

NOTICE OF PRIVACY PRACTICES

For the Affiliated and Related Health Care Entities of
South Metro Human Services, ReEntry House, TMS Treatment Center, Inc.

Effective: 1/1/2014

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.

Why do we collect information on you?

- To tell you apart from other people with the same or similar name
- To help you get medical, mental health, financial or social services
- To provide treatment, care or supportive services
- To collect reimbursement for services that we provide to you.
- Information required by federal or state rules.

Do you have to answer the questions we ask?

You may not have to answer all the questions that are asked of you. In some cases, you may not be eligible for services if you refuse to answer. Your worker will explain what will happen if you elect not to answer some questions. If you give us wrong information on purpose, you can be investigated and charged with fraud.

Uses and Disclosures:

1. Information that is collected on you may be used and disclosed without your authorization for treatment, payment, and health care operations. Examples of this include staff reviewing your treatment or coordinating your care with another treatment provider, submitting billing information to Medical Assistance, or conducting quality of care assessments.
2. There may be other disclosures that are permitted or required by law without your authorization (page 3). Examples would include, but are not limited to, disclosures to officials at the state or federal level for compliance or regulatory matters, personnel in the Welfare system, and mandatory reports to child protection or adult protection. The law also permits Affiliated Entities and Related Health Care Entities to share information for your current care and treatment. This applies to South Metro Human Services, ReEntry House, TMS Treatment Center dba Carlson Drake House..
3. The agency may contact you to provide appointment reminders, treatment reminders, or provide information about treatment alternatives, or other health-related benefits and services that may be of interest to you.
4. If a use or disclosure is prohibited or limited by another law, the law that is most protective of your privacy applies.
5. All other uses and disclosures will be made only with your written authorization. You may revoke the authorization at any time.

Individual Rights:

- You have the right to receive confidential communications about your health information
- You have the right to restrict the use of protected health information to carry out treatment, payment or health care operations and disclosures permitted under 164.510(b) if the purpose for the disclosure is for carrying out payment and not otherwise required by law, if the individual and not the health plan paid for the service in full.
- You have the right to inspect and receive a copy your protected health information.

- You have the right to amend your record if you feel it is not accurate. The agency does not have to agree to your changes, but will include a copy your statement of disagreement. Your explanation will be attached anytime your information is disclosed.
- You have the right to receive an accounting of disclosures made of your protected health information.
- If you have agreed to receive this notice electronically, you may still receive a paper copy of this privacy statement.

Agencies Duties:

We are required by federal and state laws to maintain the privacy of protected health information and to provide you with a notice of its legal duties and privacy practices. Violation of federal aw and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. This notice is posted at each facility and offered to you at the time of your first visit. The agency must abide by the notice in effect, but maintains the right to revise the terms of this notice. Clients will be provided with a copy of revised notices at the time of their next appointment.

Complaints:

You may file a complaint with this agency or the U.S. Secretary of Health and Human Services if you believe your privacy rights have been violated. The complaint must be written and filed within 180 days of the date you knew, or should have known your rights were violated. We cannot deny you services or treat you badly because you have filed a complaint against us.

Privacy Official
400 Sibley Street
Suite 500
Saint Paul, MN 55101
651-291-1979

Office of Civil Rights
Medical Privacy, Complaints Division
U.S. Department of Health and Human Services
200 Independence Avenue, SW, HHH Building, RM 529H
Washington, D.C. 20201
Phone: 866-627-7748
TTY: 866-788-4989

Contact: If you have questions about this information you may ask your worker or contact the agency’s Privacy Official, Terry M. Schneider, MA, Licensed Psychologist, 400 Sibley Street, Suite 500, Saint Paul, Minnesota 55101.

This information is available in other forms to people with disabilities by calling your worker. Hearing impaired individuals may contact the Minnesota Relay Service at 1-800-627-3529 (TTD), 711 or 1-877-627-3848 (speech to speech relay service).

Client name (print)

Staff name (print)

Client signature

Date

Staff signature

Date

Permitted uses of protective health information without an authorization.

1. For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506.
2. Pursuant to an agreement under, or as otherwise permitted, by HIPAA 164.510 where the individual has the right to refuse, e.g., health care directory of a facility, family member, personal representative, or disclosure where the person is present.
3. To a Business Associate if the agency obtains satisfactory assurance that the business associate will appropriately safeguard the information.
4. When required by the Secretary of Health (federal).
5. Specifically authorized agencies by state, local, or federal law. This includes HIPAA, the Minnesota Department of Human Services, the Minnesota Department of Health, Board of Psychology, Board of Social Work, Board of nursing, Behavior Health Board, MN Medical Board.
6. To a health oversight agency authorized by law to investigate or otherwise oversee the relevant conduct or conditions of the agency, or to appropriate health care accreditation organization for the purpose of reporting the allegation of failure to meet professional standards or misconduct by the agency.
7. FDA - to collect or report adverse events, product defects or problems with labeling, to enable product recalls, or track exposure to a communicable disease.
8. To a person who may have been exposed to communicable disease or may otherwise be at risk of contracting or spreading a disease or condition, if authorized by law.
9. To an agent of the welfare system, including law enforcement or state attorney in the investigation or prosecution of a criminal or civil proceeding relating to the administration of a program.
10. To personnel of the welfare system who require the data to determine eligibility, amount of assistance, and the need to provide services or additional programs to the individual.
11. To administer federal funds or programs.
12. The amounts of cash public assistance and relief paid to welfare recipients in this state, including their names, social security number, income, addresses, and other data as requested to administer the property tax refund law, supplemental housing allowance, early refund of refundable tax credits, and income tax.
13. Between DHS and Department of Economic Security.
14. Government contracts – to satisfy regulatory and contractual compliance and program efficiency.
15. To qualified personnel for the purpose of conducting scientific research, management audits, financial audits, or program evaluation, but such personnel may not identify, directly or indirectly, an individual patient in any report of such research, audit, or evaluation, or otherwise disclose patient identities in any manner.
16. Institutional Review Board – pursuant to 164.512 restrictions on research studies.
17. The agency may use or disclose protected health information to defend itself in a legal action or other proceeding brought by the individual and that use or disclosure is required by 164.502 or permitted by 164.512.
18. Judicial and administrative proceedings.
19. Law enforcement: reporting the person's death, reporting a crime, victim of a crime, locating a fugitive, emergency situation to protect the individual or others.
20. Emergency situations: the individual will be notified if a disclosure has been made, unless in the professional judgment of the agency, it would in some manner harm the individual.
21. Activities under MS 253B (civil commitment).
22. To avert a serious threat to health or safety of a person or the public, to a person or persons reasonably able to prevent or lessen the threat, including the target of a threat, or as necessary, to law enforcement to apprehend an individual.
23. Adult or child protection – the agency may disclose PHI to an agency authorized by law to receive reports of abuse, neglect, financial exploitation, or domestic violence.
24. To other providers within related health care entities when necessary for the current treatment of the patient.
25. Ombudsman's office to report a serious injury or death.
26. Notice of Privacy Practices statement (Tennessee Warning) 45 CFR Part 164.520: This statement informs the individual either orally or in writing why the agency is collecting the data and who will have access to the data.
27. County medical examiner, Coroner, or funeral director.
28. Disclosure for cadaveric organ, eye, or tissue donation.
29. A public health authority authorized by law to collect information for the purpose of preventing or controlling disease, injury, or disability.
30. Armed Forces Personnel – if authority is published in the Federal Register.
31. National Security and Intelligence – federal officials for the conduct of lawful intelligence, counter-intelligence, and other national security activities authorized by the National Security Act.
32. For an employer to comply with workers compensation laws or OSHA.
33. Uses and disclosures for specialized government functions, military, national security armed services.
34. Protective services for the President and others authorized by 18 U.S.C. 3056.
35. To state or county corrections for the provision of health care, safety of the person or others.