

This notice gives you basic information about how medical information may be used and disclosed by Jewish Family Services, Inc. This information is more completely and fully stated in Jewish Family Services' Notice of Privacy Practices that has been provided to you.

PLEASE REVIEW IT CAREFULLY

We are required by law to: make sure that protected health and service information that identifies you is kept private; offer you this notice of our legal duties and privacy practices with respect to that information about you; and, follow the practices of our Notice of Privacy Practices that is currently in effect.

Use and Disclosure Without Written Authorization:

- For planning for and providing services to you (*treatment/service delivery*).
- To get payment for services provided to you (*for example, in order to bill a third party payer*).
- To meet the requirements for running the operations of our agency (*for example, when we conduct a review of your file to make sure that it is complete or to ensure the appropriateness of our services to you, etc.*).
- When Jewish Family Services is permitted or required: by law (for example, in cases of abuse); by a public health authority (for example, required reporting of some diseases); to avoid a threat to health or safety (for example, if a person is in danger of harming self or others); or, by another government agency (for example, for eligibility for benefits like workers' compensation).

Not every use or disclosure is listed in the categories above, however, all the ways Jewish Family Services is permitted to use and disclose protected health and service information without your written authorization (permission) will fall within one of the categories above. All other uses and disclosures by Jewish Family Services of your protected medical and service information needs your written authorization (permission). You may end an authorization by written request at any time.

Your Rights Regarding Protected Health and Service Information:

- To ask to inspect and copy health and service information (For example, this may include service and billing records, but does not include psychotherapy notes).
- To ask to amend health and service information that you feel is incorrect or incomplete.
- To ask to restrict or limit the health and service information we use or disclose about you (For example, to a family member who is involved in your care or payment for services).
- To ask that Jewish Family Services communicate with you about health and service matters in a certain way or at a certain location (For example, you could ask that we only contact you at work or by mail).

For each of the above, your request must be in writing. Jewish Family Services is not required to agree to your request. If Jewish Family Services agrees to honor your request, we will do so unless the information is needed to provide you with emergency treatment or required or permitted by law to be disclosed.

Additional Rights:

- To ask for an accounting of disclosures, if any occurred, of your protected health and service information that were not part of Jewish Family Services' treatment, payment, or operations, or, not made with your written authorization (permission), or, disclosures made directly to the individual patient/client, or, disclosures made which state law permit us not to disclose to you.
- To ask for a paper copy of Jewish Family Services' current Notice of Privacy Practices.
- To file a complaint any time you feel your privacy rights have been violated. (No one will be angry and nothing will happen to you if you file a complaint.)

ALL REQUESTS OR COMPLAINTS MUST BE IN WRITING. SEND YOUR REQUEST OR COMPLAINT OF JEWISH FAMILY SERVICES TO:

Privacy Officer, Jewish Family Services, 1300 North Jackson Street, Milwaukee, WI 53202

CHANGES TO JEWISH FAMILY SERVICES' NOTICE OF PRIVACY PRACTICES

Jewish Family Services 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 post a copy of the current notice in all of Jewish Family Services' service locations. The notice will contain, on the first page, in the top right-hand corner, the effective date. In addition, each time you register at or are admitted to Jewish Family Services for services, you may request a copy of the current notice in effect.

By signing this form, you acknowledge that Jewish Family Services has given you a copy of its Notice of Privacy Practices Regarding Health Information, which explains how your health information will be handled in various situations. All clients receiving services on or after April 14, 2003 will be asked to sign this form.

By my signature below, I acknowledge I have received a copy of the Jewish Family Services Notices of Privacy Practices Regarding Health Information and have been given an opportunity to discuss my concerns and questions.

Signature of Client: _____ Date: _____

Jewish Family Services staff should complete if Notice of Privacy Practices Form is not signed:

Signature Declined

Agency Representative Signature: _____ Date: _____

Reason for Refusal: _____

JFS is a partner agency of the Milwaukee Jewish Federation & a beneficiary of the United Way.



MILWAUKEE
JEWISH FEDERATION