DANE COUNTY
NOTICE OF PRIVACY PRACTICES
FEBRUARY 2026

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 PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

Our Legal Duty

We are required by law to: maintain the privacy of your medical information; give you this notice about our legal duties and privacy practices; your rights concerning your medical information; and that we will notify you following a breach. We must follow the privacy practices that are described in this notice while it is in effect. This Notice of Privacy Practices takes effect February 1, 2026 and will remain in effect unless we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make changes in our privacy practices and the new terms of our notice effective for all medical information that we maintain. Before we make a significant change in our privacy practices, we will change this notice, post the revised notice at each of our service delivery sites, and make the new notice available to our patients and others upon request.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information at the end of this notice.

Uses and Disclosures of Medical Information

Treatment: We may use your medical information, without your permission, to treat you. We may disclose your medical information, without your permission, to a physician or other health care provider for your treatment.
Payment: We may use and disclose your medical information, without your permission, to obtain or provide reimbursement for health care we provide to you, unless you pay for your health care services directly. If we bill Medicaid for reimbursement, we will submit a claim without your permission.
Health Care Operations: We may use and disclose your medical information, without your permission, for certain health care operations, including health care quality, assessment, and improvement activities.

Substance Use Disorder Treatment Records: We will not share information related to the treatment of substance use disorder for use in civil, criminal, administrative, or legislative proceedings against you without first having obtained the written consent or a court order to do so. We will only share records in response to a court order if you have been notified of such an order and provided an opportunity to be heard on the order.

Other Uses and Disclosures of Medical Information: We are permitted to use and disclose your medical information, without your permission in the following situations and when required by law:

- for public health and safety activities such as preventing disease, helping with product recalls, reporting adverse reactions to medications, assisting in disaster relief activities, reporting suspected abuse, neglect, or domestic violence;
- to avert a serious and imminent threat to anyone's health or safety;
- for health care oversight such as audits and investigations;
- to coroners, medical examiners and funeral directors to identify a deceased person, determine cause of death, or as necessary for other legally authorized functions;
- if you are an organ donor, to an organization that handles organ procurement;
- as authorized by state worker's compensation laws;
- for judicial and administrative proceedings, as required by a court or administrative order, or in response to a subpoena or other legal process;
- for research purposes when appropriate procedures are followed;
- to law enforcement officials with regard to victims or suspects, crimes on our premises, crime reporting in emergencies, and identifying or locating suspects or other persons; and
- for essential government functions such as military operations, national security, determining eligibility for certain government benefits, and to protect the health and safety of individuals at correctional institutions.

Your Authorization: You may give us written authorization to use your medical information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Once we receive your written revocation, it will only be effective for future uses and disclosures. Unless you give us a written authorization, we will not use or disclose your medical information for any purpose other than those described in this notice. We will not sell or market information we have about you. We will not disclose HIV test results, certain confidential medical information or mental health treatment records for certain purposes without your written permission, unless required by law. Your HIV test results, if any, may be disclosed as set forth in Wisconsin Statutes §252.15(5)(a). We will not use or disclose your psychiatric notes. Information disclosed by your written authorization may be re-disclosed by the recipient and may no longer be protected by federal or state privacy regulations.

Individual Rights

Access: You have the right to inspect and receive a copy of your medical information, with limited exceptions under HIPAA and Wisconsin Statute §146.83. We will generally respond within 30 days. You have the right to request that the copy be provided in an electronic format or another mutually agreed upon format. To request access, you may contact the Privacy Officer using the information below. We may charge you a reasonable, cost-based fee to cover our expenses of copying, mailing, and summarizing your information.

Disclosure Accounting: You may request an accounting from us of certain disclosures of your medical information. The accounting will describe who received the medical information, why it was disclosed, and the dates of the disclosure. We are not required to give you an accounting of uses or disclosures for purposes of treatment, payment, or health care operations or if you have given us written authorization. To request an accounting, you may contact the Privacy Officer using the information below.

Amendment: You have the right to request that we amend your medical information. The request must explain why the information should be amended. We may deny your request for specified reasons. If we deny your request, we will provide you a written explanation. To request an amendment, you may contact the Privacy Officer using the information below.

Restriction: You have the right to request restrictions on how your health information is used or to who your information is disclosed. We are not required to agree to your request. If we do agree, we will abide by our agreement, except in a medical emergency or as required or authorized by law. The Department is not required to agree to the restriction unless the disclosure is to a health plan and: 1) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and 2) the medical information pertains solely to a health care item or service for which you or a person other than the health plan on behalf you, has paid in full.

To request a restriction, you may contact the Privacy Officer using the information below.

Confidential Communication: You have the right to request that we communicate with you about your medical information by alternative means or to alternative locations that you specify. To request confidential communications, you may contact the Privacy Officer using the information below.

We will accommodate reasonable requests and we will not ask you to explain the reason for your request.

Electronic Notice: You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. To receive a paper copy, you may contact the Privacy Officer using the information below.

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact the Dane County HIPAA Privacy & Security Officer using the information below.

If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer using the information below. You also may submit a written complaint to the Office for Civil Rights of the United States Department of Health and Human Services. You may contact them by emailing OCRComplaint@hhs.gov , visiting https://www.hhs.gov/hipaa/filing-a-complaint/index.html , or faxing your complaint to (202) 619-3818.

We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services Office of Civil Rights.

Contact Information

For further information, please contact:

Dane County HIPAA Privacy & Security Officer
215 Martin Luther King, Jr. Blvd., Room 425
Madison, WI 53703
(608) 445-3056

Acknowledgement of Notice of Privacy Practices

We are required to make an effort to obtain your written acknowledgment of this notice. You are not required to sign the acknowledgement.

If you would like to acknowledge receipt of this Notice of Privacy Practices, please sign the acknowledgement form. If you have any questions regarding this acknowledgement, please contact the Privacy Officer using the information above.