

**SOAR Case Management Services, Inc.**

**2132 Fordem Avenue**

**Madison, WI 53704**

Phone: (608) 287-0839

Fax: (608) 287-0840

Email: [soaroffice@soarcms.org](mailto:soaroffice@soarcms.org)

RE: PRIVACY PRACTICES

SOAR Case Management Services has always protected information about people and the services that they receive at SOAR by obeying the professional and legal rules that apply to this confidential health information. Now, a new federal law requires that we give you, as a person receiving services at SOAR, a written notice about how we protect your health information, how it can be used and shared with others, and the rights that you have regarding this information.

Please take a few minutes to review the attached document called "Notice of SOAR Privacy Practices." If you have any question about any of the information it contains, please feel free to ask staff that you are working with the help you get the answers. Then, the law requires that we ask you to sign the acknowledgement form that is also attached and return it to us to ensure that you've received the information.

Thank you for your cooperation in helping us meet this requirement.

Respectfully,

SOAR Case Management Services

# NOTICE OF PRIVACY PRACTICES

Protected Health Information as it relates to  
Mental Health & Alcohol and Other Drug Abuse Services

Provided by

**SOAR Case Management Services, Inc.**

Effective May 1, 2004

**This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please read it carefully.**

SOAR Case Management Services, Inc. (also referred to in this document as “SOAR”) is committed to protecting the privacy of health information about you and the services you receive at SOAR. Your privacy rights and our responsibilities are governed under provisions of State and Federal Law, including, but not limited to:

- Sec. 51.30, Wisconsin Statutes
- HFS 92, Wisconsin Administration code
- 42 Code of Federal Regulations, Part 2, Confidentiality of Alcohol & Drug Abuse Patient Records
- 45 Code of Federal Regulations, pts 160 & 164, Health Insurance Portability/Accountability Act of 1996 (HIPPA)

SOAR is required by law to:

- Maintain the privacy of your health information
- Provide you with this notice of our duties and practices with respect to your health information and;
- Abide by the terms of this notice

In general, SOAR must obtain your written consent before giving anyone outside SOAR information which identifies you as someone who has applied for or received services at SOAR, or before disclosing any personally identifiable information from your treatment record. You may revoke any such authorization at any time, except to the extent that information as already been shared. This can be done by giving written notice to your SOAR services providers(s).

The following page lists exceptions in which information about you may be disclosed without your consent. In all cases – with or without your consent – information given will be limited to that information needed to meet the purpose for the disclosure and/or to the extent provided by law.

## YOUR HEALTH INFORMATION RIGHTS

You have the right to:

- Receive Confidential Communications: You have the right to request that we communicate with you by alternative means or at an alternative location. For example, you may ask that we phone you at work rather than at home. We will try to accommodate reasonable requests.
- Access Your Treatment Record: You have the right to inspect (within one working day) and obtain (within five working days) a copy of your treatment record, except for specific documents where access is prohibited by law. This information will be provided at no cost to you for the first copy. Requests for additional copies may result in a customary fee to cover the cost of duplication.
- Amend Your Treatment Record: You have the right to request an amendment to your treatment record if you believe information in the record is incorrect or incomplete. If the staff working with you disagrees with the requested amendment, you may submit a written request to SOAR's Executive Director, specifying the information you would like to have changed and the reason for change. Your request will be granted or denied by the Executive Director within 30 days. You will receive either a copy of the information as amended in your record, or a written explanation of why the request was denied. If the request is denied, you have the right to insert a statement in the record disputing the accuracy or completeness of the information which has not changed. This statement will become part of your treatment record.
- Request Restrictions: You have the right to request restrictions on certain uses and disclosures of your health information for payment of services or SOAR's service related operations. SOAR is not obligated to agree to your request but will keep your records in a locked file cabinet which that person cannot access.
- Obtain an Accounting of Disclosures: You have the right to an accounting of disclosures of your health information made by SOAR. This accounting will list the date of each disclosure, a brief description of information disclosed, and the reason for disclosure. The first accounting for any 12-month period is free; you may be charged a reasonable fee for any additional accounting requested by you with the same period.

### Complaints

If you believe your privacy rights have been violated, you may file a complaint by contacting SOAR's Executive Director at (608) 287-0839. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington D.C., in writing, within 180 days of the violation. There will be no retaliation against you for filing a complaint.

### For further information about this notice contact:

Tracy Zemlo

SOAR Case Management Services, Inc.

2132 Fordem Avenue Madison, WI 53704

Phone: (608) 287-0839 Fax: (608) 287-0840

SOAR Case Management Services, Inc. must comply with the provisions of this notice, although we reserve the right to change our privacy practices and the terms of the notice and to make the revised notice effective for all protected health information maintained by SOAR. SOAR will promptly revise and distribute its notice, during a client contact with SOAR or by mail, whenever a substantial change in any of its privacy practices is made.