



1555 N. RiverCenter Dr. Suite 206  
Milwaukee, WI 53212  
414-223-4847, Toll Free 1-800-777-4376  
TTY1-800-947-3529 or 7-1-1  
Voice 1-800-947-6444 or 7-1-1

**Español** - Si necesita ayuda para traducir o entender este texto, por favor llame al 414-223-4847.

**Hmoob** - Yog xav tau kev pab txhais cov ntaub ntawv no kom koj totaub, hu rau 414-223-4847.

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND SHARED. IT WILL ALSO TELL YOU HOW YOU CAN GET THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

The law says we must keep your health information private. This Notice will tell you what information we collect. It also will tell you how we use it. You can call our **Member Services Department** at **414 223-4847** if you have questions about this Notice. If you do not have any questions, you do not have to do anything.

**How We May Use or Share Your Health Information**

There are instances when the law allows us to use and share your health information without your written consent. The following is a list of those times.

**1. For Treatment**

We may use your health information to provide you with health care treatment or services. We also use it to arrange social services you may need. For example:

- Your care coordinator or case manager may share information they got from you or your healthcare providers with others involved in your treatment, including other health care providers. The information they share will be used to help you get the services you may need.
- Your health information may be shared with social service agencies. This information will be used to help you get the services you may need.
- We may share your Medicaid ID number with transport companies if we need to get you a ride to your health care appointments.
- We may have to share your health information with health education programs you need or are participating in.

**2. For Payment Functions**

We may use your health information to pay for services you had or to manage benefits. For example:

- Your provider will submit a bill to iCare for payment of services you received. This bill shows your name and Medical Assistance number. It may give the services you received and what was wrong with you.
- Information about you may be shared with the State of Wisconsin. It may be used to see if you can join iCare. It may be used to see if you can get Medicaid or other program benefits.

**3. For Health Care Operations**

Your health information may be used or shared to carry out benefit or service related activities. This means that your health information may be shared with our staff or others to:

- Look at the quality of care you had;
- Learn how to improve our services;
- Provide case management services;
- Provide care coordination services;
- Resolve your complaint or grievance;
- See how our employees are doing in providing you with service.

# Notice of Privacy Practices

## 4. **For Appointments and Treatment Choices**

Your health information may be used or shared to remind you of appointments.

It may also be used to tell you about different ways you can be treated. Or, it can be used to tell you about other health and services that you might like.

## 5. **To Family and Personal Representatives**

We may share your health information with a relative, close personal friend or other person who is involved in your care.

## 6. **Business Associates**

We work with others outside of iCare to provide certain services. These others are called business associates. Your health information may be disclosed to them so they can do the job we ask them to do. They must also protect your health care information. For example, we work with a company to pay your claims.

## 7. **As Required by Law**

Your health information may be used or shared as required by any federal, state or local law. This means that we may share information when:

- Requested by a court for legal reasons;
- Needed by public health and Food and Drug Administration authorities;
- Needed for administrative actions, such as Fair Hearings

## 8. **Health Oversight Actions**

Your health information may be given to state or federal agencies to do reviews or to check on our licensure. This helps the government to see what we are doing to meet civil rights or other laws.

## 9. **For Law Enforcement**

Your health information may be shared if the law says we must. We will also share it if there is a valid court order to help identify or find suspects, persons hiding from the law or missing persons.

## 10. **For Serious Threats to Health or Safety**

Your health information may be shared in order to prevent or lessen a serious threat to your health or safety. It may also be shared if there is a threat to the health and safety of the public.

## 11. **For the Country's Safety**

Your health information may be shared for the safety of the country. It may also be shared for government benefit reasons.

## 12. **To Jails or Prisons**

We may need to share your health information with jail or prison staff if you become an inmate.

## 13. **For Research**

Your health information may be used for research needs, but only after steps are taken to protect your privacy. We will ask for your permission if the researcher asks for information that says who you are or if the researcher will be giving you care.

## 14. **For Worker's Compensation or Social Security Reviews**

Your health information may be shared as needed to follow the laws related to worker's compensation. It may also be shared to help decide if you can get social security benefits.

## 15. **Coroners, Medical Examiners or Funeral Directors**

Health information may be shared to help confirm the identity of a deceased person.

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### 16. **Organ Donations**

Information may be given to agencies if you need an organ transplant. It may also be shared with agencies if you want to donate an organ.

### 17. **Other Uses**

At times we may need to use or share your health information for other reasons. Other uses and disclosures not described in this Notice will be done only with your consent. You may cancel your consent, but it must be done in writing. When you cancel your consent we will no longer be able to use or share your health information as stated in the consent. But, we will not be able to take back any use or sharing that was already made with your consent. You will be told as soon as possible after the information is shared.

### 18. **Uses That Require an Authorization by You**

There are certain uses and disclosures that require your written consent. These uses include:

- Use or disclosure of psychotherapy notes: *unless* the notes are being used by the person who created the notes to help treat you, being used by the provider of your treatment to help train mental health providers in better treatment, or being used by the provider to defend themselves in a lawsuit brought against them by you.
- Use for Marketing: *unless* the communication is in the form of either a face to face communication with you, or a promotional gift to you of small value.
- Sale of protected health information: iCare does not sell any member's protected health information.

### **Your Health Information Rights**

All questions about your rights must be in writing. You can send your written request to Member Advocate/Member Rights Specialist, Independent Care Health Plan, 1555 N. RiverCenter Drive, Suite 206, Milwaukee, WI. 53212. You can also call our Member Advocate/Member Rights Specialist to help make your request at 414 223-4847.

1. *Request Limits:* You can ask us to limit some uses and sharing of your health information. But the law does not say we must agree to these limits, unless your request is to not disclose protected health information about a health care service you received that was paid for in full by you or by another person (other than an insurance company like iCare) on your behalf .
2. *Request That You Be Informed About Your Health in a Way or at a Location That Will Keep Your Information Private:* Your request will be evaluated. We will let you know if it can be done.
3. *Inspect and Copy:* You have the right to view and copy certain health information about you. In some cases you may request a review if you are denied access to these records. You may be charged a reasonable fee if you want extra copies of records.
4. *Request a Change:* You have the right to request us to change your health information that you believe is not correct or complete. You must give a reason for your request. We do not have to make the change. If we say no to your request, we will give you information about why we will not make the change and how you can disagree with it.
5. *Report of When Your Information Was Shared:* You can ask for a list of when and why we shared your health information. This list will only be for reasons *other than* treatment, payment or health care operations. Your request should specify a time period of up to six years. It may not include dates before April 14, 2003.
6. *Paper Copy:* You can ask to get a paper copy of this Notice at any time. Send a written request to our Privacy Officer at 1555 N. RiverCenter Dr. Suite 206, Milwaukee, WI 53212. You may also get a copy of this Notice at our website: [www.icare-wi.org](http://www.icare-wi.org).

# Notice of Privacy Practices

## **Changes to this Notice of Privacy Practices**

We have the right to change the terms of this Notice at any time. The new Notice will be effective for all health information we have. Any changes to the Notice will be mailed to you at the address you gave us. It will also be posted to our website. Until changes are made to the Notice, we will comply with this version.

## **Complaints**

You may complain to us if you believe your privacy rights have been violated. Complaints must be in writing. If you need help filing a complaint, contact our Member Advocate/Member Rights Specialist at 414 223-4847. You will not be treated any differently if you file a complaint.

You may also file a complaint with the Secretary of the Department of Health and Human Services by writing to Office of Civil Rights, Department of Health and Human Services, 200 Independence Ave. SW, Washington, D.C. 20201.

## **Our Responsibilities**

We must:

- Keep your protected health information private.
- Tell you about our legal duties and privacy practices about your health information.
- Stand by the terms of this notice.
- Tell you if we cannot agree to a limit on how you want your information used or disclosed.
- Notify you if there has been a breach of your protected health information.
- Meet reasonable requests you may make to send health information by other means or to other locations

## **Contact Information**

If you have any questions or complaints, please contact us at:

414-223-4847  
Toll Free 1-800-777-4376  
TTY 1-800-947-3529 or 7-1-1  
Voice 1-800-947-6444 or 7-1-1

## **Effective Date of This Notice**

May 22, 2013