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**NOTICE OF PRIVACY PRACTICES**

**Effective date: April 14, 2003**

**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.**

Family Service is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this Notice or if you want more information about the privacy practices at Family Service, please contact our Privacy Officer at 262-547-5567.

**How Family Service May Use or Disclose Your Health Information**

The following categories describe the way that Family Service may use and disclose your health information. For each category of uses and disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories.

**Payment Functions.** We may use or disclose health information about you to determine eligibility for plan benefits, obtain premiums, facilitate payment for the treatment and services you receive from health care providers, determine plan responsibility for benefits, and to coordinate benefits. For example, payment functions may include reviewing the medical necessity of health care services, determining whether a particular treatment is experimental in investigational, or determining whether a treatment is covered under your plan.

**Health Care Operation.** We may use and disclose health information about you to carry out necessary insurance-related activities. For example, such activities may include underwriting, premium rating and other activities relating to plan coverage; conducting quality assessment and improvement activities; submitting claims for stop-loss coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection program; and business planning, management and general administration.

**Required by Law** As required by law, we may use and disclose your health information. For example, we may disclose medical information when required by a court order in litigation proceeding such as a malpractice action.

**Public Health.** As required by law, we may use and disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medication; and reporting disease or infection exposure.

**Health Oversight Activities.** We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings related to oversight of the health care system.

**Judicial and administrative Proceedings.** We may disclose your health information in the course of any administrative or judicial proceeding.

**Law Enforcement.** We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.

**Public Safety.** We may disclose your health information to appropriate person in order to prevent or lessen a serious and imminent threat to the health or safety of particular person or the general public.

**National Security.** We may disclose your health information for military, national security, prisoner and government benefits purposes.

**Worker’s Compensation.** We may disclose your health information as necessary to comply with worker’s compensation or similar laws.

**Disclosures to Plan Sponsors.** We may disclose your health information to the sponsor of your group health plan, for purposes of administering benefits under the plan.

**Appointment Reminders and health-Related Benefits or Services.**  Unless you tell us that you would prefer not to receive them, we may use or disclose your information to provide you with appointment reminders to alternative programs and treatments that may help you.

**When Family Service May Not Use or Disclose Your Health Information**

Except as described in this Notice of Privacy Practices, we will not use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer be able to use or disclose health information about your for the reason covered by your written authorization, though we will be unable to take back any disclosures we have already made with your permission.

**Statement of Your Health Information Rights**

**Right to Request Restrictions.** You have the right to request restrictions on certain uses and disclosures of your health information. Family Service is not required to agree to the restrictions that you request. If you would like to make a request for restrictions, you must submit your request in writing to Family Service, c/o Privacy Officer, at the address listed at the bottom of this notice.

**Right to Request Confidential Communications.**  You have the right to receive your health information through a reasonable alternative means or at an alternative location. To request confidential communications, you must submit your request in writing to Family Service, c/o Privacy Officer, at the address listed at the bottom of this notice. If you request a copy of the information, we may charge you a reasonable fee to cover expenses associated with your request.

**Right to Inspect and Copy.** You have the right to inspect and copy health information about you that may be used to make decisions about your plan benefits. To inspect and copy such information, you must submit your request in writing to Family Service, c/o Privacy Officer, at the address listed at the bottom of this notice.

**Right to Request Amendment.** You have the right to request that Family Service amend your health information that you believe is incorrect or incomplete. We are not required to change your health information and if your request is denied, we will provide you with information about our denial and how you disagree with the denial. To request an amendment, you must make your request in writing to Family Service, c/o Privacy Officer, at the address listed at the bottom of this notice. You must also provide a reason for your request.

**Right to Accounting of Disclosures.** You have the right to receive a list or “accounting of disclosures” of your health information made by us, except that we do not have to account for disclosures made for purposes of payment functions or health care operations, or made to you. To request this accounting of disclosures, you must submit your request in writing to Family Service, c/o Privacy Officer, at the address listed at the bottom of this notice. Your request should specify a time period of up to six years and may not include dates before April 14, 2003. Family Service will provide one list per 12-month period free of charge; we may charge you for additional lists.

**Right to Paper Copy.** You have the right to receive a paper copy of the Notice of Privacy Practices at any time. To obtain a paper copy of this Notice, you must submit your request in writing to Family Service, c/o Privacy Officer, at the address listed at the bottom of this notice.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact Family Service, c/o Privacy Officer, at the address listed at the bottom of this notice.

**Changes to this Notice of Privacy Practices**

Family Service reserves the right to amend this Notice of Privacy Practices at any time in the future and to make the new Notice provisions effective for all health information that it maintains. We will promptly revise our Notice and distribute it to you whenever we make material changes to the Notice. Until such time, Family Service is required by law to comply with the current version of this notice.

**Complaints**

Complaints about this Notice of Privacy Practices or about how we handle your health information should be directed to Family Service, c/o Privacy Office, at the address listed at the bottom of this notice. Family Service will not retaliate against you in any way for filing a complaint. All complaints to Family Service must be submitted in writing. If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health and Human Services.

**Please send all correspondence to:**

Family Service

c/o Privacy Officer

101 West Broadway

Second Floor

Waukesha, WI 53186

**Effective Date of This Notice: April 14, 2003.**

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