

## NOTICE OF PRIVACY PRACTICES

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

Effective 2/15/2010

**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.
- It may be 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, 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. 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.
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 may request that this agency restrict uses or disclosures of your information to carry out treatment, payment, health care operations, or other disclosures required or permitted by state

or federal law. The agency is not required to agree to a specific restriction if it determines a disclosure is in your best interests.

- You have the right to receive confidential communications about your health information
- You have the right to inspect and 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 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. This notice will be 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).

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**Client name (print)**

\_\_\_\_\_  
**Staff name (print)**

\_\_\_\_\_  
**Client signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Staff signature**

\_\_\_\_\_  
**Date**