

**NOTICE OF PROVIDER PRIVACY PRACTICES**

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

Catholic Charities of the Diocese of Green Bay (CCDGB) has a legal duty to safeguard your protected personal information. We will protect the privacy of the personal and health information that we maintain that identifies you, whether it deals with the provision of health care to you or the payment for health care. We are required by law to provide you with this Notice about our privacy practices. It explains how, when and why we may use and disclose your health information. With some exceptions, we will avoid using or disclosing any more of your health information than is necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this Notice, which is currently in effect. (Reference: Health Insurance Portability and Accountability Act of 1996 and HITECH 9/2013).

However, CCDGB reserves the right to change the terms of this Notice and our privacy practices at any time. Any changes will apply to any of your health information that we already have. Before we make an important change to our policies, we will promptly change this Notice and post a new Notice on our website. You may also request, at any time, a copy of our Notice of Privacy Practices that is in effect at any given time, from CCDGB staff.

**SUMMARY OF NOTICE OF PROVIDER PRIVACY PRACTICES****The Notice of Privacy Practices explains:**

- How we may use and disclose your protected health information
- Your privacy rights regarding your protected health information and how you can exercise these rights, including how you may file a complaint to us
- Our obligations concerning the use and disclosure of your protected health information
- Whom you may contact for further information

We may use and disclose your protected health information for treatment, payment and health care operations, as well as other times in order to provide you with the best possible services.

You have the right to inspect, copy and amend your protected health information. You have the right to request restrictions on the use of your protected health information. You have the right to an accounting of disclosures of your protected health information as described herein.

You have the right to complain about alleged violations to this agency's Client Rights Specialist and the US Department of Health and Human Services.

If you have any questions about this notice, please contact our designated Client Rights Specialist:

**Kory Krauss**  
**920-272-8234**

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**A. How CCDGB May Use or Disclose Your Health Information.**

1. **Without your written authorization**, we can use your health information for the following purposes:
  - a. **Treatment.** CCDGB will use your protected health information to provide you with the highest quality care. Our providers will also record actions taken by them over the course of your treatment and note how you respond to ensure effective treatment practices for your future. We may disclose only the necessary information needed to our employees and outside professionals who are involved in additional care you need or requests you make.
  - b. **Payment.** For an insurance company to pay for your treatment, we may submit a bill that identifies you, your diagnosis, and the treatment provided to you. As a result, we will pass such health information onto an insurer to help receive payment for your medical bills.
  - c. **Health care operations.** We may need your diagnosis, treatment, and outcome information to improve the quality or cost of care we deliver. These improvement activities may include evaluating the performance of your therapist or examining the effectiveness of the treatment provided to you. We assure you that only staff with the proper training and experience will review records for our quality assurance process. In addition, we may use your protected health information to contact you as a reminder that you have an appointment for treatment or care with us.
  - d. **As required or permitted by law.** When a Disclosure is required by Federal, State, or Local Law, in Judicial or Administrative Proceedings, or by Law Enforcement.
  - e. **Lawsuits and disputes.** If you are involved in a lawsuit or a dispute, we may disclose protected health information about you in response to a court or administrative order.
  - f. **For health oversight activities.** We may disclose your information to the authorities so they can monitor, investigate, inspect, discipline or license those who work in our facility. For example, we are certified by the state of Wisconsin. Periodically we are reviewed by a state inspector who has access to your records to evaluate if we provided adequate care.
  - g. **To avoid a serious threat to health or safety.** As required by law, standards of ethical conduct, and as mandated reporters, we may release your information to the proper authorities if we believe, in good faith, that such release is necessary to report child abuse, neglect concerns, and prevent or minimize physical harm to yourself or others
  - h. **For military, national security, or incarceration/law enforcement custody.** If you are involved with the military, national or intelligence activities, or you are in custody of law enforcement officials or an inmate in a correctional institution, we may release your health information to the proper authorities so they may carry out their duties under the law.
  - i. **Workers' Compensation.** We may release protected health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

- j. **Breach notification.** In the case of a breach of unsecured protected health information, we will notify you as required by law. In some circumstances, our business associate may provide the notification. We may also provide notification by other methods as appropriate.
- k. **To those involved with your care or payment of your care.** If people such as family members are helping care for you or helping you pay your counseling bills, we may release important health information about you to those people. The information released to these people may include services provided and your general condition. You have the right to object to such a disclosure.

2. **Only with your written authorization,** can we release your health information for the following purposes, as well as any other release of your health information not mentioned above.

- a. **Psychotherapy or case notes.** We will not use or disclose your psychotherapy or any case notes without your prior written authorization except for the following: 1) use by the original author of the notes, 2) for training our staff or professional students, and 3) to defend ourselves from legal proceedings.
  - i. If you sign an authorization form, you may withdraw your authorization at any time, if your withdrawal is in writing.
  - ii. If you wish to withdraw your authorization, please submit your written withdrawal to the main office at:

Catholic Charities of the Diocese of Green Bay  
Attn: Kory Krauss  
PO Box 23825  
1825 Riverside Drive  
Green Bay, WI 54305-3825

B. **When CCDGB May Not Use or Disclose Your Health Information.** Except as described in this Notice of Provider Privacy Practices, this medical practice will, consistent with its legal obligations, not use or disclose health information which identifies you without your written authorization. If you do authorize this medical practice to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

C. **Your Health Information Rights.** You have several rights regarding your health information. If you wish to exercise any of the following rights, please contact the staff member who provided services to you, or the Clinical Services Supervisor at the address above. **Specifically, you have the right to:**

- 1. **Right to Request Special Privacy Protections.** You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. Or you may want to limit the health information provided to family or friends involved in your care or payment of medical bills. We reserve the right to accept or reject any other request and will notify you of our decision.
- 2. **Right to Request Confidential Communications.** You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask if we send information to a particular e-mail address or to your work address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications. Client information is never shared with third parties/affiliates



for marketing/promotional purposes.

3. **Right to Inspect and Copy.** With a few exceptions, you have the right to inspect and obtain a copy of your clinical documentation and information. To access your medical information, you must submit a written request detailing what information you want access to, whether you want to inspect it or get a copy of it, and if you want a copy, your preferred form and format. If CCDGB believes it is not in your best interest to view the information about you, we may ask that you designate another professional who can receive the information and help you process it. In addition, we may charge you a reasonable fee if you want a copy of your health information.
4. **Right to Amend or Supplement.** If you believe your counseling information is incorrect, you may ask us to correct the information. You will be asked to make such requests in writing and to give a reason as to why your information should be changed. However, if we did not create the information that you believe is incorrect, or if we disagree with you, we may deny your request. If we deny your request, you may submit a written statement of your disagreement with that decision, and we may, in turn, prepare a written rebuttal. All information related to any request to amend will be maintained and disclosed in conjunction with any subsequent disclosure of the disputed information.
5. **Right to an Accounting of Disclosures.** You have the right to get a list of certain types of disclosures that we have made of your health information during the previous six years.
  - a. This list will include the date of each disclosure, who received the disclosed health information, a brief description of the health information disclosed, and why the disclosure was made. We will provide such a list to you at no charge; but, if you make more than one request in the same calendar year, you will be charged a reasonable fee for each additional request that year.
  - b. This list would not include uses or disclosures for treatment, payment, or healthcare operations, disclosures to you or with your written authorization, or disclosures to your family for notification purposes or due to their involvement in your care. This list also would not include any disclosures made for national security purposes, or disclosures to corrections or law enforcement authorities if you were in custody at the time.
  - c. To make such a request, we require that you do so in writing; a request form is available upon asking a professional within CCDGB. We will respond to you within 60 days of receiving your request. If Catholic Charities can't provide the accounting in that time frame and need an extension, Catholic Charities will send the client a letter before the end of the 60-day period advising you of the reason for the delay and when Catholic Charities will be able to provide the accounting, which will be no later than 30 additional days.
6. **Right to a Paper or Electronic Copy of this Notice.** You have a right to a notice of our legal duties and privacy practices with respect to your health information, including a right to a paper or electronic copy of this notice, even if you earlier agreed to receive this notice

**D. Changes to this Notice of Privacy Practices.** We reserve the right to amend this Notice of Privacy Practice at any time in the future. Until such an amendment is made, we are required by law to comply with the terms of this Notice currently in effect. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area and a copy will be available at each CCDGB appointment.

1. This Notice was last updated on April 22, 2025. Please note that changes in law affecting your privacy rights may take effect at different times.

**E. Complaints.** If you believe your privacy rights have been violated, according to this Notice of Privacy Practices or regarding how CCDGB handles your health information, please contact our designated Client Rights Specialist, Kory Krauss, at 920-272-8234.

1. If you are not satisfied with the way this office handles a complaint, you may submit a formal complaint to [OCRMail@hhs.gov](mailto:OCRMail@hhs.gov).
2. You will not be penalized in any way for filing a complaint.

Again, if you have any questions or concerns regarding your privacy rights or the information in this notice, please contact the CCDGB staff you are working with or their clinical services supervisor.

For Office Use Only:

**This Notice of Privacy Information is Effective**

Client Name:

Record #:

Date of First Appointment:

By signing this form, you acknowledge that Catholic Charities of the Diocese of Green Bay has provided you with its Privacy Notice, which explains how your health information will be handled in various situations. Please sign this form on your first date of service with us OR if your care has been reestablished.

If your first date of service with us was due to an emergency, we must try to give you this notice and get your signature acknowledging receipt of this notice as soon as we can after the emergency.

**Check all statements that are true:**

- ☐ I received Catholic Charities of the Diocese of Green Bay Inc.'s Privacy Notice.
- ☐ Catholic Charities has given me the chance to discuss my concerns and questions about the privacy of my health information.

**My signature below acknowledges all the following:**

- \* I have been given the opportunity to review the information, and ask questions or concerns I have about the information in this document.
- \* I understand I may request a copy of this document at any time.

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Printed Client Name

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Client Signature

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Parent Name or Legal Representative Name

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Parent or Legal Representative Signature

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Today's Date