

# CARVER COUNTY NOTICE OF PRIVACY PRACTICES

Effective date of this Notice is April 14, 2003

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY CARVER COUNTY AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

## What this Notice is about:

This Notice informs you about your rights under the Minnesota Government Data Practices Act (MGDPA), and the federal Health Insurance Portability and Accountability Act (HIPAA). These laws protect your privacy, but also allow us to share information about you with others if a law requires it. We may tell you before we give the information to others. This Notice explains why we will request and share information about you, and when. These laws require us to keep your health information private and to give you notice of our legal duties and practices to protect private and confidential information.

## Why do we ask you for this information?

We may ask you for information so we can:

- Distinguish you from other persons by the same or similar name.
- Decide if you are eligible to receive services from us, what services, or how much you can get.
- Assist you in receiving medical, mental health, financial, and/or social services.
- Decide if you are able to pay for any help you may receive.
- Make reports, conduct research, perform audits, and evaluate our programs.
- Investigate reports of people who may lie about the help they request.
- Decide about out-of-home care and in-home care for you and/or your children.
- Collect money from other agencies, such as insurance companies, if they should pay for your care.
- Decide if you or your family needs protective services.
- Collect money from the state or federal government for help we may provide.

## Do you have to answer the questions we ask?

Generally, the law does not state you must provide us with this information. Federal laws require that you give us your Social Security number if you want financial help or child support enforcement.

## What will happen if you do not answer the questions we ask?

We need information about you to determine if you are eligible to receive services from any program. Without some information, we may not be able to help you. It may be that we can help you but the help may be delayed or not enough. Giving us wrong information, deliberately, may result in an investigation and you being charged.

## With whom may we share information about you?

As a general rule, information may be shared with others outside Carver County for purposes of providing treatment, obtaining payment, and health care operations. For [some] services obtained through Social Services, the Mental Health Center, and Community Health Services, Carver County cannot share and others cannot access your private [or confidential] information without your written permission. Exceptions apply for particular instances including the threat of imminent serious harm to yourself or someone else, by court order, or if there is suspected abuse or neglect of children or vulnerable adults.

Specifically, Carver County may share information about you with the following agencies if they need it for investigations, or to help us help you. This does not mean we always share information about you with these agencies; it only says that there is a law that requires Carver County to share data with these agencies. If you have questions about when we give these agencies information, please ask. They are:

- Minnesota Department of Human Services

- Minnesota Department of Health
- U.S. Department of Health and Human Services
- Other human services offices, including child support enforcement offices
- Mental health centers
- Health care providers
- State hospitals or long-term care facilities
- Ombudsman for mental health and mental retardation
- Insurance companies, to check benefits you or your children may have
- Hospitals, if you, a friend, or relative has an emergency and we need to contact someone
- Internal Revenue Service
- County human service boards
- Fraud prevention and control units
- Anyone under contract with the Minnesota Department of Human Services or U.S. Department of Health and Human Services or the county social services agency
- Social Security Administration
- Minnesota Department of Economic Security
- Minnesota Department of Revenue
- Minnesota Department of Veteran Affairs
- Minnesota Department of Human Rights
- Others who may pay for your care
- County attorney, attorney general, or other law enforcement officials
- State and federal auditors
- Local collaborative agencies
- Guardian, conservator, or person who has power of attorney for you
- Ombudsman for families
- School districts
- Local and state health departments
- American Indian tribes, if your family is in need of human services at a tribal reservation
- Bureau of Immigration and Custom Enforcement (BICE)
- Staff of any welfare agency who need the information to do their jobs
- People who investigate child or adult protection
- Coroner/medical examiner, when you die and they investigate your death
- Court officials
- Anyone else with whom the law says we may or are required to share the information

## Immigration Information

Immigration information given as part of an application is private and confidential. Information will only be used for eligibility determinations and program administration. If you are applying only for emergency services, you do not need to give us information about your immigration status. Nonimmigrant or undocumented people who are pregnant, under age 18, age 65 and over, or people with disabilities may also be eligible without providing immigration information.

### **What privacy rights do children have?**

If you are under age 18, parents may see data about you and authorize others to see this data, unless you have asked that this information not be shared with your parents, or the information involves treatment for which parental consent is not required. You must make this request in writing and say what data you want withheld and why. If we agree with you that not sharing the data would be in your best interests, we will not share the data with your parents. If we do not agree with you, the data will be shared with your parents if they ask about it. When parental consent for treatment is not required, information will not be shared with your parents unless your counselor believes failing to do so would jeopardize your health.

### **Right to inspect and copy information about you**

You may inspect and obtain a copy of your protected health information that is contained in a "designated record set" for as long as we maintain the protected health information. A designated record set contains treatment and billing records and other information used to make decisions about you and your care. You may give other people permission to see, and have copies made of, your protected health information. You may have to pay for these copies. As permitted by law, we may deny your request to inspect and copy in certain situations, for example if we determine that access to the information would result in harm to you or others.

### **Right to request amending your information**

If you believe that the information about you is incorrect or incomplete, you may request an amendment to your protected health information as long as we maintain this information. While we will accept requests for amendment, we are not required to agree to the amendment. This amendment may have to be provided to others with whom your protected health information has already been shared.

### **Right to accountability of disclosures**

You may request we provide you with an accounting of the disclosures we have made of your protected health information that you did not specifically authorize. These disclosures must have been made on or after April 14, 2003, and no more than 6 years from the date of request.

### **Confidential communication with you**

If you believe that the disclosure of all or part of your information could endanger your safety, you may make a request to receive communications from us by alternative means or at an alternative location. For example, you may ask us to send health information to your work address instead of your home address. You must make this request in writing; you do not have to explain the basis for your request. If we find that your request is reasonable, we will grant it. If complying with your request entails additional expense over our usual means of communicating, we may ask that you reimburse us for those expenses.

### **Right to a copy of this privacy notice**

You have the right to request a copy of this privacy notice. You may ask us to give you a copy of this notice at any time.

### **Filing complaints about your health information privacy rights**

If you believe that your health information privacy rights have been violated, you may file a complaint to the following:

Privacy Officer  
Carver County Attorney's Office  
Justice Center  
604 East 4<sup>th</sup> Street  
Chaska, MN 55318  
Phone: 952-361-1400

Secretary of the U.S. Department of Health and Human Services  
Hubert H. Humphrey Building  
200 Independence Avenue S.W.  
Washington, DC 20201

Office of Civil Rights  
Medical Privacy, Complaint Division  
U.S. Department of Health and Human Services  
200 Independence Avenue SW, HHH Bldg., Room 509H  
Washington, DC 20201  
Phone: 866-627-7748

Please Note: Carver County cannot deny you services or otherwise retaliate against you for filing a complaint.

### **Questions regarding this Notice**

If you have questions regarding the Notice of Privacy, please contact the Privacy Officer at Carver County location noted above.

### **Changes to this Notice**

Carver County reserves the right to change our policies and procedures concerning the privacy of your health information and this notice. Carver County reserves the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. Carver County will post a copy of the current notice near the main entrances of the Social Services, Human Resources, Community Health, and the Mental Health Center. The current notice will always contain the effective date.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date