



Achieving Collaborative Treatment, LLC Notice of Privacy Practices

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.

This Notice of Privacy Practices (Notice) is given on behalf of Achieving Collaborative Treatment, LLC (ACT) and other approved healthcare providers who treat patients on behalf of ACT. ACT is required by law to maintain the privacy of your protected health information (PHI), to provide you with notice of its legal duties and privacy practices with respect to your PHI, and to notify you following a breach of your unsecured PHI. This Notice is required by regulations established under federal law (the Health Insurance Portability and Accountability Act of 1996 or HIPAA). ACT is committed to protecting your health information, including information protected by HIPAA and other state and federal laws, and to use such information appropriately.

This Notice is designed to inform you of the ways ACT may use and disclose your PHI, to describe your rights with respect to your PHI, and to describe other obligations ACT has regarding the use and disclosure of your PHI. ACT is required to follow the privacy practices described in this Notice and currently in effect. If you have any questions about this Notice or if you want more information about ACT's privacy practices, please contact Abby Carrillo, Privacy Officer, 200 Enterprise Drive Verona, WI 53593, (608)497-3230.

ACT reserves the right to change the terms of this Notice and to make the new notice provisions effective for all of the PHI that it maintains. Each notice will have an effective date listed. The new notice provisions will be effective for all of the PHI that ACT maintains. If ACT amends this Notice, the revised Notice will be posted at our offices and ACT will make it available to you upon request.

How ACT May Use and Disclose your PHI for Treatment, Payment, or Health Care Operations

HIPAA permits ACT to use or disclose your PHI for treatment, payment, or health care operations. Any use or disclosure for payment or health care operations must be limited to the minimum necessary to accomplish the purpose of the use or disclosure.

- 1. Treatment.** ACT may use or disclose your PHI to provide you with medical treatment or services, to coordinate or manage your health care services, or to facilitate consultations or referrals as a part of your treatment. For example, ACT may use your information to consult with another physician involved in your care, or to refer you to a specialty provider.
- 2. Payment.** ACT may use or disclose your PHI to send you bills and to collect payment for the treatment and services that it provides. For example, ACT may use your PHI to send a bill for your insurance company or to Medicare/Medicaid for the services it provided.
- 3. Health Care Operations.** ACT may use or disclose your PHI for its own health care operations. These uses and disclosures are necessary to provide quality care to all patients and to facilitate the functioning of ACT, including, but not limited to, quality assessment and improvement activities, evaluation of patient care, review of the competence of health care providers, staff training, case management, and compliance with the law.

Wisconsin law is more protective of certain information than HIPAA. Unless otherwise permitted or required by Wisconsin or federal law, ACT will not disclose your health information concerning treatment for mental health, developmental disabilities, alcoholism, drug dependence, or information concerning the presence of HIV without obtaining your authorization.

ACT's Use or Disclose of Your PHI Without Your Written Authorization

Under federal and Wisconsin law, ACT may use or disclose your PHI without your authorization in a number of circumstances as described below.

1. **Required by Law.** ACT may use and disclose your PHI when it is required to do so by law.
2. **Public Health Risks.** When required by law, ACT may disclose your PHI for public health activities and purposes such as reporting communicable diseases, assisting in the prevention or control of certain diseases, injuries and disabilities, reporting problems with products or drugs regulated by the Food and Drug Administration, and reporting child abuse and neglect.
3. **Victims of Abuse, Neglect or Domestic Violence.** ACT may notify the appropriate governmental authority if it believes a patient has been the victim of abuse, neglect or domestic violence. ACT will only make this disclosure if you agree or when required or authorized by law.
4. **Health Oversight Activities.** ACT is permitted to disclose your PHI to health oversight agencies for activities authorized by law including audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary activities; civil, administrative, or criminal proceedings or actions; and other proceedings necessary for the oversight of the health care system. ACT may not disclose the PHI of a person who is the subject of an investigation that is not directly related to that person's receipt of health care or public benefits.
5. **Judicial and Administrative Proceedings.** ACT may disclose your PHI in response to a court or administrative order. ACT may also disclose your PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the requested information. Wisconsin law may be more protective of your privacy than HIPAA and may require a court order for the release of patient health care records in these circumstances.
6. **Law Enforcement.** ACT may disclose your PHI if asked to do so by a law enforcement official for such purposes as identifying and locating a suspect, fugitive, or missing person; responding to a court order, warrant, subpoena, summons or other similar process; providing information about a victim of a crime if, under certain limited circumstances, ACT is unable to obtain the person's agreement; providing information about a death ACT believes may be the result of criminal conduct; and in emergency circumstances, to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Wisconsin law may be considered more protective of your privacy than HIPAA, and generally requires a court order for the release of patient health care records in these circumstances.
7. **Coroners and Medical Examiners.** ACT may disclose your PHI to a coroner or medical examiner. For example, the PHI may be necessary to determine a cause of death or to identify a deceased person.
8. **Organ or Tissue Donation.** ACT may disclose PHI to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank to facilitate organ or tissue donation and transplantation.
9. **Research.** Under certain circumstances, and only after a special approval process, ACT may use or disclose your PHI to help conduct medical research. However, Wisconsin law may be considered more protective of your privacy than HIPAA and provides additional protections for disclosure of information relating to treatment for mental health, developmental disabilities, alcoholism, drug dependence, or information concerning the presence of HIV.
10. **To Avert a Serious Threat to Health or Safety.** ACT may disclose your PHI in a limited manner to appropriate persons to prevent and limit a serious and imminent threat to the health or safety of a particular person or the public. Generally, disclosure is limited to law enforcement personnel who are involved in protecting the public safety.
11. **Specialized Government Functions.** Under limited circumstances, ACT may use or disclose your PHI to facilitate specified governmental functions such as military, national security and intelligence situations, and law enforcement and custodial situations.
12. **Workers' Compensation.** Both Wisconsin and federal law allow the disclosure of your PHI that is reasonably related to a worker's compensation injury to be disclosed without your authorization.
13. **Health Information.** ACT may use or disclose your PHI to provide information to you about treatment alternatives or other health related benefits and services that may be of interest to you.

When ACT Must Obtain Your Authorization to Use or Disclose Your PHI

Except as described in this Notice, ACT will not use or disclose your PHI without your written authorization. For example, uses and disclosures made for the purpose of psychotherapy, marketing, and the sale of PHI require your written authorization. If ACT intends to contact you for fundraising purposes, you have the right to opt out of receiving such

communications. If you do authorize ACT to use or disclose your PHI for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, ACT will no longer use or disclose your PHI as specified by the revocation, though ACT will be unable to undo any disclosures it has previously made with your permission.

Your Rights Regarding Your PHI

You have several rights with regard to your PHI that ACT maintains about you.

1. Inspect And Copy Your PHI. You have the right to inspect and obtain a copy of your PHI. You may request that this information be provided in an electronic or paper form or format. If the form or format is not readily producible in the form or format requested, ACT will work with you to provide the information in a mutually agreeable form or format. This right of inspection and to obtain a copy does not apply to psychotherapy notes which are maintained for the personal use of a mental health professional or to information compiled in anticipation of or for use in a civil, criminal, or administrative proceeding. Your request for inspection or access must be submitted in writing to Abby Carrillo, Privacy Officer, 200 Enterprise Drive Verona, WI 53593. If you request a copy of the information, ACT may charge you a reasonable fee to cover its expenses for copying and mailing your PHI.

2. Request To Amend Your PHI. You have a right to request an amendment to your PHI that you believe is incorrect or incomplete for as long as the information is kept by or for ACT. A request to amend your medical records must be in writing and must give the reasons for your request. ACT may deny your request to change your PHI. If your request is denied, ACT will provide you with the basis for its denial and how you can disagree with the denial. To request an amendment, you must make your request in writing to Abby Carrillo, Privacy Officer, 200 Enterprise Drive Verona, WI 53593.

3. Request Restrictions on Certain Uses and Disclosures. You have the right to request restrictions or limitations on ACT's uses or disclosures of your PHI for treatment, payment, or health care operations. **ACT is not required to agree to your request in all circumstances**, except for a disclosure of PHI to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and not otherwise required by law and the PHI pertains solely to a health care item or service for which you or someone on your behalf (other than your health plan) has paid ACT in full. If ACT does agree with your request, it will comply with your request unless the information is needed to provide you emergency treatment. If you would like to make a request for restrictions, you must submit your request in writing to Abby Carrillo, Privacy Officer, 200 Enterprise Drive Verona, WI 53593. Your request should include what information you want to limit, whether you want to limit its use, disclosure or both, and to whom you want the limits to apply.

4. Receive Confidential Communications Of PHI. You have the right to request that ACT communicates your PHI to you by alternate means or at alternate locations. For example, you may ask that ACT contact you only by mail or at work. ACT will accommodate all reasonable requests. To request confidential communications, you must submit your request in writing to Abby Carrillo, Privacy Officer, 200 Enterprise Drive Verona, WI 53593.

5. Receive An Accounting Of Disclosures Of Your PHI. You have the right to request a list of certain disclosures of your PHI made by ACT in the six years prior to the date of the request. This list may exclude certain disclosures such as disclosures to carry out treatment, payment, and health care operations. A request for a list of disclosures should indicate in what form you want the disclosure (for example, on paper). The list will contain the date of the disclosure, who received the PHI, a description of the disclosed PHI, and the purpose of the disclosure. The first accounting within a 12-month period will be free; for additional accountings, ACT may charge for its costs after notifying you of the cost involved and giving you the opportunity to withdraw or modify your request before any costs are incurred. To request this accounting of disclosures, you must submit your request in writing to Abby Carrillo, Privacy Officer, 200 Enterprise Drive Verona, WI 53593.

6. Obtain A Paper Copy Of This Notice. Upon your request, you may at any time receive a paper copy of this Notice, even if you earlier agreed to receive this Notice electronically. To obtain a paper copy of this Notice, send your written request to Abby Carrillo, Privacy Officer, 200 Enterprise Drive Verona, WI 53593. ACT also makes a copy of this Notice available on its website, www.acttreatment.com.

7. Complaint. If you believe your privacy rights have been violated, you may file a complaint with Abby Carrillo, Privacy Officer, 200 Enterprise Drive Verona, WI 53593. ACT requests that you file your complaint in writing so that ACT may better assist in the investigation of your complaint. You may also file a complaint with the Secretary of the Department of Health and Human Services. There will be no retaliation against you in any way for filing a complaint.

If you have any questions or concerns regarding your privacy rights or the information in this Notice, please contact Abby Carrillo, Privacy Officer, 200 Enterprise Drive, Verona, WI 53593.

This Notice of Privacy Practices is effective as of May 20, 2019.