

## **NOTICE OF PRIVACY PRACTICES**

**This Notice is effective on April 14, 2003**

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**THIS NOTICE DESCRIBES HOW INFORMATION  
ABOUT YOU MAY BE USED AND DISCLOSED AND  
HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

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**WE ARE REQUIRED BY LAW  
TO PROTECT MEDICAL INFORMATION ABOUT YOU**

We are required by law to protect the privacy of medical information about you and that identifies you. This medical information may be information about health care we provide to you or payment for health care provided to you. It may also be information about your past, present, or future medical condition.

We are also required by law to provide you with this Notice of Privacy Practices explaining our legal duties and privacy practices with respect to medical information. We are legally required to follow the terms of this Notice. In other words, we are only allowed to use and disclose medical information in the manner that we have described in this Notice.

We may change the terms of this Notice in the future. We reserve the right to make changes and to make the new Notice effective for all medical information that we maintain. If we make changes to the Notice, we will:

Post the new Notice in our waiting area

- Have copies of the new Notice available upon request (you may always contact our Privacy Officer, Birgit Kelly, at 612-874-6409 to obtain a copy of the current Notice)

The rest of this Notice will:

Discuss how we may use and disclose medical information about you

- Explain your rights with respect to medical information about you
- Describe how and where you may file a privacy-related complaint

If, at any time, you have questions about information in this Notice or about our privacy policies, procedures or practices, you can contact our Privacy Officer, Birgit Kelly, at 612-874-6409

**WE MAY USE AND DISCLOSE MEDICAL INFORMATION  
ABOUT YOU IN SEVERAL CIRCUMSTANCES**

We use and disclose medical information about patients everyday. Minnesota already has specific guidelines about when and how we can release data about you. Typically, our practice is to use or release information only when we have a signed consent from our clients, except when we bill Hennepin County or your insurance for services provided. In some cases, as is described later in this document, we are required to release information by law or so that we may report, in general terms usually, how our agency is performing. These reports typically are in the form of demographic data (such as the number of clients we serve in a certain age or ethnicity group or how many client we have that are living in apartments, etc.). Other times we may need to report specific information about clients if required by law, if we are concerned about a health or safety issue regarding the client, or if we are legally required to do so, such as when medical records are subpoenaed by the court. In most instances we try to discuss with clients when and how we release data and for what specific purposes. This Notice is designed to inform our clients about new laws that provide specific rules and regulations and outline client rights regarding the information we collect. This section of our Notice explains in some detail how we may use and disclose medical information about you in order to provide health care, obtain payment for that health care, and operate our business efficiently. This section then briefly mentions several other circumstances in which we may use or disclose medical information about you. For more information about any of these uses or disclosures, or about any of our privacy policies, procedures or practices, contact our Privacy Officer, Birgit Kelly, at 612-874-6409

**1. Treatment**

We may use and disclose medical information about you to provide health care treatment to you. In other words, we may use and disclose medical information about you to provide, coordinate or manage your health care and related services. This may include communicating with other health care providers regarding your treatment and coordinating and managing your health care with others. As noted above, Touchstone Mental Health maintain a policy of obtaining authorization whenever possible before using or disclosing PHI about our clients. In emergency situations, we may need to use or disclose information about you without authorization. In these cases we will make reasonable efforts to inform you of why we disclosed or used PHI, what circumstances occurred that caused us to consider the situation an emergency and what information we discussed, *unless* explaining this violates law or puts you or others at risk for harm, endangerment or may cause your mental health to deteriorate.

**2. Payment**

We may use and disclose medical information about you to obtain payment for health care services that you received. This means that, within the health department, we may use medical information about you to arrange for payment (such as preparing bills and managing accounts). We also may disclose medical information about you to others (such as insurers, collection agencies, and consumer reporting agencies). In some instances, we may disclose medical information about you to an insurance plan before you receive certain health care services because, for example, we may want to know whether the insurance plan will pay for a particular service.

### **3. Healthcare Operations**

We may use and disclose medical information about you in performing a variety of business activities that we call “health care operations.” Oftentimes we used “de-identified” information in reporting on the agency’s performance. De-identified means that we make reasonable efforts to remove data that could identify an individual, such as name, address, etc. At other times, we will use identifiers as it pertains to the specific operation, such as supervision or staff/program evaluation. These “health care operations” activities allow us to, for example, improve the quality of care we provide and reduce health care costs. For example, we may use or disclose medical information about you in performing the following activities:

- Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you.
- Providing training programs for students, trainees, health care providers or non-health care professionals to help them practice or improve their skills.
- Cooperating with outside organizations that evaluate, certify or license health care providers, staff or facilities in a particular field or specialty.
- Reviewing and improving the quality, efficiency and cost of care that we provide to you and our other patients.
- Improving health care and lowering costs for groups of people who have similar health problems and helping manage and coordinate the care for these groups of people.
- Cooperating with outside organizations that assess the quality of the care others and we provide, including government agencies and private organizations.
- Planning for our organization’s future operations.
- Resolving grievances within our organization.
- Reviewing our activities and using or disclosing medical information in the event that control of our organization significantly changes.
- Working with others (such as lawyers, accountants and other providers) who assist us to comply with this Notice and other applicable laws.

### **4. Persons Involved in Your Care**

We may disclose medical information about you to a relative, close personal friend or any other person you identify if you authorize us to do so and if that person is involved in your care and the information is relevant to your care. If the patient is a minor, we may disclose medical information about the minor to a parent, guardian or other person responsible for the minor except in limited circumstances. For more information on the privacy of minors’ information, contact our Privacy Officer, Birgit Kelly, at 612-874-6409. We may also use or disclose medical information in **Emergency situations** about you to a relative, another person involved in your care or possibly a disaster relief organization (such as the Red Cross) if we need to notify someone about your location or condition.

You may ask us at any time not to disclose medical information about you to persons involved in your care. We will agree to your request and not disclose the information except in certain limited circumstances (such as emergencies) or if the client is a minor. If the client is a minor, we may or may not be able to agree to your request.

### **5. Required by Law**

We will use and disclose medical information about you whenever we are required by law to do so. There are many state and federal laws that require us to use and disclose medical

information. For example, state law requires us to report gunshot wounds and other injuries to the police and to report known or suspected child abuse or neglect to the Department of Social Services. We will comply with those state laws and with all other applicable laws.

## **6. National Priority Uses and Disclosures**

When permitted by law, we may use or disclose medical information about you without your permission for various activities that are recognized as “national priorities.” In other words, the government has determined that under certain circumstances (described below), it is so important to disclose medical information that it is acceptable to disclose medical information without the individual’s permission. We will only disclose medical information about you in the following circumstances when we are permitted to do so by law. Below are brief descriptions of the “national priority” activities recognized by law. For more information on these types of disclosures, contact our Privacy Officer, Birgit Kelly, at 612-874-6409

- **Threat to health or safety:** We may use or disclose medical information about you if we believe it is necessary to prevent or lessen a serious threat to health or safety.
- **Public health activities:** We may use or disclose medical information about you for public health activities. Public health activities require the use of medical information for various activities, including, but not limited to, activities related to investigating diseases, reporting child abuse and neglect, monitoring drugs or devices regulated by the Food and Drug Administration, and monitoring work-related illnesses or injuries. For example, if you have been exposed to a communicable disease (such as a sexually transmitted disease), we may report it to the State and take other actions to prevent the spread of the disease.
- **Abuse, neglect or domestic violence:** We may disclose medical information about you to a government authority (such as the Department of Social Services) if you are an adult and we reasonably believe that you may be a victim of abuse, neglect or domestic violence.
- **Health oversight activities:** We may disclose medical information about you to a health oversight agency – which is basically an agency responsible for overseeing the health care system or certain government programs. For example, a government agency may request information from us while they are investigating possible insurance fraud.
- **Court proceedings:** We may disclose medical information about you to a court or an officer of the court (such as an attorney). For example, we would disclose medical information about you to a court if a judge orders us to do so.
- **Law enforcement:** We may disclose medical information about you to a law enforcement official for specific law enforcement purposes. For example, we may disclose limited medical information about you to a police officer if the officer needs the information to help find or identify a missing person.
- **Coroners and others:** We may disclose medical information about you to a coroner, medical examiner, or funeral director or to organizations that help with organ, eye and tissue transplants.
- **Workers’ compensation:** We may disclose medical information about you in order to comply with workers’ compensation laws.
- **Research organizations:** We may use or disclose medical information about you to research organizations if the organization has satisfied certain conditions about protecting the privacy of medical information.
- **Certain government functions:** We may use or disclose medical information about you for certain government functions, including but not limited to military and veterans’ activities and

national security and intelligence activities. We may also use or disclose medical information about you to a correctional institution in some circumstances.

## **7. Authorization**

Other than the uses and disclosures described above (#1-6), we will not use or disclose medical information about you without the “authorization” – or signed permission – of you or your personal representative. In some instances, we may wish to use or disclose medical information about you and we may contact you to ask you to sign an authorization form. In other instances, you may contact us to ask us to disclose medical information and we will ask you to sign an authorization form.

If you sign a written authorization allowing us to disclose medical information about you, you may later revoke (or cancel) your authorization in writing (except in very limited circumstances related to obtaining insurance coverage). If you would like to revoke your authorization, you may write us a letter revoking your authorization or fill out an Authorization Revocation Form. Authorization Revocation Forms are available from our Privacy Officer. If you revoke your authorization, we will follow your instructions except to the extent that we have already relied upon your authorization and taken some action.

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**YOU HAVE RIGHTS WITH RESPECT  
TO MEDICAL INFORMATION ABOUT YOU**

You have several rights with respect to medical information about you. This section of the Notice will briefly mention each of these rights. If you would like to know more about your rights, please contact our Privacy Officer, Birgit Kelly, at 612-874-6409.

### **1. Right to a Copy of This Notice**

You have a right to have a paper copy of our Notice of Privacy Practices at any time. In addition, a copy of this Notice will always be posted in our waiting area. If you would like to have a copy of our Notice, ask the receptionist for a copy or contact our Privacy Officer.

### **2. Right of Access to Inspect and Copy**

You have the right to inspect (which means see or review) and receive a copy of medical information about you that we maintain in certain groups of records. If you would like to inspect or receive a copy of medical information about you, you must provide us with a request in writing. You may write us a letter requesting access or fill out an Access Request Form. Access Request Forms are available from our Privacy Officer.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. We will also inform you in writing if you have the right to have our decision reviewed by another person.

If you would like a copy of the information, we may charge you a fee to cover the costs of the copy. The agency will determine the fee structure on a sliding scale, not to exceed \$.05 per page.

We may be able to provide you with a summary or explanation of the information. Contact our Privacy Officer for more information on these services and any possible additional fees.

**3. Right to Have Medical Information Amended**

You have the right to have us amend (which means correct or supplement) medical information about you that we maintain in certain groups of records. If you believe that we have information that is either inaccurate or incomplete, we may amend the information to indicate the problem and notify others who have copies of the inaccurate or incomplete information. If you would like us to amend information, you must provide us with a request in writing and explain why you would like us to amend the information. You may either write us a letter requesting an amendment or fill out an Amendment Request Form. Amendment Request Forms are available from our Privacy Officer.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. You will have the opportunity to send us a statement explaining why you disagree with our decision to deny your amendment request and we will share your statement whenever we disclose the information in the future.

**4. Right to an Accounting of Disclosures We Have Made**

You have the right to receive an accounting (which means a detailed listing) of disclosures that we have made for the previous six (6) years. If you would like to receive an accounting, you may send us a letter requesting an accounting, fill out an **Accounting Request Form**, or contact our Privacy Officer. Accounting Request Forms are available from our Privacy Officer.

The accounting will not include several types of disclosures, including disclosures for treatment, payment or health care operations. It will also not include disclosures made prior to April 14, 2003.

If you request an accounting more than once every twelve (12) months, we may charge you a fee to cover the costs of preparing the accounting.

**5. Right to Request Restrictions on Uses and Disclosures**

You have the right to request that we limit the use and disclosure of medical information about you for treatment, payment and health care operations.

We are not required to agree to your request.

If we do agree to your request, we must follow your restrictions (except if the information is necessary for emergency treatment). You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation.

**6. Right to Request an Alternative Method of Contact**

You have the right to request to be contacted at a different location or by a different method. For example, you may prefer to have all written information mailed to your work address rather than to your home address.

We will agree to any reasonable request for alternative methods of contact. If you would like to request an alternative method of contact, you must provide us with a request in writing. You may write us a letter or fill out an **Alternative Contact Request Form**. Alternative Contact Request Forms are available from our Privacy Officer.

**YOU MAY FILE A COMPLAINT  
ABOUT OUR PRIVACY PRACTICES**

If you believe that your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures, you may file a complaint either with us or with the federal government.

**We will not take any action against you or change our treatment of you in any way if you file a complaint.**

**To file a written complaint with Touchstone Mental Health & Birgit Kelly, LICSW in regards to our use of your Protected Health Information, you may send a complaint to:**

*Secretary of Department of Human Services  
200 Independence Avenue SW  
Washington DC 20201*

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*Touchstone Mental Health  
2829 University Ave SE  
Minneapolis MN 55414*

**Acknowledgement of Receipt  
Of Notice of Privacy Practices**

I, \_\_\_\_\_ have received a copy of Community Care Corporation's Notice of Privacy Practices. I understand that if I have questions or concerns Regarding this Notice I may discuss this with my Case Manager or the agency's Privacy Official, Birgit Kelly, (612-874-6409). Signing this form indicates I have received the Notice Only, it does not imply consent or understanding of the Notice.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Witness: \_\_\_\_\_ Date: \_\_\_\_\_

