

SOUTH CENTRAL HUMAN RELATIONS CENTER

NOTICE OF PRIVACY PRACTICES

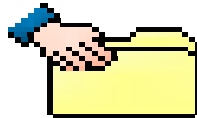
SUMMARY NOTICE

Effective April 14, 2003
(Revised 06/2006)

There are a variety of federal and state laws and regulations that protect the data about you at this center. You get a copy of this Notice to keep for yourself. It is very important that you understand how the data is kept and how it may be shared with others. This is a summary of our privacy practices—for more detailed information, carefully review the Detailed Notice of Privacy Practices following this summary.

What is Protected Health Information?

Our policy has always been to keep your records safe. Your records are usually kept in a folder of papers with your name on it; they can also be stored in a computer. Your records tell what treatments and tests you have had and what decisions have been made, and also includes things like your name and address and account balances. This is called *protected health information* and is not publicly available.



To whom do these rules and standards apply?

This policy applies to all employees at all South Central Human Relations Center locations (Owatonna, Waseca, and Kasson) and all programs (Outpatient Services, Day Treatment, Safe Harbour, Waseca Off-Campus, ACTIONS, Steele County Children's Mental Health Collaborative, Case Management, Wraparound Services, Adult Foster Care, etc.). They also apply to companies that act on our behalf.

How may we use and share your health information?

In most cases, your written approval is needed for us to use or share your health information; however, Federal law allows us to do this without your permission for the following reasons:

Treatment
Eligibility for benefits
Judicial
Public health
Correctional facilities
Military activities
Family or others involved
with your care (with limits)

Payment
Law enforcement
proceedings
National security
Healthcare oversight
Workers' compensation
Health or safety activities

Health operations
Some coroner or funeral
activities
Research (with strict limits)
Abuse reporting when
required by law
Patient directories



What does SCHRC do to protect my personal information?

We limit access to your information to those employees, agents, representatives, or third parties who need to know the information to give you the best care. We have policies and procedures and physical and electronic safeguards in place to protect your personal information.

What are my privacy rights? You have the right to:

- Review your health information
- Request a copy of your health information
- Request your health information be changed or corrected
- Request that we not use or disclose your health information
- Request that we provide your health information to you in a different way or at a different location in a confidential manner
- Request an accounting or list of disclosures of your health information
- Request a copy of our Notice of Privacy Practices

What if there are changes to the Privacy Practices?

We reserve the right to change the Notice of Privacy Practices. The revised practices will be effective for all health information we already have about you, as well as information we receive in the future. We will make a copy of the new Notice available to you.

What if I have a complaint?

If you are concerned that your privacy rights have been violated, you may file a complaint with the Privacy Officer of South Central Human Relations Center or the Secretary of the U.S. Department of Health and Human Services. You will not be penalized or retaliated against for filing a complaint.

WELCOME TO THE SOUTH CENTRAL HUMAN RELATIONS CENTER!

We want to make sure you get effective, quality care. To accomplish this, we involve you in the treatment process. It has been proven that, the more involved and committed the client is to the treatment process, the greater the chance for a successful outcome.

What is the Therapy Process?

1. **Intake and treatment planning**, where the problems are discussed and identified, goals established, and a method of reaching those goals is agreed upon
2. **Therapy** is using the treatment plan and working to reach the goals you made with your therapist
3. **Closure** of the case

How Can I Help?

In this process, we ask for your help in planning therapy and seeing it through. Please feel free to ask what other possibilities there are, whether there are any side effects, and what the expected outcome is for therapy.

How Long Does Therapy Last?

The length of therapy for each person is different depending on the concerns. Some people may be finished in one or two visits, and others may stay in therapy for one year or more. The average for most people is 4-6 visits.

How Does SCHRC Protect Information About Me?

There are federal and state laws and regulations that protect the data about you at this center, including HIPAA, Tennessee, and the Data Privacy Act, and the following pages explain those to you.

SOUTH CENTRAL HUMAN RELATIONS CENTER

NOTICE OF PRIVACY PRACTICES

DETAILED NOTICE

Effective April 14, 2003 (Revised 06/2006)

THIS NOTICE DESCRIBES HOW PROTECTED MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION

PLEASE REVIEW IT CAREFULLY

It is very important that you understand how your data is kept and how it may be shared with others. You get a copy of this Notice to keep for yourself. We are required to abide by the terms of this notice. We may change the terms of this notice at any time and you may get a copy of the new notice in the reception area or online at our website.

This policy applies to all employees at all South Central Human Relations Center locations (Owatonna, Waseca, and Kasson) and all programs (Outpatient Services, Day Treatment, Safe Harbour, Waseca Off-Campus, ACTIONS, Steele County Children's Mental Health Collaborative, Case Management, Wraparound Services, Adult Foster Care, etc.). They also apply to companies that act on our behalf with whom we have a Business Associate Agreement.

There are a variety of federal and state laws and regulations that protect the data about you at this center. You can be assured that every effort is taken to comply – physically, electronically, and procedurally – to keep your information safe. When state laws protect you more than federal laws, we will follow the state law.

Our policy has always been to keep your records safe. Your records are usually kept in a folder of papers with your name on it; they can also be stored in a computer. Your records tell what treatments and tests you have had and what decisions have been made, and also include things like your name and address and account balances. This is called ***protected health information*** and is not publicly available.

Permitted Uses and Disclosures

(Without your permission)

In most cases, your written approval is needed for us to use or share your health information; however, Federal law allows us to do this without your permission for: **treatment, payment, healthcare operations**, as otherwise permitted by law, for research activities in certain situations, or for disclosure to the Secretary of the U.S. Department of Health and Human Services.

We will only share the **minimum** amount needed of your health information for each situation. Following is a more detailed explanation with some examples.

Treatment

We may use or share information about you to treat your mental health. For example, your therapist may talk to your psychiatrist about your case, or we may give information about you to an emergency room in a medical emergency. We may also call you to provide appointment reminders, unless you tell us not to.

Payment

We may use or share information in order to bill and collect payment; for example, for insurance eligibility or coverage. Your insurance company may ask for records to determine if your treatment is medically necessary. And we may use a collection agency if bills are not paid.

Healthcare Operations

We may use or share your information to help improve quality of care or services. For example, we may use your information to evaluate the performance of our staff treating you, for cost-reduction programs, or conducting audits and compliance programs, including fraud, waste, and abuse investigations. We may share your information with a contracted business associate (for example, a computer programmer, a company that shreds documents, etc.); their contract requires they also protect your privacy.

Additional Uses and Disclosures

(Without your permission)

As Required by Law and Legal Proceedings

- In response to a **court order** or administrative judge, or in certain cases in response to a subpoena or other lawful process
- To comply with **Workmen's Compensation** laws and similar legal programs
- **Inmates** – to treat you in a correctional facility
- **Food and Drug Administration** – reporting adverse drug events, product defects or problems, etc.
- As required by the **U.S. Department of Health and Human Services** regarding our HIPAA compliance
- **Health Oversight and Public Health** – for activities authorized by law, such as audits, investigations, and inspections to government agencies that oversee the healthcare system, government benefit programs, other regulatory programs, and civil rights laws, and to control disease, injury, or disability.
- **Military Activity and National Security** – If you are in the Armed Forces: 1) for activities deemed necessary by military command authorities; 2) for determination of your eligibility for benefits by the VA; or 3) to foreign military authority if you are a member of that service. We may also disclose to authorized federal officials for conducting national security and intelligence activities, including protective services to the President or others legally authorized.
- **Abuse or Neglect** – We may disclose your protected health information to a public health authority authorized by law to receive reports of child abuse or neglect or if you have been the victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information.
- **Coroners, funeral directors, organ donation** – for identification, determining cause of death, etc.
- To **law enforcement** when legal requirements are met:
 - For **legal processes** and otherwise as required by law
 - For limited information requests for **identification and location** purposes
 - Pertaining to **victims** of a crime
 - For suspicion that **death** has occurred as a **result of criminal conduct**
 - If a **crime** occurs on our property
 - For a **medical emergency** (off our property) where a likely crime has occurred
 - To avert a **serious threat to health or safety**
- To employers if they are the covered healthcare provider for medical surveillance of the workplace or to decide whether you have a work-related illness or injury. You must get a written notice about this or it must be posted in a noticeable place where the healthcare is provided.

You May Decide if We Share Your Information – *(Other permitted and required uses and disclosures that may be made with your consent, authorization, or opportunity to object)*

You have the opportunity to object to the use or disclosure of all or part of your protected health information. If you are not present or able to object, then we may, using professional judgement, determine whether the disclosure is in your best interest. In this case, only the minimum necessary will be shared.

Minnesota Law allows certain minor children the right to request data about them be kept from their parents.

With family members or others involved in your care or payment for your care

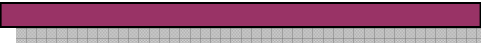
Unless you object, we may use and share your information with a member of your family or close friend or other person **you identify** as it directly relates to that person's involvement with your healthcare.

For example, if a family member comes to pick up your prescription for you, we will give it to them, unless you have told us not to.

With others while you are present

If you do not object, we may share information with your family or others that you identify. We will not make the disclosure if you object or if we are unsure if you would object.

For example: We may ask if you object to us telling your spouse about your condition if they come to the appointment with you.



Limited Uses and Disclosures When You Are Not Present

In Emergencies

We may use or disclose protected health information to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care, but only the minimum information necessary, such as of your location, your general condition, or **death**.

Using our professional judgement, we may tell an authorized public or private entity to assist in **disaster relief** efforts and to coordinate uses and disclosures to family or others involved in your healthcare.

Appointment Reminders

We may call you to remind you of your appointment.

Other Forms of Treatment

We may call or write to you to tell you about other treatment options.

Other Uses and Disclosures are not Permitted without Your Authorization

We must have your written authorization to use or share your health information for reasons not covered by this Notice. If you do authorize us to use or share your health information and then change your mind, you have the right to tell us to stop, in writing, at any time. Please understand that we are unable to take back any uses or disclosures that were made before you changed your mind.

Psychotherapy notes taken by your therapist in session require a Release of Information to be signed before we can release them, unless we are defending ourselves in a legal action brought against us by you.

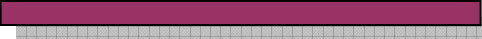
Chemical Dependency information also requires a Release of Information, unless to the court who ordered your services for a medical emergency, or research or program evaluation purposes.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with South Central Human Relations Center's Privacy Officer or with the Secretary of the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint.

Contact Information

You may contact our Privacy Officer if you have questions or would like more information about this Notice by mail at: 610 Florence Avenue, Owatonna, MN 55060, or by phone at: 507-451-2630.



Your Privacy Rights

- **Right to Request Restrictions** You have the right to request restrictions on our uses and disclosures of your health information; however, we may refuse to accept the restriction.
 - **Right to Request Confidential Communications** You have the right to request that we communicate with you confidentially; *for example*, to speak with you only in private or to send mail to an address you designate. We will make every attempt to honor your request.
 - **Right to Request Access to Your Health Information** You have the right to request access to your health information in order to inspect or copy it. Your request must be in writing. We may give you a summary to aid in your understanding or if some of the information in your file could cause harm to your mental health or cause you to harm yourself or others. We may deny your request and, if so, you may request a review of the denial; however, we will make every attempt to honor your request.
 - **Right to Request an Amendment of Your Health Information** You have the right to request an amendment to your health information. Your request must be in writing and must provide a reason for the amendment. We may deny your request and, if so, you may submit a statement of disagreement; however, we will make every attempt to honor your request.
 - **Right to Request an Accounting of Disclosures of Your Health Information** You have the right to request an accounting of our disclosures of your health information for purposes other than treatment, payment, and healthcare operations. We will make every attempt to honor your request. We are not required to provide an accounting for disclosures for more than six years prior to the date of your request.
 - **Right to Obtain a Paper Copy of the Notice of Patient's Privacy** If you would like further details on how medical information about you may be used and disclosed and how you can get access to this information, please pick up a copy at the reception desk.
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