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SHOREHAVEN HIPAA PRIVACY NOTICE

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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.

Relevant Law. As a mental health clinic operating in Wisconsin, we are required to comply with:

- The Health Insurance Portability and Accountability Act (HIPAA) and its Privacy and Security Rules (45 C.F.R. Parts 160, 162, and 164)
- Wisconsin Statute § 51.30 (Confidentiality of Mental Health Treatment Records)
- Wisconsin Statute § 146.82 (Confidentiality of Patient Health Care Records)
- Wisconsin Administrative Code Chapter DHS 92 (Confidentiality of Treatment Records)
- Federal regulations regarding substance abuse treatment (42 C.F.R. Part 2, if applicable)

Protected Health Information. **Protected Health Information** (PHI) means any information about you that:

- Is created or received by the Clinic
- Relates to your past, present, or future physical or mental health condition
- Relates to the provision of health care to you or payment for that care
- Identifies you or could reasonably be used to identify you.

Disclosure of Use Information *Within* Shorehaven. The Federal Health Insurance Portability and Accountability Act (HIPAA, *at 45 CFR Parts 160 and 164*) requires that all persons given any Health services, including initial evaluation, receive a notice of our privacy policies (as contained in this document) regarding the storage, use, and transmission of their *Protected Health Information*.

HIPAA sets guidelines for how a clinic, such as Shorehaven, must maintain, store, and transmit this information and must adopt procedures to protect confidentiality. In actuality, Wisconsin law and Shorehaven policies have been as stringent as HIPAA and often even more protective of your confidentiality all along.

- *This form is a general HIPAA disclosure of the use of information at Shorehaven and it does not permit your information to be sent to any other person except for the purposes of billing*

and collection and for treatment-related operations within the clinic. However, certain entities set forth in Wisconsin Statutes Chapter 51, such as the clinic licensing division, Medicaid auditors, quality auditors, the County coroner, and other oversight agencies, who are bound to maintain a high level of confidentiality, may audit our files for certain statutory reasons, such as quality audits or funding audits or other reasons.

- When we transmit information to insurance companies, they are bound by the same rules.
- When we store information, we keep it in file folders which are stored in a locked storage room or we keep computer files in password protected secure servers.
- Our computer files are password protected and, when necessary, firewall protected.
- Our electronic communications are sent to secure sites or, when we communicate with you by e-mail, your permission is required before non-encrypted communications take place.
- Our staff has been trained in HIPAA confidentiality procedures.

Disclosures Within Shorehaven. Your signature on our Consent form indicates you are aware of the collection and storage of Protected Health Information, especially, Treatment, Payment, and Other Health Care information and to its use for the purposes of treatment, billing and collection procedures, and within the staff of Shorehaven as detailed below. Consent is not required to maintain and share information for these purposes. Disclosures within the clinic for treatment, payment, and other purposes is termed "routine" disclosure.

Purpose. The purpose or need for maintaining and disclosing this information within the clinic is to help our clients by sharing information within the clinic and with its *business associates* (for example, a billing service or company accountant) in these ways:

1. *Treatment:* The need for information for Treatment includes, but is not limited to, calling to confirm appointments; contacting you with information about services of interest; aiding in diagnosis, assessment, recommendations, and treatment planning; consultation between staff members at Shorehaven as required by law, such as consultation between interns and supervisors or between licensed staff and clinical consultants; coordination between providers who jointly provide services to you within Shorehaven; and coordination with support staff who assist in maintaining records and in billing. So, for example, required consulting within SBH allows us to have a treatment team so you receive the best help. We may give limited information without your name in order to complete a referral on your behalf to other providers. We may coordinate with your primary care physician with your consent.

2. *Payment:* The need for information for Payment includes, but is not limited to determining eligibility for coverage, billing, claims management, collection activities, claims status, authorizations for treatment, and utilization review, including transmission of treatment plans to

the insurer and following the insurer's procedures for authorization. For example, we need to send name, address, session dates, diagnosis, and procedure codes, and selected other information for the insurance company to pay for services.

3. Other Health Care Operations: The need for information for other operations includes, but is not limited to, medical, administrative, educational, legal, or vocational planning or services undertaken on patient's behalf; quality assessment and utilization review; medical reviews; auditing; coroner or medical examiner functions; business planning and administrative services; internal consultation or training between staff members such as to plan services in emergencies, defense of lawsuits, administrative hearings; fund-raising. In this case, staff members other than your primary therapist may interact with you, or regarding you, and may generate documentation which will be part of your record maintained at Shorehaven. You may choose to permit a case manager, probation officer, clergy, friend, or family member sit in on services.

Disclosures with Consent. A separate consent form, known as Authorization for Disclosure of Confidential Information (often called an ROI or Release of Information), will be completed specifically permitting exchange of information with an insurer/third party payer or other persons. An Authorization for Disclosure is good for 15 months and you may revoke it in writing before it expires. We will then stop disclosing information to the parties on that form except we cannot take back the disclosures we already made in reliance upon your original consent. A disclosure with your permission is termed a "non-routine" disclosure.

Disclosure of Protected Information Without Consent. Federal law (42 CFR Part 2, 45 CFR 160 & 164), State law (Chapter 51, HFS 35, HFS 75, HFS92, HFS94), and various other codes and ethical principles also require careful safeguarding of your information. We are *required* by law to keep detailed records. But we will only disclose information about you to persons not associated with Shorehaven under a few very limited circumstances:

- 1) with your specific written permission (known as "non-routine" disclosure)
- 2) in response to certain court orders and judicial subpoenas
- 3) in the case of suspected child abuse or neglect reports or reports of suspect abuse of disabled or vulnerable persons or reports of suspected abuse or neglect or financial exploitation of an elderly (60+)
- 4) in the case of confidential audits by governmental, public health, insurance and other oversight programs
- 5) to prevent or lessen a serious and imminent threat to your health or safety or that of another person or the public should you communicate a threat of physical violence against a reasonable identifiable person or should you present a clear and imminent danger to yourself and we need to disclose information necessary to protect you (e.g, to a family member, hospital or appropriate authorities)
- 6) to report communicable diseases to public health authorities where required
- 7) to comply with public health investigations
- 8) in emergency situations, such as sending a patient to the hospital or calling the paramedics, when we will disclose the minimum information necessary to accomplish the goal of effectively

helping the patient to receive appropriate treatment

9) to report crimes that occur on our premises or to our staff

10) in response to a warrant

11) in licensure investigations

12) to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Private Psychotherapy Notes. *Psychotherapy Notes* are notes recorded by a mental health professional documenting or analyzing the contents of conversation during a private counseling session. These notes are kept separate from your medical record and have additional protections under law. Psychotherapy notes do not include:

- Medication prescription and monitoring
- Counseling session start and stop times
- Treatment modalities and frequencies
- Clinical test results
- Diagnosis, functional status, treatment plan, symptoms, prognosis, and progress

Therapist private Psychotherapy Notes are not part of the clinic file and will not be disclosed to any entity. For example, interns make detailed notes to discuss their work in supervision for learning purposes. Psychotherapy notes are destroyed when they no longer are needed for supervisory or record-keeping purposes.

We will obtain a separate written authorization before releasing psychotherapy notes, except for:

- Use by the originator of the notes
- Training programs for mental health professionals in which you will not be identified
- Defense of a legal action brought by you
- Oversight activities required by law

Additional Policies. Because you may request the privacy policies notice of providers, we have provided this document covering all the policies. We may change this notice and when we do we will post copies in the waiting room and hand out copies to active clients.

- **Communicating With You.** Ordinarily, we will communicate by telephone, text, email, or postal mail, however, you may request that we communicate with you in a certain way or at a certain location. For example, you may request that we only contact you at work or via a specific phone number. We will accommodate all reasonable requests except we may send postal mail such as statements or letters to your address on record or another address you provide. You do not need to explain the reason for your request. Submit your request in writing.
- **Minimum Necessary Standard.** For payment and health care operations purposes, we will disclose only the minimum amount of PHI necessary to accomplish the intended purpose.
- **Revocation.** This consent may be revoked by written notice at any time except to the extent the provider of information has already acted upon it.

- **Restriction.** You may request a restriction on the information to be released and its use. The Shorehaven Authorization for Disclosure of Confidential Information/Records can be used for this purpose. You may also restrict the use of information within Shorehaven by submitting a written request which clearly states which information is restricted. Doing so or deciding not to sign this document may, however, lead Shorehaven to determine that services cannot in good faith or ethically be provided. We do not have to agree to the restrictions upon internal use of protected information.
- **History of Disclosures.** You may request a listing of the history of any “non-routine” disclosures we have made, that is, disclosures requiring the Authorization for Disclosure of Confidential Information/Records form, going back 6 years, but not disclosures before April 14, 2003. These disclosures are made with care to follow state and federal guidelines for releasing information. If you request this history, we will have 60 days to prepare it. Only the first such history is without charge, and the cost of future lists will be based upon the cost of assembling the information.
- **Follow-Up.** When an AODA patient completes treatment or transfers, state law (DHS 75) permits follow-up contact.
- **Fees for Copying.** You have a right to request in writing a paper copy of your record (other than psychotherapy notes). A uniform and reasonable fee may be charged for a copy of records, and its transmission, which fee may be reduced or waived in accordance with agency policy. Shorehaven will have 21 days to respond to a request for records.
- **Amending Records.** You have a right to inspect the record and usually, where you find errors, to amend the record (by making a written request for permission to make additions and amendments), although state and federal law provides a few restrictions on this right when restrictions are judged to be in your best interests. Note: we cannot amend information we did not create in the first place, such as records from another provider. Psychotherapy Notes are not included in this right to amend records. Submit a written request to amend records and your reasons to our Privacy Officer. If we restrict your access to information, you may ask us to have a consultant on our staff review the denial and you will receive a written explanation of the reason and your right to review of our decision. You may also ask for a summary or explanation of the information, as long as you agree to the fee for that service. If you want to amend the file, we’ll let you know if the amended information is accepted and we’ll send the change with any copies of the file which go out when you ask us to disclose the file. If it’s not accepted, we’ll inform you, and you may offer your disagreement, which will become part of the record; and you can have our complaint officer review the process.
- **Transport of Data.** We may need to transport documents from a home visit or satellite office and we will do so with care to protect your confidentiality.
- **Electronic Transmissions.** When we send a fax or e-mail, we attempt to be sure the receiver of the information is entitled to it per your release. We attempt to limit communications about you to secure web sites or secure e-mail unless we have your permission to transmit via unsecured e-mail, and then only to you. If you receive this form via e-mail or website, we will make a paper copy available as well.
- **Records Storage.** Storage of records is for seven years from the conclusion of services.

Storage of records of children is seven years or age 19, whichever is later. Disposal is by shredding. This form has no expiration date unless revoked or amended.

- **Right to Be Notified of a Breach.** If there is a breach of your unsecured PHI, we are required to notify you of the breach and what steps you can take in response.
- **Right to a Paper Copy of This Notice.** You have the right to receive a paper copy of this notice at any time, even if you previously agreed to receive it electronically. You may request a copy from our Privacy Officer or download it from our website.
- **Right to Choose Someone to Act for You.** If you have appointed someone as your health care agent through a power of attorney for health care, or if someone is your legal guardian, that person may exercise your rights and make choices about your health information. We will take reasonable steps to verify the person has proper authority before taking any action.
- **Complaints.** You may bring complaints without retaliation to Don Rosenberg, President, Shorehaven Behavioral Health, Inc., 3900 W. Brown Deer Road, Suite 200, Brown Deer, WI 53209, 414-540-2170. The Secretary of the U.S. Dept. of Health and Human Services also receives complaints about believed privacy violations. The DHS Office For Civil Rights (OCR) is responsible for enforcement and is supposed to provide assistance to help providers and others comply with the rule. Their informative website is found at <http://www.hhs.gov/ocr/hipaa>.

This authorization form is intended to be in conformance with Section 51.30(4)(d), Wisconsin Statutes, and Sections HFS 92.03(3)(d), 92.05, and 92.06., Wisconsin Administrative codes, and sections 49.53, 51.30(2), and 146.82 Wisconsin Statutes, and 42 CFR Part 2 and 45 CFR 160 and 164 of Federal Regulations.

Every adult must sign a separate HIPAA form and MUST be given the form at the first service date or prior, usually by email. Receipt of this information is acknowledged in the Consent to Treatment form. Documentation of attempts to acquire general HIPAA consent should be in a progress note if this form was not signed at initial contact. This notice became SBH policy 5/25/06.

Rev 10/4/2025