

NOTICE OF PRIVACY PRACTICES

For the Affiliated and Related Health Care Entities of
South Metro Human Services, dba (RADIAS Health, ReEntry House, Carlson Drake House).
Effective: 4/1/2023

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.
- Information 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 or coordinating your care with another treatment provider, 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 (page 3). 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 RADIAS Health, ReEntry House and Carlson Drake House.
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 have the right to receive confidential communications about your health information
- You have the right to request restrictions on certain uses of protected health information to carry out treatment, payment or health care operations and disclosures permitted under 164.510(b). An agency is not required to agree to a requested restriction, except if the purpose for the disclosure is for carrying out payment and not otherwise required by law and the protected health information pertains solely to a health care item or service for which the individual, or person other than the health plan on behalf of the individual, has paid the entity in full.
- You have the right to inspect and receive a 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. If denied, you may submit a written statement disagreeing with the denial for filing or request the request for amendment and denial be included with any future disclosures.
- 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 our legal duties and privacy practices. We are also required to notify affected individuals following a breach of unsecured protected health information. Violation of federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. This notice is 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 retaliate because you have filed a complaint against us.

Privacy Official
166 4th Street E
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, 166 4th Street E, 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).

Permitted uses of protective health information without an authorization.

1. For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR § 164.506.
2. If you are unable to agree or object to the use or disclosure because of incapacity or an emergency circumstance, and disclosure is in your best interest, a covered entity may disclose information directly relevant to the persons' involvement with care or payment related to health care or needed for notification purposes.
3. To a Business Associate if the agency obtains satisfactory assurance that the business associate will appropriately safeguard the information.
4. When required by law and such use or disclosure complies with and is limited to the relevant requirements of such law.
5. To specifically authorized agencies as required by state or federal law. This could include the state or federal Department of Human Services, Minnesota Department of Health, and state boards including the Board of Medical Practice, Board of Nursing, Board of Psychology, Board of Social Work, Behavioral Health Board, Board of Marriage and Family Therapy, and other agencies that investigate licensees.
6. To a health oversight agency for oversight activities authorized by law, including audits, civil, administrative, or criminal investigations, inspections, licensure or disciplinary actions, civil, administrative, or criminal proceedings or actions, or other activities necessary for appropriate oversight as per 45 CFR 164.512(d)(1). This does not include an investigation or

other activity in which the individual is the subject of the investigation or activity, and such investigation or activity does not arise out of and is not directly related to the receipt of healthcare, a claim for public benefits related to health, or qualification for or receipt of public benefits or services when a patient's health is integral to the claim for public benefits or services.

7. To the Food and Drug Administration (FDA) with respect to a FDA related product or activity, for the purpose of activities related to the quality, safety or effectiveness of such FDA regulated product or activity.
8. To a person who may have been exposed to communicable disease or may otherwise be at risk of contracting or spreading a disease or condition, if authorized by law to notify such person as necessary in the conduct of a public health intervention or investigation.
9. To an agent of the welfare system, including law enforcement or state attorney in the investigation or prosecution of a criminal or civil proceeding relating to the administration of a program.
10. To personnel of the welfare system in accordance with Minnesota Statute.
11. Government contracts – to satisfy regulatory and contractual compliance and program efficiency.
12. To qualified personnel for the purpose of management audits, financial audits, or program evaluation, but such personnel may not identify, directly or indirectly, an individual patient in any report of such research, audit, or evaluation, or otherwise disclose patient identities in any manner.
13. For research, provided approval by the Institutional Review Board, pursuant to guidelines in 45 CFR 164.512(i) and notification requirements of Minn. Stat. § 144.295.
14. The agency may use or disclose protected health information to defend itself in a legal action or other proceeding brought by the individual if that use or disclosure is required by 164.502 or permitted by 164.512.
15. Judicial and administrative proceedings as allowed by 45 CFR 164.512(e).
16. For law enforcement purposes, including reporting certain types of wounds or injuries, the person's death if believed to be the result of criminal conduct, crime on the premises of the entity, when providing emergency health care in response to a medical emergency, and other limited purposes per 45 CFR 164.512(f). A provider must disclose health records relating to a patient's mental health to a law enforcement agency if the law enforcement agency provides the name of the patient and communicates that the patient is currently involved in an emergency interaction with the law enforcement agency, and disclosure is necessary to protect the health or safety of the patient or of another person. The scope of this disclosure is limited to the minimum necessary for law enforcement to respond to the emergency.
17. For a victim of crime, reports to law enforcement, if unable to obtain authorization because of incapacity or other emergency circumstance, provided that the information is necessary to determine whether a violation of law by a person other than the victim, the information is not intended to be used against the victim, the law enforcement activity would be materially and adversely affected by waiting until the individual is able to agree to the disclosure, and the disclosure is in the best interests of the individual, as determined by the entity.
18. To comply with Minn. Stat. 253B.07, which requires the release of medical records for patients currently in treatment facilities, state-operated treatment programs, or community-based treatment programs to an agency investigating a prepetition screening for commitment under the Minnesota Civil Commitment Act.
19. To avert a serious threat to health or safety of a person or the public, to a person or persons reasonably able to prevent or lessen the threat, including the target of a threat, or as necessary, to law enforcement to apprehend an individual.
20. A public health authority or other appropriate government authority authorized by law to receive reports of child abuse or neglect.
21. To other providers within related health care entities when necessary for the current treatment of the patient.
22. For licensed facilities, reports to the Ombudsman's office in the event of a client's serious injury or death or an emergency use of manual restraints per Minn. Stat. § 245D.061.
23. To a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law, or to a funeral director as necessary to carry out their duties with respect to the decedent.
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25. A public health authority authorized by law to collect information for the purpose of preventing or controlling disease, injury, or disability.
26. Illness and injury data required for an employer to comply with workers compensation laws or OSHA.
27. For specific, specialized government functions per 45 CFR 164.512(k).