Treatment Facilities

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.

The treatment facilities of the Wisconsin Department of Health Services (DHS) are committed to protecting the privacy of your medical information. These facilities are listed at the bottom of this page. This Notice of Privacy Practices explains how we may use or release your medical information and outlines your privacy rights. Medical information used or released may include information that appears on treatment, payment, and other records used to make decisions about you in the course of providing care, services, or other benefits.

Spanish – Si necesita ayuda para traducir o entender este texto, por favor llame al teléfono 1-800-362-3002

Russian – Если вам не всё понятно в этом документе, позвоните по телефону 1-800-362-3002

Hmong – Yog xav tau kev pab txhais cov ntaub ntawv no kom koj totaub, hu rau 1-800-362-3002

Laotian – ຖ້າ ທ່ານຕ້ອງການຄວາມຊ່ວຍເຫ ື ອໃນການແປພາສາ ຫ ື ເຂ ົ ້ າ ໃຈເອກະສານນ, ີ ້ ກະລ ຸ ນ າ ໂທຫາເບ ີ 1-800-362-3002

Northern Wisconsin Center
2820 E. Park Avenue
Chippewa Falls, WI 54729
Phone: (715) 723-5542

Southern Wisconsin Center
21425 Spring Street
Union Grove, WI 53182-9708
Phone: (262) 878-2411

Central Wisconsin Center
317 Knutson Drive
Madison, WI 53704
Phone: (608) 301-9200

Sand Ridge Secure Treatment Center
1111 North Road
Mauston, WI 53948
Phone: (608) 847-4438

Mendota Mental Health Institute
301 Troy Drive
Madison, WI 53704
Phone: (608) 301-1000

Wisconsin Resource Center
PO Box 16
Winnebago, WI 54985-0016
Phone: (920) 426-4310

Winnebago Mental Health Institute PO Box 9
Winnebago, WI 54985-0009
Phone: (920) 235-4910

Your Health Information Rights

You have the right to:

See or copy your health information — You have the right to see or copy your health information. You have a right to request that copy be provided in electronic form or format (e.g., PDF saved onto a CD). If the form and format are not easily created, then we will work with you to provide it in a reasonable electronic form or format. Your request must be in writing and should be submitted to the facility where you received treatment or services. We may charge you a reasonable fee for costs associated with your request. We are not required to allow you to see or copy psychotherapy notes, or information prepared for use in legal actions or proceedings. Please contact the facility where you received treatment or services for additional information.

Correct information you believe to be incorrect or incomplete — If you believe that your medical information is incorrect or incomplete, you may submit a request to us asking that your information be changed. Your request must be in writing and must include the reason(s) why you believe a change should be made. We are not required to approve your request. We will notify you if we approve your request, or explain the reason(s) for our decision if we deny your request.

Request a listing of who was given your information and why — You have the right to request a list of disclosures of your medical information that we made in compliance with federal and state law. Upon your request, we will provide you with a list that includes the date we released medical information, the name of the person or organization, a brief description, and the reason for the disclosure. We will provide one list free of charge per year. Contact the facility you received service or treatment from for assistance.

Request restriction(s) on how we use or share your information — You have the right to request a restriction or limitation on how we use or release your medical information for purposes of treatment, payment, or operations. We may choose not to comply with a restriction request, unless you or another person have paid for services out-of-pocket, in full, and you request that we do not disclose medical information related solely to those services to a health plan. We ask that you complete a request form from the treatment location site's Privacy Officer and/or designee and submit it for evaluation. We will contact you if we deny your request.

Request confidential communication(s) — You may ask that we communicate with you about health matters in a certain way or at a certain location. For example, if you are an outpatient client, you could request that we contact you at your workplace or via email. We will attempt to accommodate all reasonable requests. To request an alternative method of communication, you must specify how or where you wish to be contacted.

Request a paper copy of this notice —You have the right to request a paper copy of this Notice from us at any time. Please contact the facility you received services or treatment from to request a paper copy. You may also view and download a copy of this Notice from our web site. The address is: http://www.dhs.wisconsin.gov

Revoking (canceling) your consent -- You may revoke your consent at any time, except to the extent that DHS has acted in reliance upon it. You may revoke consent by submitting a request in writing to the DHS Privacy Officer, or you may request reasonable accommodation for an alternative revocation process by contacting your Part 2 provider.

Notified of a breach — Your provider is required by law to maintain the privacy of your information and provide you with notice of its legal duties and privacy practices with respect to your information and notify you following a breach of unsecured protected health information.

How your health care information may be used without your written permission

Your medical information may be used and released by us for purposes of treatment, payment for services, administrative and operational purposes, and to evaluate the quality of the services that you receive. Because we provide a wide range and variety of health care and social services to the people in Wisconsin, not all types of uses and releases can be described in this document. We have listed some common examples of permitted uses and releases below.

For treatment — We may share your medical information when we coordinate services you may need, such as clinical examinations, therapy, nutritional services, medications, hospitalization, or follow-up care. For example, your medical information may be given to a pharmacist when you need a prescription filled.

For payment — We may release your medical information for billing purposes to collect payment for service and treatment that you receive. For example, your medical information may be shared with your health plan to provide billing information for services that you have received. We may also share your medical information with government programs such as Workers' Compensation, Medicaid, Medicare or the Indian Health Services to coordinate benefits and payment.

For health care operations — We may use and release your medical information to ensure that the services and benefits provided to you are appropriate and high quality. For example, we may use your medical information to evaluate our treatment and service programs or to evaluate the services of other providers that use government funds to provide health care services to you. We may combine medical information about many individuals to research health trends, to determine what services and programs should be offered, or whether new treatments or services are useful.

Health information exchange — We may make your medical information available electronically through an information exchange service to other health care providers, health plans, and health care clearinghouses that request your information. Participation in information exchange services also lets us see their information about you.

To other government agencies providing benefits or services — We may release your medical information to government agencies or programs that provide similar services or benefits to you if the release is necessary to coordinate the delivery of your services or benefits, or improves our ability to administer or manage the program.

For public health — We may release your medical information to local, state, or federal public health agencies, subject to the provisions of applicable state and federal law. For example, we may disclose information for the following types of activities:

- To prevent or control disease, injury or disability or to keep vital statistics records such as data about births and deaths;
- To notify social service agencies that are authorized by law to receive reports of abuse, neglect or domestic violence, and;
- To report reactions to medications or problems with products to the Federal Food and Drug Administration.

For health oversight — We may share your medical information with other divisions of the Department of Health Services and with other agencies for oversight activities as required by law. Examples of these oversight activities include audits, inspections, investigations, and licensing activities.

Law enforcement — Your medical information may be disclosed to fulfill a requirement by law or law enforcement agencies. For example, medical information may be used to identify or locate a missing person.

Court or other hearings — Your medical information may be disclosed to comply with a court order.

For research — We may release your medical information for research projects that have been reviewed and approved by an institutional review board or privacy board to ensure the continued privacy and protection of the medical information.

For lawsuits and disputes — If you are involved in a lawsuit or dispute, we may release your medical information about you in response to a legal order. We may also release your medical information in response to a subpoena, discovery request, or other lawful process by another party involved in the dispute, but only if they have made an effort to tell you about the request or to obtain an order protecting the medical information requested.

To coroners, medical examiners and funeral directors — We may release your medical information to a coroner, medical examiner, or funeral director, as necessary to carry out their duties as authorized by law. For example, release of medical information may be necessary to identify a deceased person.

For organ donations — If you are an organ donor, we may release your medical information to an organization that procures, banks, or transports organs for the purpose of an organ, eye, or tissue donation and transplantation.

To avert a serious threat to health or public safety — We may release your medical information if it is necessary to prevent or lessen a serious threat to your health and safety, the health and safety of another person, or to the general public.

For national security and protection of the President — We may release your medical information to an authorized federal official or other authorized person for the purpose of national security, providing protection to the President, or to conduct special investigations as authorized by law.

To correctional institutions — If you are an inmate of a correctional institution or in the custody of a law enforcement officer, we may release your medical information to the correctional institution or law enforcement officer, provided the release is necessary to provide you with health care, protect your health and safety, the health and safety of others, or for the safety and security of the correctional institution.

Specialized government functions — We may release your medical information to the government for specialized government functions. For example, your medical information may be disclosed to the Department of Veterans Affairs to determine eligibility for benefits. *If you do not object and the situation is not an emergency and disclosure is not otherwise prohibited by other laws,* we are permitted to release your information under the following circumstances:

- To individuals involved in your care **—** We may release your medical information to a family member, other relative, friend or other person whom you have identified to be involved in your health care or the payment of your health care;
- To family **—** We may use your medical information to notify a family member, a personal representative or a person responsible for your care, of your location, general condition or death, and;

Part 2 protected records – DHS will use and disclose your Part 2 records only as described in this Notice or with your written consent.

- To communicate among staff members within DHS's Part 2 programs who have a need for the information in connection with their duties to provide diagnosis, treatment, or referral for treatment;
- To medical personnel in a medical emergency;
- To qualified service organizations providing services on our behalf who agree in writing to protect the information in the same way that we are required to protect the information;
- To law enforcement if you commit, or threaten to commit, a crime in our facilities or against our personnel;
- To report suspected child abuse and neglect as required by applicable law;
- To qualified personnel for research subject to approval and oversight laws;
- To qualified personnel for audit or program evaluation who a) agree in writing to protect the information as required under our policies, b) represent federal, state, or local government agencies that are authorized by law to oversee our program, or c) provide financial assistance to the program or provide payment for health care; or

- To a public health authority, if the information has been de-identified.

Consent requirements for using or sharing Part 2 records:
When Consent is Required. We will ask for your consent to share your Part 2-protected records in situations not listed in above Section I(a), including:

- **Treatment, payment and operations purposes.** To allow us to share your Part 2-protected records with programs and other providers treating you at a DHS facility or at another clinic, with your health insurance company so that we may be paid for the services you received form us, or for our quality improvement and other operations purposes, you must sign a Part 2 consent form.
- **Single consent:** You may provide a single consent for all future uses or disclosures for treatment, payment, and health care operations purposes. If the recipient 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), they may disclose your information as permitted by HIPAA, except in civil, criminal, administration and legislative proceedings against you. You will need to sign a separate consent in order for us to share your Part 2-protected records with the health information exchanges (HIEs). HIEs provide a way for us to share your health information with your other care providers (doctors' offices, hospitals, labs, radiology centers, and other providers) through secure, electronic means. Please speak with your Part 2 provider for additional information.
- **Mandated treatment.** If you were mandated to receive treatment from DHS's Part 2 Programs through the criminal legal system (including drug court, probation, or parole), you must sign a separate consent form allowing us to share your Part 2-protected records with the criminal legal system such as the court, probation officers, parole officers, prosecutors, or other law enforcement. The duration of your consent (how long it is in effect) and your right to revoke your consent may be more limited than under a standard Part 2 consent form.
- **Prescription drug monitoring programs**. If we are required by law to report SUD medications we prescribe or dispense to a state prescription drug monitoring program, we may disclose information protected by Part 2 with your written consent.
- **Civil, criminal, administrative or legislative proceedings**. To share your Part 2-protected records or testify about information in the records in a civil, criminal, administrative, or legislative investigation or proceeding against you, you must sign a separate Part 2 consent form.
- **Other uses and disclosures.** DHS will make uses and disclosures of Part 2-protected records not described in this Notice only with your consent.

Disaster relief organizations— We may release your medical information to an agency authorized by law to assist in disaster relief activities.

Required by law — In addition to the ways listed previously, your medical information may be disclosed when required by law.

Applicability of more stringent state law — Some of the uses and disclosures described in this notice may be limited in certain cases by applicable state laws that are more stringent than federal laws, including disclosures related to mental health and substance abuse, developmental disability, alcohol and other drug abuse (AODA), and HIV testing.

Our responsibilities

We are required by state and federal law to maintain the privacy of your medical information. Release of your medical information for reasons other than those necessary for treatment, payment or operations, as outlined in this Notice, or as otherwise permitted by state or federal law, will be made **only** with your written authorization. You may, revoke, in writing, your authorization at any time. If you revoke your authorization, we will no longer release your medical information to the prior authorized recipient(s), except to the extent that we previously relied on your original authorization to release your information.

We are required to abide by the provisions of this Notice. We, however, reserve the right to revise this Notice. We also reserve the right to make the revised Notice effective for the medical information we that we maintain. We will post a current copy of this Notice at our treatment sites and on our website. In addition, you may ask for a copy of our current privacy practices whenever you visit one of our facilities for treatment or to receive health care services.

For more information or to report a problem

Please send your written complaints about this Notice, how we handle your medical information, or if you believe your privacy rights have been violated to the Privacy Officer of the facility where you believe the violation occurred. To obtain a complaint form, please contact the facility where you received care or services. The address and phone number of each facility is listed at the beginning of this Notice. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services by writing to the Privacy Officer, Department of Health and Human Services, Region V. Office of Civil Rights, 233 North Michigan Avenue, Suite 240, Chicago, Ill 60601. For additional information, call (312) 886-2359, Fax (312) 886-1807, TTY (312) 353-5693. If a complaint relates to your privacy rights while you were receiving treatment for mental illness, alcohol or drug abuse or a developmental disability you may also file a complaint with the staff or administrator of the treatment facility or community mental health program. There will be no retaliation against you in any way for filing a complaint.

Effective date of this notice: January 30, 2026

Department of Health Services
Treatment Facilities

Acknowledgement of Receipt of Privacy Practices

You may refuse to sign this acknowledgement

Client name (Last, First, MI): _____

Facility name: _____

I acknowledge I have received a copy of this facility's Notice of Privacy Practices.

Signature — Client/Guardian: _____
☐ Check if guardian signature

Date signed: _____

For Health Information Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

☐ Individual refused to sign

☐ Communications barriers prohibited obtaining the acknowledgement

☐ An emergency situation prevented us from obtaining acknowledgement

☐ Other (please specify):

Name — Staff person making attempt: _____

Date attempt made: _____

Signature — Staff person making attempt: _____

Date attempt made: _____