, or when required or authorized by law.

To Avert a Serious Threat to Health or Safety. We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Health Oversight Activities. We may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone involved in a legal dispute, but only if efforts have been made to tell you about the request or to obtain a court or administrative order protecting the information requested.

Law Enforcement. We may disclose your protected health information if asked to do so by a law-enforcement official in response to a court order, subpoena, warrant, summons, or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement; about a death that we believe may be the result of criminal conduct; and about criminal conduct.

Personal Representatives. We will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that: (1) you have been, or may be, subjected to domestic violence, abuse, or neglect by such person; or (2) treating such person as your personal representative could endanger you; and (3) in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

Authorization. We are not required to have your authorization to use your protected health information for the purposes noted above. We are required to have your written authorization for uses and disclosures not described in this notice. Most uses and disclosures of your protected health information for marketing or sale, as well as most uses of disclosures of psychotherapy notes require your authorization. If you authorize a use of disclosure of your protected health information you have the right to revoke that authorization.

Your Rights

Right to Request Confidential Communications. You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to Elyn Zografi, MFT, Director of Therapeutic Services c/o Community Support Network, Inc., 1137 N. Sherman Ave, Madison, WI 53704. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

State law. The rights summarized below are those provided under HIPAA. Where you have greater rights under state law, we will comply with applicable state law requirements. If you have questions about your rights under state law, please contact Elyn Zografi (contact information above).

Access. Except in certain circumstances, individuals have the right to review and obtain a copy of their protected information. Exceptions from the right of access the following protected information:

- psychotherapy notes
- information compiled for legal proceedings

For information included within the right of access, we may deny an individual access in certain specified situations, such as when a professional believes access could cause harm to the individual or another. In such situations, the individual must be given the right to have such denials reviewed by a licensed professional for a second opinion. We may impose reasonable, cost-based fees for the cost of copying and postage.

Amendment. Individuals have the right to have us amend their protected information in a designated record set when that information is inaccurate or incomplete. If we accept an amendment request, we will make reasonable efforts to provide the amendment to persons that the individual has identified as needing it, and to persons that we know might rely on the information to the individual's detriment. If the request is denied, we will provide the individual with a written denial and allow the individual to submit a statement of disagreement for inclusion in the record. We must amend protected information in a designated record set upon receipt of notice to amend from another covered entity.

Disclosure Accounting. Individuals have a right to an accounting of the disclosures of their protected information by us. The maximum disclosure accounting period is the six years immediately preceding the accounting request.

Under HIPAA, an accounting is not required for disclosures (your rights to an accounting may be greater under state law):

- for treatment or payment
- to the individual or the individual's personal representative
- for notification of or to persons involved in an individual's care or payment for care, or for facility directories
- of a limited data set
- for national security or intelligence purposes
- to correctional institutions or law enforcement officials for certain purposes regarding inmates or individuals in lawful custody
- incident to otherwise permitted or required uses or disclosures

Accounting for disclosures to health oversight agencies and law enforcement officials must be temporarily suspended on their written representation that an accounting would likely impede their activities.

Right to Request Restriction. You have a right to request a restriction or limitation on your protected health information. We are not always required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you. To request restrictions, you must make your request in writing to Elyn Zografi, MFT, Director of Therapeutic Services % Community Support Network, Inc, 1137 N. Sherman Ave, Madison, WI 53704. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply.

Complaint Process. If you have a complaint or would like additional information regarding our privacy practices, please contact Deb Raettig, Executive Director at 608-421-3239. You are also entitled to make complaints to the Office for Civil Rights of the United States Department of Health and Human Services.

We reserve the right to make changes to this notice of privacy practices and to make these changes effective for all of the protected information we maintain.

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Grievance Procedure (DHS 94.29) - Updated July 2014

Collaborations will maintain the following Client Grievance Procedure. Information about the grievance procedure will be provided in writing upon intake. The therapist will insure that each new client is given a copy of the grievance procedure as part of the client's rights information and that a notation is maintained in the client record/file.

As a client of Collaborations, you have the right to understand and use the grievance system.

- A grievance may be presented whenever possible to the person closest to the situation (i.e. your therapist).
 - A grievance may be verbal, written or made by another means of communication.
 - It can be initiated by either the client or any representative of the client.
 - A staff member will help the client (or representative) articulate the issue(s) and complete the Grievance Form.
 - Whenever possible, a grievance will be resolved at the time it is presented.
- If the grievance cannot be resolved directly proceed to the next contact person listed under the formal grievance procedure below.

Wisconsin law provides that no person may intentionally retaliate or discriminate against any client or their representative for contacting or providing information to any official or to any employee of any state protection or advocacy agency or for initiating, participating in or testifying in a grievance procedure or in any action for any remedy authorized by law.

It further states that no person may deprive a client of the ability to seek resolution for alleged violation of his or her rights by unreasonably preventing the client from using the grievance procedure or from communicating with a court, government official, grievance investigator or staff member of a protection or advocacy agency or with legal counsel.

Collaborations shall make every effort to resolve a client grievance (complaint or concern) and will make available a three-part approach to such resolution. When a client or client representative presents an oral or written grievance to any clinician or workforce member at Collaborations, an immediate attempt will be made to resolve the grievance by listening to the nature of the complaint and by making adjustments in operations, procedures, or conditions that will respond to the needs of the client.

If the grievance cannot be immediately resolved, the client will be given the option of either the informal or formal grievance procedure, or both. Initiating an informal grievance will not preclude a formal grievance.

Informal Grievance

The Informal Grievance procedure is an option to seek an informal resolution and is not a prerequisite for seeking formal relief.

The informal grievance procedure (DHS 94.40(4)) can be initiated by the client or someone acting on the client's behalf by filing a written grievance (see form) with the therapist and the therapist's supervisor. The therapist is to help the client or someone acting on the client's behalf complete the Grievance Form. The therapist or supervisor will inform the DTS that a complaint has been made. The client Rights Specialist (CRS) will be the complaint investigator and will review grievances with the client or client representative and with the workforce member members involved in the grievance. The CRS will attempt to resolve the grievance to the satisfaction of the client bringing the grievance. A written summary will be prepared and shared with the client and placed in the client file.

If the grievance is presented on behalf of the client, the CRS will meet with the client and appropriate others to determine if the client wishes to have the grievance investigated and resolved through the formal process. If the client does not wish to proceed, the CRS will not proceed, unless the client's guardian wishes the CRS to proceed or the CRS determines there are reasonable grounds to believe that failure to proceed may place the client or other clients at risk of physical or emotional harm. If there is no parent or guardian and/or s/he is not available and the client is unable to express an opinion, the CRS shall proceed with the investigation.

If the client informs the workforce member that the (or the workforce member believes it is), situation is an emergency, the workforce member shall inform the Executive Director within 24 hours. The Executive Director will assign a CRS without unreasonable delay. The CRS investigates the grievance and then submits a report within 5 days from the date the grievance was presented.

Formal Grievance

The client or representative can initiate the formal grievance resolution procedure (HSS 94.40.5) by filing a grievance (written, oral, email) with the CRS designated by Collaborations (see below). If a Collaborations workforce member is aware of a client's (or representative's) desire to initiate a formal grievance, they will notify the CRS within one business day. The CRS is Deb Raettig, Executive Director, located at 1191 N. Sherman Avenue, Madison, WI 53704 or 608-421-3239. The Executive Director:

- Is a neutral person trained in client rights
- Will conduct an impartial inquiry and prepare a written summary
 - Factual findings
 - Determination of the merits of the grievance
 - Recommendation(s) for resolving the grievance in a timely manner
 - If the Executive Director has any involvement in the conditions or activities forming the basis of the grievance for which formal review is brought, another CRS will be assigned to resolve that grievance.

Grievances must be filed within 45 days of the incident or issue (or should reasonably have been discovered and/or upon the client gaining/regaining the ability to report the matter) -- an extension of the filing shall be granted for good cause. The CRS is a neutral person trained in client's rights who will conduct an impartial inquiry, prepare a written summary, including factual findings, determine the merits of the grievance and make recommendations for resolving the grievance.

Use of the informal grievance procedure is not a prerequisite for seeking formal relief. However, the time limit for seeking formal resolution will be suspended during the use of the informal process.

The formal grievance process will follow the procedures outlined in DHS 94.41. Upon receiving a formal referral, the CRS will respond in writing to the person filing the complaint, or their representative, within 10 days and will explore the complaint with the workforce member person involved. The CRS will meet with the client, or the client's representative, and the workforce member involved to identify the matters at issue, and explain the process for seeking formal resolution of the grievance. Both clients and workforce members will have an equal opportunity to be heard during the process. After conducting the investigation, the CRS will prepare a written report which will be provided to the client, the workforce member and the DTS within 30 days.

If the grievance is founded, the written report will describe the specific actions or adjustment for resolving the issues, and when appropriate, a timeline for carrying out the acts and adjustments.

The DTS will receive the recommendations from the CRS and those recommendations will be put into effect within the agreed upon time frame.

A written notice will also be submitted to the client or representative filing the grievance explaining how, where and when the client may make a request for administrative review of the decision at the state level. At any time during the formal grievance process, if all parties agree, the formal process may be suspended (along with the applicable time limits) so the parties may attempt informal resolution facilitated by the CRS.

State Level Grievance

If the client does not wish to accept the decision arrived at in the Formal Grievance Procedure, the grievance can be taken to the State level. The CRS assists the client in preparing a written summary of the request for administrative review. A copy of the original grievance, the CRS's report and the administrative review request will be transmitted to the appropriate agency within 7 days; within 3 business days if it is an emergency situation.

The contact person is:

State Grievance Examiner
Division of Disability and Elder Services
Department of Health and Family Services
1 West Wilson Street, Room 850
P.O. Box 7851
Madison, WI 53707-7851
Phone: 608-266-9369
E-mail: Laura.OFlanagan@dhfs.state.wi.us

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Important Policies to Be Aware of - Updated July 2014

Releases of Information (ROI) and Emergency Contacts:

- The emergency contact should be someone the PSS is comfortable with and that s/he trusts. The therapist will also assist the PSS to complete ROI for all members of the team that are being included in the Collaborations process.
- If the PSS is a couple, the PSSs should not use their partner as an emergency contact if they have a conflicted relationship.

Emergency Services: Collaborations does not provide emergency/crisis intervention and/or treatment (other than for active CSN PSSs during their regularly scheduled CSN hours).

Any other individuals in need of emergency services will be directed to contact 911, their hospital emergency room and/or other support providers, as appropriate. If a client calls Collaborations to request emergency services, workforce members (and the outgoing message on the voicemail) will instruct them to hang up and call 911. If during a live call/interaction they do not appear capable of doing that, workforce members will ask them their address and call 911 for them.

Each PSS and their responsible team member, when applicable, will be reminded, as needed, to inform other support team members of PSS crisis needs and/or to call 911 if the crisis is life threatening.

Urgent consultation will be available as appropriate.

When more than one PSS is being seen at the same time:

When a couple is the PSS, their information will be kept in a composite file. The couple will have one file with information about both parties. Both parties must sign the Informed Consent and HIPAA Acknowledgement forms for treatment. If the couple wants to have a copy of their record they must both sign a release of information (ROI). If one individual in a couple requests a copy of their PHI in a composite record and the other individual will not sign an ROI, the request will be evaluated pursuant to CSN's policy regarding record access. If the request is granted, the record will be redacted, as appropriate, to remove PHI of the individual who did not sign an ROI.

When a family is the PSS, their information will be kept in a composite file. The family unit will have one file with information about all parties. All parties 14 years or older, must sign an Informed Consent and HIPAA Acknowledgement form for treatment. If the parties want a copy of their record, they must all sign an ROI. If one or more (but not all) individuals in a family request a copy of their PHI in a composite record, the request will be evaluated pursuant to CSN's policy regarding record access. If the request is granted, the record will be redacted, as appropriate, to remove PHI of the individual(s) who did not sign an ROI.

The clinic will keep composite client files of a couple, family or team (C/F/T) in therapy together. An ROI signed by all parties of the C/F/T will be needed to release all PHI in the composite file. If one member of the couple, family or team refuses to sign an ROI, the records will be redacted, as appropriate, to remove PHI of any individual who will not sign an ROI. C/F/Ts shall be informed verbally and in writing about Collaborations' approach to confidentiality with regards to C/F/T. Confidentiality for C/F/T consent is to be signed by all members. What the individuals say in sessions will be confidential. There may be times when one of the parties speaks with their therapist(s) individually or connects with their therapist(s) alone via telephone, mail, email, etc. During that time, information may be disclosed that is held as "private" and away from the partner or other family or team members.

- All information will be confidential, except as noted below and in the HIPAA notice.
- The therapist must tell the individual that s/he believes the information may impede C/F/T therapy.
- The therapist will conduct individual sessions for a short time with the individual to prepare him/her for sharing the private information, on their own terms.
- The therapist will not disclose the secret for the client, but notify the partner, family or team in a joint session that s/he is aware of some information that will impede therapy if not disclosed.
- If the client chooses not to share the information with his/her partner or family members and the therapist believes it is keeping the C/F/T therapy from progressing, treatment may be terminated.
 - Collaborations recognizes there may be important reasons for not disclosing all "private" information.
 - At the same time Collaborations recognizes that there may be times progress will be halted due to not sharing the "private" information.
 - When the therapist has weighed the specifics of the situation and determined no further progress in the C/F/T is

possible without sharing the "private" information, they will alert the client with the "private" information that C/F/T therapy will be terminated if they choose not to disclose it.

- The individuals who were part of the C/F/T can then participate in individual therapies, if they desire.
- As the situation changes, it may be possible to re-open the C/F/T case, based on the therapists evaluation of the therapeutic possibilities. Some examples may include:
 - Affairs, addictions, gambling and other "private" information of that nature
 - Disclosures of domestic abuse (violence) will be held confidential. However, Collaborations does not treat C/F/Ts where domestic abuse is current. Collaborations can see individuals surviving or who have survived domestic abuse and/or perpetrators of abuse, but will not see treat the C/F/T where domestic abuse is current.
 - Suspected abuse and/or neglect of minors, adults with developmental delays and/or other vulnerable adults will be reported immediately to the DTS who will work along with the Executive Director to determine and follow up according to Mandatory Reporting requirements, based on the situation.

Termination Phase: The successful termination of the psychotherapy relationship is each therapist's goal. The PSS should be prepared for termination throughout therapy. When the therapist feels the PSS is ready to terminate and has met her/his goals, the therapist will review the PSS's strengths and skills that were acquired during therapy. PSSs should have been encouraged to take those skills and practice using them outside of therapy before terminating therapy. The therapist will advise the PSS that the therapist has confidence that s/he will be able to manage quite well.

- When there is little or no improvement despite appropriate treatment, the therapist must terminate. After the therapist has done their best, including having evaluated, reconsidered and made extra efforts to get things moving again, the therapist will consult with their supervisor to determine if there is more that can be done professionally. If not, the therapist will terminate or refer.
- When the therapist feels the PSS is ready to terminate, but the PSS is apprehensive or resistant, the therapist will encourage termination by recounting the PSS's improvement. Because the therapist has discussed progress and options during the entire process of therapy or labeled the treatment as "time-limited", then the therapists' suggestion of termination should not be a surprise to the PSS.

The final sessions include a review of strengths and skills the PSS has acquired during therapy. The therapist reinforces the individual change which has taken place and helps the PSS put closure on the relationship.

The ending process of therapy may bring up symptoms of the presenting problem and/or previous conflicts that have been dealt with in therapy. Additionally, the ending may trigger unresolved conflicts related to previous losses and separations. These will be discussed and acknowledged for what they are.

PSS Involuntary Discharge: PSSs may be involuntarily discharged for:

- Inability to pay for services
- Missing 2 appointments without notice
- Missing 3 or more sessions
- Lack of progress toward treatment goals
- Behavior that is reasonably a result of mental health symptoms, for instance:
 - Exhibiting threatening behavior
 - Destroying property
 - Injuring a workforce member....

Once the decision to involuntarily discharge a PSS has been made by the therapist and his/her supervisor, the therapist will notify the PSS in writing of:

- Reasons for the discharge
- Effective date of the discharge
- Sources for further treatment
- PSS's right to have the discharged reviewed, prior to the effective date of discharge, by the Behavioral Health Certification Section, Division of Quality Assurance at P.O. Box 2969, Madison, WI 53701-2969, fax 608-261-0655. The review is in addition to and is not a precondition for any other grievance or legal action the client may bring in connection with the discharge, including a grievance or action under s.51.61 Stats.

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Access to Records - Updated July 2014

PSSs have a right to read, inspect and have copies of all their protected health information consistent with the rules outlined in DHS 92.05 and 92.06 and 45 CFR § 164.524. The PSS must sign a Release of Information (ROI) for access to the record and the review of the clinical record must be documented in the treatment record. A copy of the code relevant to PSS access to treatment records is available upon request. The therapist will provide each new PSS with information about access to treatment records and HIPAA policies at the Diagnostic Assessment session. The PSS is again informed of their rights annually if they have been seen for an extended time.

During Treatment: The therapist should discuss a PSS's request for access of the record with his/her supervisor and the DTS. The request for access must be acted on no later than 3 days from when the request is received.

- The DTS may deny a PSS access to his/her record only if the DTS has reason to believe that the benefits of allowing access to the patient are outweighed by the disadvantages of allowing access and only if the denial is consistent with the HIPAA procedures outlined below.
- If the DTS denies the request, s/he must provide the PSS with a written denial and put a copy in the PSS file.
- If access is denied, the PSS has the right to speak with the DTS about his or her concerns within 3 days after receiving the denial or limitation and to appeal the denial pursuant to the HIPAA procedures outlined below.
- The DTS shall inform a PSS whose rights are limited or denied that s/he may file a grievance concerning the limitation or denial and that he or she may appeal the denial pursuant to the HIPAA procedures outlined below. As appropriate, a grievance regarding a denial of access to PHI will be treated as an appeal under the HIPAA procedures.
- The CRS shall be notified within 2 calendar days if a grievance or appeal has been filed.

After Discharge from Treatment: A PSS shall be allowed access to inspect all of the file with one working day notice to Collaborations as authorized under s. 51.30(4)(d), Stats., and DHS 92.05 (2).

- The PSS must complete and sign a ROI form requesting the information.
- The discharge summary may not be provided until it is completed after discharge (15 days post discharge).
- The PSS may request in writing and be provided with a copy of his or her records as authorized by s.51.30 (4) (d), Stats., within 5 working days after receipt of the request (along with a signed ROI).
- The PSS will be charged for a copy of his/her file (\$0.45 cents a page up to 50 sheets and then \$0.25 per page after 50 sheets).

HIPAA Access Procedures: These HIPAA procedures apply only to the extent that they would expand an individual's right to access beyond what is provided under Wisconsin law. Therefore, in general, these procedures will apply as follows:

- **During Treatment:** These procedures will apply to the extent they limit the reasons for which a request for access to records during treatment may be denied.
- **After Treatment:** These procedures generally will not apply, because Wisconsin law (51.30(4)(d)(4)) provides a greater right to access than HIPAA (i.e., under Wisconsin law a PSS is entitled to review his or her entire treatment record without restriction). However, HIPAA may provide additional rights in certain circumstances (e.g., HIPAA provides a right to an electronic copy of records stored in electronic form and allows for provision of summary information if the parties agree).

Under HIPAA, a PSS does not have a right of access in regard to the following:

1. Psychotherapy notes;
2. PHI compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and
3. PHI maintained by a covered entity that is:
 - a. Subject to the Clinical Laboratory Improvements Amendments of 1988, 42 U.S.C. 263a, to the extent the provision of access to the individual would be prohibited by law; or
 - b. Exempt from the Clinical Laboratory Improvements Amendments of 1988, pursuant to 42 CFR 493.3(a)(2).

Under HIPAA, a request for access may be denied only for certain specified reasons. HIPAA provides for both unreviewable and reviewable grounds for denial of access:

1. Unreviewable grounds for denial:
 - a. The PHI is excepted from the right of access, as described above;
 - b. A covered entity is a correctional institution or a covered health care provider acting under the direction of the correctional institution and an inmate's request to obtain a copy of PHI would jeopardize the health, safety, security, custody, or rehabilitation of the individual or of other inmates, or the safety of any officer, employee, or other person at the correctional institution or responsible for the transporting of the inmate;
 - c. An individual's request for access to PHI relates to PHI created or obtained by a covered health care provider in the course of research that includes treatment (access may be temporarily suspended for as long as the research is in progress, provided that the

individual has agreed to the denial of access when consenting to participate in the research and the covered health care provider has informed the individual that the right of access will be reinstated upon completion of the research);

- d. The PHI is contained in records that are subject to the Privacy Act (5 U.S.C. § 552a) and the denial of access would meet the requirements of the Privacy Act; or
- e. The PHI was obtained from someone other than a health care provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.

2. Reviewable Grounds for Denial:

- a. A licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the individual or another person;
- b. The PHI makes reference to another person (unless such other person is a health care provider) and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person; or
- c. The request for access is made by the individual's Personal Representative and a licensed health care professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to the individual or another person.

If access is denied on a ground that is reviewable, the individual has the right to have the denial reviewed by a licensed health care professional who is designated by CSN to act as a reviewing official (this individual may not have participated in the original decision to deny access). CSN must provide or deny access in accordance with the following review procedures outlined in the applicable HIPAA regulations (see 45 CFR 164.524).

Amendment of Records: A PSS has the right to amend protected health information or a record about the PSS. Such requests will be administered consistently with the requirements of applicable Wisconsin law and HIPAA. A PSS (or his or her representative) may challenge the accuracy, completeness, timeliness, or relevance of factual information in his or her treatment records and request in writing that CSN correct the challenged information. The request shall be granted or denied within 30 days by the DTS. Reasons for denial of the requested changes shall be given in writing and the individual shall be informed of any applicable grievance procedure or court review procedure. If the request is denied, the individual, parent, guardian, or person in the place of a parent shall be allowed to insert into the record a statement correcting or amending the information at issue. The statement shall become a part of the record and shall be released whenever the information at issue is released.

In addition, as required by HIPAA, denial may be made only for the following reasons:

1. The record was not created by CSN, unless the individual provides a reasonable basis to believe that the originator of the PHI is no longer available to act on the requested amendment;
2. The record is not part of the designated record set;
3. The record would not be available for inspection under CSN's policy regarding an Individual's Right to Access PHI; or
4. The record is accurate and complete.

The DTS will consult the applicable HIPAA amendments in denying or granting a request for an amendment (see 45 CFR 164.526).

Accounting of Disclosures: Each time written information is released from a treatment record, a notation shall be made in the record that includes the following: the name of the person to whom the information was released; the identification of the information released; the purpose of the release; and the date of the release. The PSS shall have access to this release data as provided under the access policies outlined above. If an individual's right to an accounting of disclosures would be greater under applicable HIPAA requirements, then access will be provided consistent with those requirements.

Notice of Policies: Prior to the initiation of treatment the Informed Consent must be signed by the PSS, (both parties, if a couple) or guardian of a minor or individual with disabilities with a guardian. The Informed Consent must be explained to the PSS(s) or their representative(s) at the initial session and annually thereafter. A copy of each informed consent form shall be offered to the PSS or guardian for their own records and a signed copy will be placed in the PSS file.

- For minors under 14, only parental consent is required.
- For minors without guardians, consent of both a parent and the minor age 14 -17 are required for treatment except when exempted by State or Federal law.

The PSS must be informed that s/he has a right to inspect and receive a copy of the record according to DHS 92.05. If consent is required for release of records, either a minor age 14-17 or his/her parent can consent to the release of the minor's records, except when exempted by state or federal law. Only parental consent is required to release any records of a minor under age 14.

For any child up to age 18, the therapist must disclose to parents when the child is a danger to self or others. Parents of children up to age 14 must be given any specific treatment information regarding the child if they request it. Parents of children 14 and older may be given general information about treatment if requested during the period of treatment. However, when a minor age 14-17 receives treatment for drug and alcohol issues, information may not be release to parents without the child's written consent.

Therapists should discuss parental custody rights with their supervisor before seeing any child(ren) whose parents are going through divorce or who are divorced. The right to sign for treatment varies in custody situations.

As part of the Diagnostic Assessment process on the first date of service, the PSS (guardian) shall be notified both orally and in writing of his/her PSS rights in accordance with DHS 94 of the Wisconsin Administrative Code. The guardian of a PSS who is incompetent and the parent of a minor patient shall also be notified, if they are available.

Any PSS or PSS representative authorized under s.51.30 (5) Stats., may refuse authorization or withdraw authorization for disclosure of any information at any time in writing. If this occurs, the agency requesting information requiring the informed consent shall be told only that s. 51.30, Stats., prohibits release of the information requested. Also, no retaliation may be threatened or carried out upon refusal or withdrawal of consent.