

## Notice of Privacy Practices

### Your Information. Your Rights. Our Responsibilities.

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.**

### Your Rights

#### You have the right to...

- ✓ **Get a copy of your paper or electronic medical record**
  - You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you with a written authorization (ROI). We will provide a copy or summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee. The ROI can be revoked at any time in writing.
  - You can request access to our client portal to view certain identified medical records.
- ✓ **Correct your paper or electronic medical record**
  - You can ask us to correct health information about you that you think is incorrect or incomplete.
  - We may say “no” to your request, but we will tell you why in writing within 60 days.
- ✓ **Request confidential communication**
  - You can ask us to contact you in a specific way (for example: home or office phone) or to send mail to a different address.
  - We will say “yes” to all reasonable requests.
- ✓ **Ask us to limit the information we share**
  - You can ask us not to use or share certain health information for Treatment, Payment, or Our Operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
  - If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your insurer. We will say “yes” unless a law requires us to share that information.
- ✓ **Get a list of those with whom we have shared your information**
  - You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.

- We will include all the disclosures except for those about Treatment, Payment, and Health Care Operations, and certain other disclosures (such as any you asked us to make).
- We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- ✓ **Get a copy of this privacy notice**
  - You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- ✓ **Choose someone to act for you**
  - If you have given someone Medical Power of Attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
  - We will make sure the person has authority and can act for you before we take any action.
- ✓ **File a complaint if you believe your privacy rights have been violated**
  - You can complain if you feel we have violated your rights by contacting us with the information on the top of this page.
  - You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, or by calling 1-877-696-6775, or by visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
  - We will not retaliate against you for filing a complaint.

### Your Choices

#### **For certain health information, you can tell us your choices about what we share.**

If you have a clear preference on how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

#### **In these cases, you have both the right and choice to tell us to...**

- ✓ Tell family and friends about your condition
- ✓ Provide disaster relief
- ✓ Include you in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

#### **In these cases, we never share your information unless you give us written permission...**

- ✓ Provide mental health care and share psychotherapy notes
- ✓ Market our services and sell your information

In the case of fundraising, we may contact you for fundraising efforts, but you can tell us not to contact you again.

#### **Our Uses and Disclosures**

**We may use and share your information as we:**

- ✓ **Treat you**
  - We can use your health information and share it with other professionals who are treating you.
  - Example: A doctor treating you for an injury asks another doctor about your overall health condition.
- ✓ **Run our organization**
  - We can use and share your health information to run our practice, improve your care, and contact you when necessary.
  - Example: We use health information about you to manage your treatment and services.
- ✓ **Bill for your services (Payment)**
  - We can use and share your health information to bill and get payment from health plans or other entities.
  - Example: We give information about you to your health insurance plan so it will pay for your services.

**We are allowed or required to share your information in other ways—usually in ways that contribute to the public good, such as public health and research.** We have to meet many conditions in the law before we can use your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

- ✓ **Help with public health and safety issues**, we can share health information about you for certain situations such as...
  - Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone’s health or safety
- ✓ **Do research**, CMMHC does not do this.
- ✓ **Comply with the law**
  - We will share information about you if state or federal laws require it, including the Department of Health and Human Services if they want to see that we are complying with federal privacy law.
- ✓ **Respond to organ and tissue donation requests**, CMMHC does not do this.
- ✓ **Work with a Medical Examiner or Funeral Director**
  - We can share health information with a Coroner, Medical Examiner, or Funeral Director when an individual dies.

- ✓ **Address Workers’ Compensation, Law Enforcement, and other Government requests**, we can use or share health information about you...
  - For Workers’ Compensation claims
  - For Law enforcement purposes or with law enforcement officials
  - With health oversight agencies for activities authorized by law
  - For special government functions such as military, national security, and presidential protective services.
- ✓ **Respond to lawsuits and legal action**
  - We can share health information about you in response to a court or administrative order, or in response to a subpoena.

*If state law requires your written consent for us to disclose your personal information for Treatment, we will ask you for that consent. However, this consent will not generally be required in a medical emergency (if you are unable to give us your permission due to your condition), or for us to exchange information with affiliates.*

#### **Our Responsibilities**

- ✓ We are required by law to maintain the privacy and security of your protected health information.
- ✓ We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- ✓ We must follow the duties and privacy practices described in this notice and give you a copy of it.
- ✓ We will not use or share your information other than as described here unless you tell us we can in writing. If you change your mind at any time, let us know in writing.
- ✓ We will follow HIPAA’s Minimum Necessary Rule which states when a provider uses or discloses health information, providers must make reasonable efforts to limit health information to the minimum necessary to accomplish the intended purpose of the use or disclosure.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

#### **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

**Effective Date:** May 1, 2016. **Revised Date:** 04/06/2021.

#### **This Notice of Privacy Practices applies to:**

Central Minnesota Mental Health Center & all of its programs at – St Cloud, Waite Park, Buffalo, Elk River, & Monticello