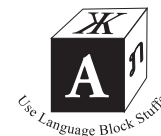


# Notice of Privacy Practices

## Minnesota Department of Human Services

(Effective Date: April 14, 2003.)



**This notice describes** how medical information and other private information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

You have privacy rights under the Minnesota Government Data Practices Act and the federal Health Insurance Portability and Accountability Act (HIPAA). These laws protect your privacy, but also let us give information about you to others if a law requires it.

### Why do we ask you for this information?

- To tell you apart from other people with the same or similar name
- To decide what you are eligible for
- To help you get medical, mental health, financial or social services
- To decide if you can pay for some of your services
- To make reports, do research, do audits, and evaluate our programs
- To investigate reports of people who may lie about the help they need
- To decide about out-of-home care and in-home care for you or your children
- To collect money from other agencies, such as insurance companies, if they should pay for your care
- To decide if you or your family needs protective services.
- To collect money from the state or federal government for help we give you.

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

Generally, the law does not say you have to give us this information. However, we need your social security number in order to give you some kinds of financial help or child support enforcement services (45 CFR 205.52 [2001]; 42 USC 666; 45 CFR 303.30 [2001]).

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

We need information about you to tell if you can get help from any program. Without the information, we may not be able to help you. If you give us wrong information on purpose, you can be investigated and charged with fraud.

### With whom may we share the information about you?

We may give information about you to the following agencies, if they need it for investigations or to help you or help us help you. We don't always share information about you with these agencies, but the law says we may share information with them. If you have questions about when we give these people information, ask your worker.

- U.S. Department of Agriculture
- U.S. Department of Health and Human Services
- U.S. Department of Labor
- United States Citizenship and Immigration Services
- Internal Revenue Service
- Social Security Administration
- Minnesota Department of Employment and Economic Development
- Minnesota Department of Education
- Minnesota Department of Human Rights
- Minnesota Department of Human Services
- Minnesota Department of Labor and Industry
- Minnesota Department of Public Safety
- Minnesota Department of Revenue
- Minnesota Department of Veterans Affairs
- Minnesota Historical Society
- American Indian tribes, if your family is in need of human services at a tribal reservation
- Higher Education Coordinating Board
- State hospitals or long-term care facilities
- State and federal auditors
- Court officials
- 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
- Local and state health departments
- County human services boards

- Child or adult protection teams
- People who investigate child or adult protection
- Other human services offices, including child support enforcement offices
- Fraud prevention and control units
- Employees or volunteers of any welfare agency who need the information to do their jobs
- County attorney, attorney general or other law enforcement officials
- Mental health centers
- Ombudsman for families
- Ombudsman for mental health and mental retardation
- County advocates for Minnesota Managed Health Care Programs
- Guardian, conservator or person who has power of attorney for you
- Local collaborative agencies
- Community food shelves or surplus food programs
- Health care providers
- School districts
- Schools and other institutions of higher education
- Coroner/medical examiner if you die and they investigate your death
- Hospitals if you, a friend, or relative has an emergency and we need to contact someone
- Others who may pay for your care
- Insurance companies to check health care benefits you or your children may get
- Managed care organizations about your health care or benefits
- Credit bureaus
- Creditors
- Collection agencies, if you do not pay fees you owe to us for services
- Anyone else to whom the law says we can give the information

### **You have the right to information we have about you.**

- You may ask if we have any information about you and get copies. You may have to pay for the copies.
- You may give other people permission to see and have copies of private information about you.
- Unless we get special written permission from you, we will only use your health information for the purposes listed on this form.
- You may question the accuracy of any information we have about you.

- You have the right to ask us to share health information with you in a certain way or in a certain place. 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.
- You can ask us to restrict uses or disclosures of your health information. Your request must be in writing. You must explain what information you want to restrict from being disclosed and to whom you want these restrictions to apply. You can request to end these restrictions at any time by calling us or by writing to us. We are not required to agree to your restrictions.
- You have the right to receive a record of the people or organizations that we have shared your health information with. We must keep a record of each time we share your health information for six years from the date it was shared. This record will be started on April 14, 2003. It will NOT include those times when we have shared your information in order to treat you, pay or bill for your health care services or to run our programs. If you want a copy of this record, you must send a request in writing to our Privacy Official.
- If you do not understand the information, ask your worker to explain it to you. You can ask DHS for another copy of this notice.

### **What are our responsibilities under this notice?**

We may change our privacy policy in the future. We might do this, for example, because privacy laws change and require us to change our practices. When we change our privacy rules we will publish them on our Web site at <http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-3979-ENG>.

Until we publish new privacy rules, we will abide by the terms of this notice.

### **What if you believe the information we have about you is wrong?**

Send your concerns in writing, telling us why the information is not accurate or complete. You may send your own explanation of the facts you disagree with. Your explanation will be attached any time we share that information with another agency.

## What privacy rights do children have?

If you are under 18, your parents may see information about you and allow others to see this information, unless you have asked that this information not be shared with your parents or it involved medical treatment for which parental consent was not required. You must make this request in writing and say what information you want withheld and why. If the agency agrees that sharing the information is not in your best interest, the agency will not share the information with your parents. If the agency does not agree, the agency may share the information with your parents if they ask for it. When parental consent for medical treatment is not required, information will not be shown to parents unless the health care provider believes failing to share the information would jeopardize your health.

## What if you believe your privacy rights have been violated?

You may complain if you believe your privacy rights have been violated. You cannot be denied service or treated badly because you have made a complaint. If you believe that your medical privacy was violated by your doctor or clinic, a health insurer, a health plan, or a pharmacy, you may send a written complaint either:

- Directly to that organization, *or*
- To the federal civil rights office at:

U.S. Department of Health and Human Services  
Office for Civil Rights, Region V  
233 N. Michigan Avenue, Suite 240  
Chicago, IL 60601  
(312) 886-2359 (Voice) or,  
Toll free, (800) 368-1019/(866) 282-0659  
(312) 353-5693 (TTY/TDD)  
(312) 886-1807 (Fax)

If you think that the Minnesota Department of Human Services has violated your privacy rights, you may send a written complaint to the U.S. Department of Health and Human Services at the address above, or to:

Minnesota Department of Human Services  
Privacy Official  
PO Box 64941  
St. Paul, MN 55164-0941

## Sign below to indicate that you have received this privacy notice.

RECIPIENT OF NOTICE OR LEGALLY AUTHORIZED REPRESENTATIVE	DATE
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This information is available in other forms to people with disabilities by calling your county worker.  
For TTY/TDD users, contact your county worker through the Minnesota Relay at 711 or (800) 627-3529.  
For the Speech-to-Speech relay, call (877) 627-3848.