

# South Central Human Relations Center

## NOTICE OF PRIVACY PRACTICES

### ***DETAILED NOTICE***

Effective April 14, 2003 (Revised 08/2013)

***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***

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 by law to tell you about our legal duties and privacy practices, as well as how we maintain the privacy of protected health information. We are required to abide by the terms of the notice currently in effect. We may change the terms of this notice at any time. When we change the notice, it will affect all protected health information we maintain. You may get a copy of the new notice in the reception area or online at our website.

This policy applies to all workforce members at all South Central Human Relations Center locations (Owatonna, Waseca, and Kasson) and all current programs (such as Outpatient Services; Adult Rehabilitative Mental Health Services; Assertive Community Treatment; Dual Recovery Program; Safe Harbour; Waseca County Off-Campus, Steele County Children's Mental Health Collaborative; Case Management; Project Home; Dialectical Behavior Therapy, etc.). They also apply to companies that act on our behalf with whom we have a Business Associate Agreement and, if they have subcontractors who have access to your data, it applies to them also.

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 stored on highly protected computer servers. 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.

11/09/2017

# 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 sometimes.

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

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## 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.

Minnesota law protects your mental health privacy rights more than HIPAA, so in most cases we will need your permission and will have you sign an Authorization to Release Information before talking to someone who is not providing for your care at SCHRC and before sending your information out to anyone.

If you are in our Dual Recovery Program, Federal laws protect your information even more than HIPAA or Minnesota laws.

## 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 ask you to sign an authorization to send these. You can request we not inform your insurance company of your appointment if you pay for the appointment in full first. 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-savings 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, document shredder, etc.); their contract requires they also protect your privacy. Some companies we hire have rare, incidental disclosures, such as janitorial services, and they sign a privacy agreement.

## Additional Uses and Disclosures

*(Without your permission)*

### As Required by Law and Legal Proceedings - examples:

- In response to a **court order** or judicial or administrative proceedings 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 inmates in a correctional facility, for health and safety of client or other inmates, officers, or employees of the facility, or those transporting clients. (Inmates do not have a right to receive this NPP.)
- **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 by government agencies that oversee the healthcare system, government funded programs, other regulatory programs, and civil rights laws, as well as 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 to **identify or apprehend** an individual
  - About **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**
- For **research** when approved by any applicable waivers or a Review Board.
- 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.

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## 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, such as in a life or death emergency situation, 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.

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### With family or others involved in your care while you are present

**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, such as bringing someone in with you to see your provider. We will not make the disclosure if you object or if we are unsure if you would object.

We will ask you to sign an Authorization for Release of Information to communicate with them outside of your presence.

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### 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, email, or text you to remind you of your appointment. You must approve text reminders in writing and supply us a cell phone number to send the reminder to.

#### Other Forms of Treatment

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

#### Prescription

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.

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### 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** about the content of your session taken by your therapist require you to sign a specific Release of before we can release them, unless we are defending ourselves in a legal action you bring against us.

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

If you committed a crime and inform us that you want therapy to keep you from committing a crime like this again, then we may not inform law enforcement.

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## 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 instruct SCHRC to not share information about your treatment with your insurance company when you pay for your appointment with cash.**
- **Right to Request Confidential Communications** You have the right to request that we communicate with you confidentially; *for example*, to call you at a certain phone number or to send mail to a different address. This request must be in writing. We will make every attempt to honor your request.
- **Right to Inspect and Copy Your Health Information** Your request must be in writing. If you request a summary to aid in your understanding; there will be a charge to create a summary. We may deny your request to access records 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 to our Medical Records Department 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 Privacy Practices** if you first received this notice electronically. We will give this to you upon request.
- **Right to Breach Notification** We are required to notify you by first-class mail or by email (if you indicated a preference to receive information by e-mail) of any breaches of confidentiality within 60 days of discovery of the breach. Such notice shall include a brief description of the breach and the information involved, steps you should take to protect yourself from harm, the action we are taking to investigate the breach, and contact information to obtain additional information
- **Right to Opt Out of Marketing and Fundraising by SCHRC** If we do these, we will give you the option to opt out.
- **Right to Complain** If you believe your privacy rights have been violated, you may file a written complaint with South Central Human Relations Center's Privacy Officer at 610 Florence Ave, Owatonna, 55060, 507-451-2630, or with the local Office for Civil Rights. We will not retaliate against you for filing a complaint.

Celeste Davis, Regional Manager  
Office for Civil Rights  
U.S. Department of Health and Human Services  
233 N. Michigan Ave., Suite 240  
Chicago, IL 60601  
Voice Phone (800)368-1019  
FAX (312)886-1807  
TDD (800)537-7697

If you need to report a violation of your privacy in our **Dual Recovery Program**, you can contact the

U.S. Attorney's Office, U.S. Courthouse 300 S. 4 <sup>th</sup> S, Ste 600 Minneapolis, MN 55415 (612) 664-5600	OR:	District of Minnesota: U.S. Courthouse 316 N. Robert St, Ste 404 St. Paul, MN 55101 (651) 848-1950
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### 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.

## **Appendix A to Part 92—Notice Informing Individuals About Nondiscrimination and Accessibility Requirements and Sample Nondiscrimination Statement:**

### **Discrimination is Against the Law**

South Central Human Relations Center complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. South Central Human Relations Center does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

### **South Central Human Relations Center (SCHRC)**

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, Intake Registration can assist you.

If you believe that South Central Human Relations Center has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Carolyn Wheeler, Executive Director  
610 Florence Avenue  
Owatonna MN 55060  
507-451-2630  
Fax: 507-455-8133  
[carolynw@schrc.com](mailto:carolynw@schrc.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Carolyn Wheeler is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

## **Discrimination is Against the Law**

South Central Human Relations Center cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. South Central Human Relations Center no excluye a las personas ni las trata de forma diferente debido a su origen étnico, color, nacionalidad, edad, discapacidad o sexo.

South Central Human Relations Center:

- Proporciona asistencia y servicios gratuitos a las personas con discapacidades para que se comuniquen de manera eficaz con nosotros, como los siguientes:
  - Intérpretes de lenguaje de señas capacitados.
  - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos).
  
- Proporciona servicios lingüísticos gratuitos a personas cuya lengua materna no es el inglés, como los siguientes:
  - Intérpretes capacitados.
  - Información escrita en otros idiomas.

Si necesita recibir estos servicios, comuníquese con Intake Registration.

Si considera que South Central Human Relations Center no le proporcionó estos servicios o lo discriminó de otra manera por motivos de origen étnico, color, nacionalidad, edad, discapacidad o sexo, puede presentar un reclamo a la siguiente persona:

Carolyn Wheeler, Executive Director  
610 Florence Avenue, Owatonna, MN 55060  
507-451-2630, Fax 507-455-8133  
[carolynw@schrc.com](mailto:carolynw@schrc.com)

Puede presentar el reclamo en persona o por correo postal, fax o correo electrónico. Si necesita ayuda para hacerlo Carolyn Wheeler, Executive Director, está a su disposición para brindársela.

También puede presentar un reclamo de derechos civiles ante la Office for Civil Rights (Oficina de Derechos Civiles) del Department of Health and Human Services (Departamento de Salud y Servicios Humanos) de EE. UU. de manera electrónica a través de Office for Civil Rights Complaint Portal, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o bien, por correo postal a la siguiente dirección o por teléfono a los números que figuran a continuación:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW, Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Puede obtener los formularios de reclamo en el sitio web <http://www.hhs.gov/ocr/office/file/index.html>

## **Kal Takoorka ayaa Sharciga Ka Soo Horjeeda**

South Central Human Relations Center ayaa u hoggaansam sharciyada dadwaynaha ee Federaalka ah oo kuma kala takoorto dadka iyada oo ku salaysan isir, midab, asal qaran, da', naafanimo, ama jinsiga. South Central Human Relations Center dadka ma takoorto ama si duwan ulama dhaqanto sababo isir, midab, asal qaran, da', naafanimo, ama jinsi awgood.

### **South Central Human Relations Center (SCHRC)**

- Ayaa u fidisa gargaar iyo adeegyo lacag la'aan ah dadka naafanimada qaba ee aan sida wax-ku-ool leh noola xiririn karin, sida:
  - Turjumaannada luqadda calaamadda ee sharciyeysan
  - Macluumaad qoran oo ah qaabab kale (daabac far waawayn, maqal, qaabab elektiroonig oo marin u hel leh, qaabab kale).
  
- Ayaa u fidisa adeegyo luqada lacag la'aan ah dadka luqaddooda hore aanay ahayn Ingiriisi, sida:
  - Turjumaanno xirad leh
  - Macluumaad ku qoran luqado kale

Haddii aad u baahan tahay adeegyadan, Intake Registration ayaa adiga ku caawin karta.

Haddii aad aaminsan tahay inay South Central Human Relations Center ka gaabisay inay ku siiso adeegyadan ama kaaga exeetay dariiq kale oo ku salaysan isir, midab, asal qaran, da', naafanimo, ama jinsi, waxaad u diri kartaa cabasho:

Carolyn Wheeler, Executive Director  
610 Florence Avenue  
Owatonna MN 55060  
507-451-2630  
Fax: 507-455-8133  
[carolynw@schrc.com](mailto:carolynw@schrc.com)

Waxaad ku xerayn kartaa cabashada qof ahaan ama waraaq boosto, faakis ama iimayl. Haddii aad ugu baahan tahay caawimo xeraynta cabashada, waxa jira u doodayaal bukaan adiga ku caawiya.

Waxa kale oo waliba aad ku xerayn kartaa cabsaho xuquuq dadwayne Waaxda Caafimaadka iyo Adeegyada Aadanaha, Xafiiska Xuquuda dadwaynaha, elektiroonik ahaan iyada oo loo maro Barta Internerka ee Cabashada Xuquuqda Dadwaynaha, ee laga helo <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, ama boosto ama telfoon ahaan:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Foomamka cabashada waxa laga heli karaa barta <http://www.hhs.gov/ocr/office/file/index.html>

**ATTENTION:** If you speak another language, language assistance services, free of charge, are available to you. Please request these when you set up your appointment.

**Español / Spanish:**

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Por favor pida este servicio cuando haga su cita.

**Somali:**

**FIRO GAAR AH:** Haddii aad adigu ku hadasho, adeegyada ka caawinta luqadda ayaad lacag la'aan ku heli kartaa. Fadlan weyddiso adeeggaas markaad qabsanayso ballanta.

**Norsk/Norwegian:**

**MERK:** Hvis du snakker norsk, er gratis språkassistanstjenester tilgjengelige for deg.

**繁體中文 / Chinese:**

**注意：**如果您使用繁體中文，您可以免費獲得語言援助服務。

**Tiếng Việt / Vietnamese:**

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.

**한국어 / Korean:**

**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

**日本語 / Japanese:**

**注意事項：**日本語を話される場合、無料の言語支援をご利用いただけます。

**Deutsch/German**

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.

**Hmoob / Hmong:**

**LUS CEEV:** Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj.

**λληνικά / Greek:**

**ΠΡΟΣΟΧΗ:** Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν.

**Deutsch / Pennsylvania Dutch:**

**Wann du** [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch.

**Polski / Polish:**

**UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej.

**Français / French:**

**ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.

**ខ្មែរ / Cambodian:**

**ប្រយ័ត្ន៖** បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អិត គឺអាចមានសំរាប់បម្រើអ្នក។