

NOTICE OF PRIVACY PRACTICES – FORWARDHEALTH PROGRAMS

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 DOES NOT AFFECT YOUR BENEFITS OR ELIGIBILITY.

This notice is being sent to enrollees of the following ForwardHealth programs: Medicaid (MA, Medical Assistance, T-19); BadgerCare Plus; Family Care; Medical Assistance Purchase Plan (MAPP); Program for all Inclusive Care for the Elderly (PACE); Partnership; Community Options Program-Waiver; Community Integration Program II; Community Integration Program 1A; Community Integration Program 1B; and IRIS (Include, Respect, I Self-Direct).

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 ທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນການແປພາສາ ຫຼື ເຂົ້າໃຈເອກະສານ, ກະລຸນາ ໂທຫາເບີ 1-800-362-3002

PRIVACY RESPONSIBILITY

Wisconsin’s Department of Health Services (DHS) ForwardHealth program is committed to protecting the privacy of your medical information. Your privacy is already protected under Wisconsin law. In addition, federal law now requires health plans, such as Medicaid, to protect your medical information and to let you know how your medical information may be used and released to others. This notice tells you what ForwardHealth may do with your medical information and what your privacy rights are under the law. Medical information described in this notice may include information about you that appears on enrollment, claims, or other records used to make decisions about your health care services.

If you are in an HMO or other managed care plan, you may also get a privacy notice from them describing their privacy policies.

ForwardHealth privacy responsibilities include:

- Protecting the privacy of any medical information created or received about you.
- Sending you this notice describing ForwardHealth’s medical information privacy policies and the legal reason for those policies.
- Using or sharing medical information only as described in this notice.
- Sending you a new notice if ForwardHealth privacy policies change.

WHEN YOUR MEDICAL INFORMATION MAY NOT BE USED

ForwardHealth will not use or disclose your medical information for any reason, other than those described in this notice, without your written authorization. You may withdraw an authorization at any time by submitting a completed request form to the address listed in the “To Use Your Rights” section of this document. If you withdraw your authorization, ForwardHealth will no longer be able to use or disclose health information about you for those purposes covered by your written authorization. If authorization is withdrawn, ForwardHealth will be unable to take back any previous disclosures made with your authorization. In the event of an emergency, information may be released without your permission if, medically, it is in your best interest. You will be told as

soon as possible after the information is released. Your authorization is necessary for most uses and disclosures of psychotherapy notes. Your authorization is necessary for any disclosure of medical information in which compensation is received and other uses and disclosures not described in the notice.

HOW YOUR MEDICAL INFORMATION IS USED OR DISCLOSED WITHOUT WRITTEN PERMISSION

Your medical information may be used or disclosed for treatment, payment, health care operations, or when we are required by law to do so, without your written permission. For examples of these functions, see below. Some services are provided through contracts with other state agencies or private companies. Some or all of your information may be disclosed, without written permission, to the other agency or company so they can do the job we have asked them to do. The other agency or company must also keep your information confidential.

Not all types of uses and disclosures are listed in this notice. Following are some common ways medical information is used or disclosed without written permission for treatment, payment, and health care operations.

Treatment Alternatives – Medical information may be used or disclosed to ensure that needed medical treatment is received. For example, your medical information may be given to a pharmacist when you need a prescription filled.

Payment – Your medical information may be used or disclosed to others to bill and collect payment for the treatment and services you received. Medical information may also be shared with other government programs, such as workers' compensation, Medicare, or private insurance, to manage your benefits and payments. For example, your doctor sends a claim form for payment. This claim form includes information identifying you, your diagnosis, and treatment.

Health Care Operations – Medical information may be used or disclosed in order to carry out necessary benefit- or service-related activities to operate the program. These activities may include quality and cost improvement functions, such as conducting or arranging for medical review, quality improvement studies, audit services, fraud and abuse detection programs, management, or general administration.

Health Information Exchange – We may make your protected health 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.

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;

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- 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 from 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.

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.

Other ways your medical information may be used or disclosed without written permission include:

Public Health – Information may be reported to a public health authority or other appropriate government authority authorized by law to collect or receive information to help prevent or control disease, injury, disability, infection exposure, and child abuse or family violence. The authorities could include local, state, or federal governmental agencies. For example, your medical information may be shared if you are exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease.

Health Oversight Activities – Information may be shared with other government agencies to provide oversight of the health care system. Examples of this include licensing and inspecting of medical facilities, audits, or other proceedings related to oversight of the health care system.

Coroners, Medical Examiners, or Funeral Directors – Your medical information may be released to a medical examiner, coroner, or funeral director as needed to carry out duties authorized by law. For example, this may be necessary to identify a deceased person.

For Organ Donations – If you are an organ donor, information may be given to the organization that finds or transplants organs for the purpose of an organ transplantation or donation.

Workers' Compensation – Your information may be disclosed to comply with workers' compensation or similar laws.

Marketing – We may contact you to give you information about health-related benefits and services that may be of interest to you. If we receive compensation from a third party for providing you with information about other products or services (other than drug refill reminders or generic drug availability), we will obtain your authorization to share information with this third party.

Public Safety – Your information may be disclosed to prevent or lessen a serious threat to your health or safety, another person, or the general public.

Specialized Government Functions – Your information may be used or disclosed to the government for specialized government functions. For example, your information may be disclosed to the appropriate military authorities if you are or have been a member of the U.S. armed forces.

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

Court or Other Hearings – Your information may be disclosed to comply with a court order.

Required by Law – In addition to the ways listed above in which your medical information may be disclosed, ForwardHealth may share your information when required by law. Examples of such releases would be for law enforcement or national security purposes, court orders, disaster relief, review of our activities by government agencies, to avert a serious threat to health or safety, or in other kinds of emergencies.

Disclosures to Plan Sponsors – We may disclose health information to the sponsor of your group health plan for purposes of administering benefits under the plan. If you have a group health plan, your employer is the plan sponsor.

Research – Under certain circumstances, and only after a special approval process, we may use and disclose your medical information to help conduct research.

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.

YOUR SUBSTANCE USE AND MEDICAL INFORMATION RECORD PRIVACY RIGHTS

You have the right to:

See or Copy Your Medical Information – To see or to receive an electronic or paper copy of enrollment, claim, or other records used to make decisions about your health plan services, you must send a completed request form to the address listed in the “To Use Your Rights” section of this document. ForwardHealth will not include information prepared for legal actions or proceedings. You will be charged a reasonable fee to pay for expenses associated with your request.

Amend Information You Believe to be Incorrect or Incomplete – To ask for a correction to enrollment, claim, or other records used to make decisions about your health plan services, you must send a completed request form to the address listed in the “To Use Your Rights” section of this document. Your request will be reviewed. If the change is denied, you will be informed in writing the reason for the denial and how you can disagree.

Request a List of Who Was Given Your Information and Why – Such a list will not include information used for payment of your treatment, our health care operations, or any information already provided on a previous list, national security, law enforcement/corrections, or certain health oversight activities. The list will not go back more than six years in time. ForwardHealth will provide one list per year free of charge. There may be a charge for additional lists. To obtain such a list, send a completed request form to the address listed in the “To Use Your Rights” section of this document.

Request Restrictions on Using or Sharing Your Medical Information for Treatment, Payment, or Health Care Operations – You have the right to request restrictions on how your information is used or disclosed. ForwardHealth is not required to agree to your requested restrictions. After sending a completed request form to the address listed below, your request will be evaluated. We will let you know if we can comply with your restriction request.

Request That You be Informed About Your Health in a Way or at a Location That Will Help Keep Your Information Private – You have the right to request how and where ForwardHealth contacts you about your medical information. After sending a completed request form to the address listed in the “To Use Your Rights” section of this document, your request will be evaluated, and ForwardHealth will let you know if it can be done.

Receive a Copy of This Notice – If you received this notice on the DHS internet site or by electronic mail (email), you have the right to ask for and receive a paper copy of this notice by calling Member Services at 800-362-3002.

Right to be Notified of a Breach – We are required by law to maintain the privacy of your information, 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.

TO USE YOUR RIGHTS

To use any of these rights or to obtain a copy of the request form for inspecting, copying, amending, making restrictions, or obtaining an accounting of your health information, call Member Services at 1-800-362-3002. Send your completed privacy request form to the DHS Privacy Officer, 201 E. Washington Ave Room E200B. Madison WI 53707-7850

CHANGES TO THIS NOTICE

This notice may be changed or amended at any time. The changes are effective for all medical information, including what is on file. Information on how you can obtain a new notice will be sent to you when material changes are made. ForwardHealth will also post the new notice on the Member page of the internet at <http://www.dhs.wisconsin.gov/medicaid/privacynotice.htm>. **Until a change happens, ForwardHealth will comply with the current version of this notice.**

FOR MORE INFORMATION

If you have questions about any part of this notice or would like additional information about our privacy practices, please write to the DHS Privacy Officer, 201 E. Washington Ave Room E200B. Madison WI 53707-7850

COMPLAINTS

If you feel we have violated your privacy rights, you may file a complaint. You will not lose benefits or eligibility or otherwise be retaliated against for filing a complaint. Please send written complaints about this notice, about how ForwardHealth handles your medical information, or if you believe your privacy rights have been violated to the DHS Privacy Officer, 201 E. Washington Ave Room E200B. Madison WI 53707-7850.

You may also file a complaint directly with the Secretary of the U.S. Department of Health and Human Services by writing to Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201. For additional information, call 1-800-368-1019 or TDD 1-800-537-7697 or visit <http://www.hhs.gov/hipaa/filing-a-complaint/index.html>.

CHANGES TO THIS NOTICE AND DISTRIBUTION

We will provide a copy of our notice upon your enrollment and will remind you at least every three years where to find the notice and how to obtain a copy of the notice if you would like to receive one. We also post to our website the most recent Notice of Privacy Practices, which will describe how your medical information may be used and disclosed, as well as the rights you have to your medical information. If our notice has a material change, we will post information regarding this change to the website to review. In addition, following the date of the material change, we will include a description of the change that occurred and information on how to obtain a copy of the revised notice in our next annual mailing to all individuals covered.

If you have no questions about this notice, you do not have to do anything. Remember this notice has no effect on your health care.

Effective Date of this Notice: January 30, 2026



Wisconsin Department of Health Services
Division of Medicaid Services
P-13040 (02/2026)