

HUMAN DEVELOPMENT CENTER

Notice of Privacy Practices

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.

If you have any questions about this Notice please contact the Registration staff or the Privacy Officer at 1401 E. First St., Duluth, MN 55804, 218-730-2353 or toll free 888-412-9764.

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A. Our Pledge regarding Your Health Information

The Human Development Center has always been and continues to be committed to maintaining the security and privacy of your health information. We are required by law to give you this notice that describes our legal responsibilities and privacy practices regarding your Protected Health Information (PHI). The PHI documented in your health record may include, but not be limited to, information you provide to our staff, your history, mental status, current problem, medications and information from other treatment/service providers. HDC retains ownership of the record of PHI. We will continue to maintain safeguards to protect against unauthorized access and use of your PHI. When we release your health information, we must release only the information needed to achieve the purpose of the use or disclosure. However, in most instances, all of your personal health information that you designate will be available for release if (a) you sign an authorization form (b) if you request the information for yourself (c) being disclosed to a provider regarding your treatment (d) due to a legal requirement.

Who will follow this Notice We must follow the privacy practices described in this notice. Any healthcare provider who enters information into your record, all employees, staff and other personnel will follow the terms of this notice. The HDC sites may share health information with other HDC sites for treatment, payment or healthcare operations that are described in this notice.

Changes to this Notice We reserve the right to change the privacy practices described in this notice, in accordance with the law. Changes to our privacy practices would apply to all health information we maintain. If we change our privacy practices, we will post the new Notice in each reception area and on our **web site** www.humandevlopmentcenter.org

B. How We May Use and Disclose Your Health Information without authorization:

The following categories describe different ways we may need to use and disclose information. Each category of uses or disclosure will be explained, but not every use or disclosure in a category will be listed.

1. **Treatment** by our staff to include the providing, coordination or management of mental health treatment and related services. For example departments of our facilities may exchange health information about you for lab work, prescriptions, therapy, case management, etc.

2. **Payment** We may use and disclose information that identifies you, your diagnosis, and the treatment provided to you so that we may bill and collect payment from you, an insurance company, or to a third party. We may also notify your health plan about treatment we would offer you, in order to get prior approval or to determine whether your health plan will cover the treatment.

3. **Health Care Operations** We may need your PHI in order to improve the quality or cost of care we deliver. Examples of quality and cost improvement activities may include evaluating the performance of your doctors, nurses and other health care workers, or examining the effectiveness of the treatment provided to you when compared to patients in similar situations. **Appointment reminders**- We may want to use your address or phone # to notify you of appointments.

4. **Fund Raising** We may want to use information in your health record, such as your name, address, phone number and treatment dates, to contact you for our fund-raising purposes. For example, in order to provide more charity care or otherwise improve the health of your community, we may want to raise additional money and therefore may contact you for a donation.

5. **As required or permitted by law** Sometimes we must report some of your health information to legal authorities, such as law enforcement officials, court officials, or government agencies. For example, we may have to report abuse, neglect, domestic violence or certain physical injuries, or to respond to a court order.

6. **For public health risks** We may be required to release your health information to authorities to help prevent or control disease, injury, or disability. This may include information related to child or vulnerable adult abuse or neglect, reaction to medication, to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease. We may also have to report to your employer certain work-related illnesses and injuries so that your workplace can be monitored for safety.

7. **For organ, eye or tissue donation** We may disclose your health information to people involved with obtaining, storing or transplanting organs, eyes or tissue of cadavers for donation purposes.

8. **For certain research** Under certain circumstances, and only after a special approval process, we may use and disclose your health information to help conduct research. Such research might try to find out whether a certain treatment is effective in curing an illness.

9. **For health oversight** We may disclose PHI as authorized by law to a health oversight agency. For example audits, investigations, inspections and licensure as necessary for government monitoring requirements.

10. **To avoid a serious threat to health or safety** As required by law and standards of ethical conduct, we may release your health information to the proper authorities if we believe, in good faith, that such release is necessary to prevent or minimize a serious and approaching threat to your or the public's health or safety.

11. **For military, national security, or incarceration/law enforcement custody** If you are involved with the military, national security or intelligence activities, or you are in the custody of law enforcement officials or an inmate in a correctional institution, we may release your health information to the proper authorities so they may carry out their duties under the law.

12. **For workers' compensation** We may disclose your health information to the appropriate persons in order to comply with the laws related to workers' compensation or other similar programs. These programs may provide benefits for work-related injuries or illness.

13. **For activities related to death** We may disclose your health information to coroners, medical examiners and funeral directors for their duties related to your death.

14. **Organized Health Care Arrangement (OHCA)**, HDC and the covered entities participating in the OHCA will share protected health information with each other, as necessary, to carry out treatment, payment or health care operations relating to the OHCA.15

15. **For emergency treatment** We may disclose your PHI to other health care providers when an emergency occurs.

16. **To those involved with your care or payment for your care** If people such as family members, relatives, or close personal friends are helping care for you or helping you pay your medical bills, we may release important health information about you to those people. The information released to these people may include your location within our facility, your general condition, or death. You have the right to object to such disclosure, unless you are unable to function or there is an emergency.

NOTE: Except for the categories listed above, we must obtain your specific written authorization for any other release of your health information.

C. Your Rights

1. **Inspect and copy your health information.** With a few exceptions, you have the right to inspect and obtain a copy of your health information. Usually this includes mental health and billing records, however, this right does not apply to psychotherapy notes or information gathered for judicial proceedings. We may charge you a reasonable fee for copies of your health information.
2. **Request to Amend.** If you feel your health information is incomplete or incorrect, you may ask us to amend the information. You may be asked to make such requests in writing and to give a reason as to why your health information should be changed. However, if we did not create the health information that you believe is incorrect, or if we disagree with you and believe your health information is correct, we may deny your request.
3. **Request Restrictions on certain uses and disclosures.** You have the right to ask for restrictions on how your health information is used or to whom your information is disclosed, even if the restriction affects your treatment or our payment or health care operation activities. You may want to limit the health information provided to family or friends involved in your care or payment of medical bills. You may also want to limit the health information provided to authorities involved with disaster relief efforts. However, we are not required to agree in all circumstances to your requested restriction.
4. **Revoke an Authorization.** If you signed an authorization form, you may withdraw your authorization at any time, as long as your withdrawal is in writing. If you wish to withdraw your authorization, please submit your written withdrawal to Health Information Services at the HDC registration desk you receive services through.
5. **Receive confidential communication of health information.** You have the right to ask that we communicate your health information to you in different ways or places. For example, you may wish to receive information about your health status in a special, private room or through a written letter sent to a private address. We must accommodate reasonable requests.
6. **Receive an accounting of disclosures.** In some limited instances, you have the right to ask for a list of the disclosures of your health information we have made during the previous six years, beginning April 14, 2003. We are not required to list disclosures: (a) pursuant to any authorization (b) as permitted or required by law (c) for purposes of treatment, payment, health care operations, national security, law enforcement/corrections certain health oversight activities (d) provided to you. As a result, the accounting request may not be granted if there are no disclosures made by HDC that fall within HIPAA's reporting requirements.
7. **Obtain a paper copy of this notice.** Upon your request, you may at any time receive a paper copy of this notice, even if you earlier agreed to receive this notice electronically. HDC maintains a web site on which the Notice is posted and is available at www.humandevelopmentcenter.org
8. **To file a complaint.** If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with our facility, contact the HDC Privacy Officer, 1401 East First Street, Duluth, MN 55804, phone 218-730-2353 or toll free 888-412-9764. You must submit your complaint in writing.

This Notice of Medical Information Privacy is effective April 14, 2003. This Notice was prepared in accordance with the Health Insurance Portability and Accountability Act, 45 CFR 164.520, MN Data Practices Act, and applicable Wisconsin and Minnesota healthcare privacy laws