



# Lighthouse Child & Family Services

## PRIVACY NOTICE TENNESSEN WARNING

### YOUR RIGHTS UNDER THE MINNESOTA DATA PRACTICES ACT AND FEDERAL DATA PRIVACY RULES HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

There are various state and federal laws to protect your rights as a recipient of mental health services. This sheet seeks to inform you of your rights under these laws.

#### Data Privacy

- We must provide you with access to a privacy notice that explains how we may use or disclose medical information.
- You will be asked to acknowledge that you received and understood the privacy notice when you first receive services from a clinician in this office.
- I will abide by the terms of the privacy notice.

The Minnesota Government Data Privacy Act requires that when we ask you to provide us with private or confidential information about yourself that you be told:

- The purpose for which the information will be used.
- The legal requirements, if any of supplying it
- The consequences to you of providing the information or refusing to supply it
- The identity of other persons or agencies authorized by statute to secure the information•

Purposes-Information we ask from you will be used to establish diagnosis, prognosis, determine treatment plans, treatment goals and to provide the service request. Information will also be used to establish your ability to pay for those services or collect reimbursement for services from third-party payers including insurance companies or employee assistance programs.

Legal Requirements and Consequence -- you are not legally required to provide any of the information we request. In most cases, it is to your benefit to provide the information. Failure to provide the information means that we will be unable to provide the service requested. In special or unusual situations, the giving of those services may be communicated to the court. If you do not provide the information we request regarding financial responsibility, you may be responsible for all costs of the services we provide to you. If you feel that certain information, we request is an unwarranted invasion of your privacy, please ask for clarification.

Sharing -- Certain state laws protect patient's right to confidentiality of their health records. Information we maintain about you may be shared with other agencies or individuals in the following circumstances:

- The court, upon receipt of a valid court order.
- Between staff members, whose work assignments require access to ensure quality service to you.
- Other professionals who participate in consultation with Lighthouse Child and Family Services clinicians
- Your insurance company
- In emergencies as necessary to protect the health and safety of you and others.
- When we are required by law to warn others of potential homicide or suicidal acts or report suspected abuse of children or vulnerable adults.
- To obtain reimbursement for services through the court or collection agencies.

Unless otherwise authorized by statute or federal law, agencies with which we share private confidential information must also treat the information as confidential. A health care provider or a person who receives the patient's health records from a provider may not re-release these health records without a signed and dated consent of the patient. Sometimes the law makes exceptions.

Under Minnesota law, a patient may review any information in his or her health records, regarding any diagnosis, treatment and prognosis. If a patient asks in writing, a provider must give the patient copies of either records or a summary of the information in the records unless the provider has determined that the information is detrimental to the physical or mental health of the patient, or is likely to cause the patient to inflict self-harm or harm to another. If such a determination has been made, then the information can be given to another provider or appropriate third party as a representative of the patient. Minnesota statute sets a minimum charge for finding and copying records.



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## Additional Disclosures:

- Appointment Reminders -- staff may at times contact you to provide appointment reminders.
- Others involved in your health care: unless you notify us in writing we may disclose certain billing information to a family member who calls on your behalf. The kind of information, we will disclose is the claim, amount paid and payment date. Disclosure of other information will require written authorization.
- Required by law: we may disclose certain health care information as required by state or federal law. Examples include the abuse or neglect reports, to prevent serious threat to safety of you and others, certain public health activities for government oversight activities; Court orders associated with legal proceedings, law enforcement activities of federal officials as necessary for reasons of national security. If you are an inmate of a correctional facility under our care we may disclose health-care information to your correctional facility to help provide health care or to provide safety to you or others. We may also disclose health information as required by workers' compensation laws.

## Your Rights Regarding Your Medical Records

- The right to request an accounting of certain disclosures of your medical information in the six years prior to the date of request.
- The right to submit a written request to obtain a copy of medical information.
- The right to request confidential communication about medical information in the location of your choice.
- The right to submit a written request to amend your medical record.
- The right to submit a written complaint to your mental health care provider about how your medical information is used or disclosed.

Minors-- if you are a minor you have the right to request that private data about you be kept from your parents. You must make this request in writing and explain why you wish this data to be withheld from your parents. If it is in your best interest it will not be shown to your parents.

Problems or complaints -- If for any reason you have questions about the service you're receiving from me or about my policies and procedures, please talk it over with me. If questions and or concerns remain after the discussion, please ask for clarification. If the handling of your concern is still not satisfactory to you, you have the right to appeal the decision by contacting the appropriate professional organization or state offices:

### Data Privacy Office

State of the Minnesota Commissioner of Administrations  
Administrative Building, Second Floor  
50 Sherburne Ave.  
St. Paul, MN 55155

Minnesota Board of Social Work  
2700 University Ave. W, Suite 225  
St. Paul, MN 55114

If you believe it is necessary to contact the Commissioner of Administration about accuracy of data, include your name address, telephone number, description of the data why you felt that it is inaccurate or incomplete, and what you want done about the claimed inaccuracies. You must file your appeal the Commissioner of administration, within 60 days of the date of any decision by us to not make the corrections requested.

If you have any questions about how we will use or disclose medical information, please ask your mental-health provider. If you have more specific questions about your privacy rights, please asked the provider for additional information.

We reserve the right to change your privacy practice to comply with federal law. We will post revised notice in the waiting room. A copy will be available on request. This privacy notice becomes effective on May 1, 2008.

If you believe your privacy rights have been violated, you should submit a written complaint to your mental-health provider. You may also complain to the Secretary of the Department of Health and Human Services in Washington, DC. Please be assured we will not take retaliatory action against you, if you complain about the practice either with us or DHS.