



## SAUK COUNTY DEPARTMENT OF HUMAN SERVICES

PO BOX 29 \* BARABOO, WI 53913  
(608) 355-4200 \* FAX (608) 355-4299

### NOTICE OF PRIVACY PRACTICES REGARDING HEALTH/SERVICE INFORMATION

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

**Effective Date: February 16, 2026**

The Sauk County Department of Human Services (SCDHS) is required by law to maintain the privacy of your personal health/service information and to provide you with this Notice describing our legal duties and privacy practices.

In general, when we release your health/service information, we must release only the information necessary to achieve the purpose of the use or disclosure. However, all of your personal health/service information that you designate will be available for release if you sign an authorization form, request the information for yourself, if the information is needed by a provider regarding your treatment, or if disclosure is required by law. We are required to follow the privacy practices described in this Notice.

If you are enrolled in an HMO or other managed care plan, you may receive a separate privacy notice from that organization.

We reserve the right to change the privacy practices described in this Notice in accordance with the law. Changes will apply to all health/service information we maintain. A revised Notice will be made available upon request and posted as required by law.

#### **How Your Health/Service Information May Be Used or Disclosed Without Written Authorization**

Some services are provided through contracts with other county or state agencies or private companies. Your information may be disclosed to these entities without written permission so they may perform services on our behalf. These entities are required to safeguard your information.

Below are common examples of how health/service information may be used or disclosed without written authorization for treatment, payment, and health care operations.

**Treatment** - SCDHS may share your health/service information with internal or external providers involved in your care. For example, information may be shared with a pharmacist to fill a prescription or with another provider to coordinate services.

**Payment** - To receive payment for services provided, we may disclose your health/service information to third-party payers such as Medicaid, Medicare, or private insurance carriers. This may include identifying information, diagnosis, and treatment provided.

**Health Care Operations** - We may use or disclose information for administrative purposes such as quality improvement activities, audits, accreditation, licensing, staff training, and general agency operations. We may also contact you for appointment reminders or to inform you about treatment alternatives or services that may be of benefit to you.

**As Required or Permitted by Law** - We may disclose information to law enforcement, courts, or government agencies as required by law, including reporting abuse, neglect, domestic violence, or responding to lawful court orders.

**Public Health** - We may report certain conditions to public health authorities to prevent or control disease, injury, or disability.

**Health Oversight** - We may disclose information to government agencies for oversight activities such as audits, investigations, inspections, or licensing.

**Coroners, Medical Examiners, Funeral Directors** - Information may be released as necessary to carry out legally authorized duties.

**Organ, Eye, or Tissue Donation** - If you are an organ donor, information may be shared as required to facilitate donation.

**Research** - Under limited circumstances and following required approval processes, information may be used or disclosed for research.

**Public Safety** - Information may be disclosed to prevent or lessen a serious threat to health or safety.

**Worker's Compensation** - Information may be disclosed as necessary to comply with worker's compensation laws.

**Military, National Security, Incarceration** - Information may be disclosed to appropriate authorities when legally required.

**Those Involved in Your Care** - We may disclose limited information to family members or others involved in your care or payment, unless you object, except in emergencies.

## **SPECIAL PROTECTIONS FOR SUBSTANCE USE DISORDER TREATMENT RECORDS**

Sauk County Department of Human Services provides substance use disorder (SUD) diagnosis, treatment, and referral services. Records relating to these services are protected by federal law under 42 CFR Part 2 in addition to HIPAA.

### **Use and Disclosure of SUD Records**

We will not use or disclose your substance use disorder treatment records without your written consent, except as permitted or required by federal law.

With your written consent, your SUD treatment records may be used and disclosed for treatment, payment, and health care operations as permitted by HIPAA and 42 CFR Part 2. Once disclosed pursuant to your written consent, these records may be redisclosed in accordance with HIPAA for treatment, payment, and health care operations.

Without your written consent, SUD treatment records may only be disclosed in limited circumstances permitted by law, including certain medical emergencies, public health reporting, research (when authorized), audits and evaluations, or pursuant to a court order that complies with federal law.

## **Legal Proceedings and Law Enforcement**

Your SUD treatment records may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you without your written consent or a court order that complies with 42 CFR Part 2.

Federal law prohibits the use of SUD treatment records to investigate or prosecute you for a crime.

## **Anti-Discrimination Protections**

Federal law prohibits discrimination against you based on information contained in your substance use disorder treatment records. These records may not be used to discriminate against you in employment, housing, access to health care, child custody proceedings, or access to government benefits or services.

## **Breach Notification**

We will notify you if a breach occurs that compromises the privacy or security of your protected health information, including substance use disorder treatment records, as required by federal law.

## **YOUR HEALTH/SERVICE INFORMATION PRIVACY RIGHTS**

You have the right to:

**Inspect or Copy Your Information** - With limited exceptions, you may inspect or obtain a copy of your health/service information. Reasonable fees may apply.

**Request an Amendment** - If you believe information is incorrect, you may request a correction in writing. We may deny your request under certain circumstances.

**Receive an Accounting of Disclosures** - You may request a list of certain disclosures made during the previous six years. Certain disclosures are excluded, including those for treatment, payment, and health care operations.

**Request Restrictions** - You may request restrictions on certain uses or disclosures. We are not required to agree to all requested restrictions.

**Request Confidential Communications** - You may request that we communicate with you in a specific way or at a specific location.

**Receive a Paper Copy of This Notice** - You may request a paper copy at any time.

## **TO USE YOUR RIGHTS OR FILE A COMPLAINT**

If you believe your privacy rights under HIPAA or 42 CFR Part 2 have been violated, you may file a complaint with: Privacy Officer, Sauk County Department of Human Services, P.O. Box 29, Baraboo, WI 53913 (608) 355-4200

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

We will not retaliate against you for filing a complaint. If you have questions about this Notice, please contact the Privacy Officer at (608) 355-4200.