

LIMITS OF CONFIDENTIALITY

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General.

As part of your healthcare team, our goal is to provide you with quality care and to protect the privacy of your personal information. The care we provide you may include, but is not limited to: assessment, referral, individual therapy, couples therapy, family therapy, group therapy, substance abuse treatment, psychiatric evaluation and medications.

As your providers, we will document information about your visits in your military health record (written and electronic) to ensure continuity of care. Your health record is maintained as the property of the U.S. Government. In the majority of cases, we will not disclose any of your personal information nor confirm/deny that we have met with you unless you provide us with written authorization to disclose your personal information. There are a few exceptions, under which we may be required to release your personal information without obtaining your prior authorization. However, we will discuss these with you at the beginning of treatment and throughout treatment, whenever possible. For example:

1. **Safety:** If you threaten to harm yourself, we may seek hospitalization and/or contact others to ensure your safety. If you threaten serious bodily harm to another, we are required to take protective actions, such as contacting the potential victim, law enforcement, chain of command, or seeking hospitalization.

2. **Abuse:** If we believe that a child, spouse/domestic partner, or vulnerable adult is being abused or neglected, state law and military regulation require disclosure of such information. Suspected incidents of abuse or neglect must be reported to military agencies (CID, PM, FAP, ACS) and state Child and/or Adult Protective Services.

3. **Legal:** If you are involved in legal actions/proceedings, your records may be subject to subpoena or court order. Under the Uniform Code of Military Justice (UCMJ), there is a limited psychotherapist-patient privilege that may prevent your records from being disclosed in legal proceedings. This privilege is not absolute and there may be situations where we may be required to divulge your information to the chain of command, law enforcement, and/or other authorities. If you have any concerns related to this, please contact an attorney.

4. **Self-Referrals:** In accordance with DoDI 6490.08, healthcare providers will notify commanders if it is determined that your mental health condition, including substance abuse, or treatment represents a serious risk of harm to self, others or mission; impairs performing potentially sensitive or urgent mission requirements; is likely to impair your judgment, stability or reliability to protect classified, secret or higher information; requires inpatient care; or interferes with your ability to perform your duties and responsibilities.

5. **Substance Abuse:** If you are a Service member, records related to any treatment for substance abuse will be released to individuals within the Armed Forces who have an official need to know (e.g., chain of command, other healthcare providers involved in care). If you are a Service member and information is released to someone outside of the Armed Forces or if you are a civilian, all releases of information related to any treatment for substance abuse are subject to additional federal regulations under Code of Federal Regulation Title 42, Part 2, Chapter 1.

6. **Fitness for Duty/Command-Directed Referrals:** If you are command-referred for a behavioral health evaluation, your chain of command will not be authorized to view your medical record but is entitled to limited information related to any duty limitation or restriction, security clearance, or treatment indications that might affect duty performance or jeopardize the safety of yourself or co-workers, or your mission.

7. **Care Coordination:** Because we operate as a team with other healthcare professionals to provide you the best possible services, other members of the military medical system are permitted access to your record. We may need to transfer treatment-related information to a new provider upon your PCS/ETS. In most cases, your information will not be disclosed outside the clinic/hospital setting without your written permission.

8. **Quality Care Review:** Quality assurance personnel may review your medical record to ensure that recognized professional standards of care are being met. If this occurs, the reviewer is required to keep your Identity confidential.

9. **Accountability:** Your commander may confirm that you attended a scheduled appointment for accountability. Beyond your commander or their designated representative identified in writing, in most cases, we will not disclose any of your personal information nor confirm/deny that we met with you without your written permission.

10. **Assignments/Special Duty:** A recent history (less than 12 months ago) of a behavioral health treatment may be viewed as a disqualifier for assignments categorized as positions of trust and authority to include Drill Sergeant, Recruiter, CID, and SHARP. Certain diagnoses (alcohol abuse disorder, personality disorders) or higher levels of care may also be disqualifiers.

11. **Sexual Assault:** Incidents of sexual assault must be reported to the Sexual Assault Response coordinator.

If you have any questions or concerns, please feel free to discuss it with us.

STATEMENT OF UNDERSTANDING/CONSENT TO ASSESSMENT and/or TREATMENT

Patient's Statement:

I have read the above and understand that clinical information about me will be safeguarded within the limitations mentioned above and under the provisions of the Privacy Act - DD Form 2005 and the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

PATIENT/CAREGIVER NAME	PATIENT/CAREGIVER SIGNATURE	DATE (YYYYMMDD)
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Provider's Statement:

I have explained the nature of the assessment and treatment(s) including benefits and risks of proposed and alternatives treatments.

PROVIDER NAME	PROVIDER TITLE	
DEPARTMENT/SERVICE/CLINIC/MTF CODE	PROVIDER SIGNATURE	DATE (YYYYMMDD)



COMPREHENSIVE HEALTH AND WELLNESS

NOTICE OF PRIVACY PRACTICES

EFFECTIVE OCTOBER 31, 2022

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Wisconsin National Guard's Comprehensive Health and Wellness (CHW) program (the Program) is committed to protecting the privacy of your protected health information (PHI). Contact information for the Program is listed below. This Notice of Privacy Practices explains how we may use or release your PHI and outlines your privacy rights. PHI 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.

COMPREHENSIVE HEALTH AND WELLNESS
PRIVACY OFFICER
1420 WRIGHT STREET
MADISON, WI 53708
PHONE: (608) 242-3000

YOU MAY EXERCISE THE FOLLOWING RIGHTS THROUGH
A WRITTEN REQUEST TO THE CHW PRIVACY OFFICER.

YOU HAVE THE RIGHT TO:

SEE OR COPY YOUR HEALTH INFORMATION.

You have the right to see or copy your PHI. 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 CHW Privacy Officer. We may charge you a reasonable fee for costs associated with your request. You have the right to have the information sent directly to a party you designate, such as your physician. 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 CHW Privacy Officer for additional information.



CORRECT INFORMATION YOU BELIEVE IS INCORRECT OR INCOMPLETE. If you believe that your PHI 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 PHI that we made in compliance with federal and state law. Your request must state the time period for which you want an accounting, which may be up to six years prior to the date of the request. Upon your request, we will provide you with a list that includes the date we released PHI, the name of the person or organization to which it was released, a brief description of the information, and the reason for the disclosure. We will provide one list free of charge per 12-month period. Contact the CHW Privacy Officer 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 PHI 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 PHI related solely to those services to a health plan. We will not use or disclose your PHI in violation of a restriction or limitation to which we agreed unless your PHI is needed for ongoing treatment. We permit you and us to end a provisional agreed-upon restriction or limitation at any time by written notice. We ask that you complete a request form from Comprehensive Health and Wellness'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, 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 CHW Privacy Officer to request a paper copy.



HOW YOUR HEALTH CARE INFORMATION MAY BE USED WITHOUT YOUR WRITTEN PERMISSION

Your PHI 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 Wisconsin National Guard members, 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 PHI when we coordinate services you may need, such as clinical examinations, therapy, nutritional services, medications, hospitalization, or follow-up care. For example, your PHI may be given to a pharmacist when you need a prescription filled.

FOR PAYMENT. We may release your PHI for billing purposes to collect payment for service and treatment that you receive. For example, your PHI may be shared with your health plan to provide billing information for services that you have received. We may also share your PHI 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 PHI to ensure that the services and benefits provided to you are appropriate and high quality. For example, we may use your PHI 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 PHI about many individuals to research health trends, to determine what services and programs should be offered, or whether new treatments or services are useful.

BUSINESS ASSOCIATES. We may release your PHI to certain companies (business associates) that provide various services to us (e.g., billing, transcription, software, maintenance, legal services and managed care support). The law requires that business associates protect your PHI and comply with HIPAA.

HEALTH INFORMATION EXCHANGE. We may make your PHI 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 PHI 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 PHI 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.

DISCLOSURES TO HEALTH PLAN. We may release your PHI to parties that need your PHI for health plan purposes such as enrollment, eligibility verification, or coordination of benefits.

FOR HEALTH OVERSIGHT. We may share your PHI with other divisions of the Wisconsin National Guard 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 PHI may be disclosed to fulfill a requirement by law or law enforcement agencies. For example, PHI may be used to identify or locate a missing person.

COURT OR OTHER HEARINGS. Your PHI may be disclosed to comply with a court order.

FOR RESEARCH. We may release your PHI 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 PHI.

FOR LAWSUITS AND DISPUTES. If you are involved in a lawsuit or dispute, we may release your PHI about you in response to a legal order. We may also release your PHI 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 PHI requested.

TO CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS. We may release your PHI to a coroner, medical examiner, or funeral director, as necessary to carry out their duties as authorized by law. For example, release of PHI may be necessary to identify a deceased person.



FOR ORGAN DONATIONS. If you are an organ donor, we may release your PHI 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 PHI 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 PHI 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 PHI 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 PHI to the government for specialized government functions. For example, your PHI 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 PHI 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 PHI to notify a family member, a personal representative or a person responsible for your care, of your location, general condition or death, and;
- To Disaster Relief Agencies. We may release your PHI to an agency authorized by law to assist in disaster relief activities.

REQUIRED BY LAW. In addition to the ways listed previously, your PHI 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.



HOW WE MAY USE OR DISCLOSE YOUR PHI UNLESS YOU OBJECT

DIRECTORIES.

We may disclose your PHI to individuals who ask for you by name. We may also tell members of the clergy your religious affiliation.

INDIVIDUALS INVOLVED IN YOUR HEALTH CARE. We may disclose your PHI to:

- A member of your family, or any other person you identify who is involved, before or after your death, in your health care or payment for care, unless we are aware of a deceased individual's contrary preference.
- A person who is responsible for your care who needs to know about your location, general condition, or death.
- An authorized entity to assist in disaster relief efforts.

USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

Any use or disclosure of your PHI not described in this notice requires your written authorization. Some uses and disclosures, even if included in this notice, would not be permitted without your written authorization. These include the following three activities in which CHW does not engage:

- Sharing your psychotherapy notes with a third party who is not a part of your care.
- Sending information to encourage you to buy a product if we are paid to send that information or make that communication.
- Selling your PHI.

If you authorize us to share your PHI, you can revoke your authorization at any time by contacting the CHW Privacy Officer, but your revocation will only apply to information not already disclosed.

OUR RESPONSIBILITIES

We are required by state and federal law to maintain the privacy of your PHI. We are also required to notify you following any breach of unsecured PHI. Release of your PHI 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 PHI 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 at any time. We also reserve the right to make the revised Notice effective for the PHI we that we maintain at the time of the revision. We will post a current copy of this Notice at CHW's premises. In addition, you may ask for a copy of our current privacy practices whenever you receive treatment or other health care services.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have complaints regarding this Notice or how we handle your PHI, or if you believe your privacy rights have been violated, please submit your complaint in writing to the Privacy Officer of CHW. To obtain a complaint form, please contact CHW. The address and phone number of CHW 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 60611. For additional information, call (312) 886-2359, Fax (312) 886-1807, TTY (312) 353-5693. There will be no retaliation against you in any way for filing any complaint.



WISCONSIN NATIONAL GUARD
Comprehensive Health and Wellness

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES

[LINK TO ONLINE FORM](#)

**Please use online form
to acknowledge both documents**

You May Refuse to Sign This Acknowledgment

Client Name (Last, First, MI)

I acknowledge I have received a copy of Comprehensive Health and Wellness's Notice of Privacy Practices.

SIGNATURE – Client

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



State of Wisconsin / DEPARTMENT OF MILITARY AFFAIRS

OFFICE OF THE ADJUTANT GENERAL

PO BOX 8111
MADISON 53708-8111

TELEPHONE 608 242-3000
DSN 724-3000

Other (Please Specify):

Name – Staff Person Making Attempt	Date Attempt Made
SIGNATURE – Staff Person Making Attempt	Date Signed