



## **Notice of Privacy Practices**

*As required by the Health Insurance Portability and Accountability Act (HIPAA) and the Minnesota Data Privacy Act*

Lighthouse Child & Family Services (LCFS) is required to protect the privacy of our client's Personal Health Information (PHI). LCFS is required by the Health Insurance Portability and Accountability Act (HIPAA) to provide its clients with notice of our legal duties and privacy practices with respect to PHI. For the remainder of this document, the terms *we*, *our* and *us* refer to LCFS and the terms *you* and *your* refer to our clients. *Notice* will refer to this Notice of Privacy Practices.

### **Notice Information**

This Notice of Privacy Practices describes how LCFS may use and disclose your PHI to carry out treatment, payment, and health care operations, as well as any other purpose specified by law.

We reserve the right to change this Notice. The changes will apply to PHI we already have about you and any PHI that we might receive in the future. We will provide you with an updated Notice when you request one. We will also post the most current Notice on our website.

### **Data Privacy**

**Why we ask for information** – We ask you for information to assist us in determining which service may be appropriate for you and the development of a treatment or service plan that will help you accomplish your goals.

You are not required to give us any information. If you choose not to give us information, it may limit our ability to serve you. If you are seeking services because of a court order, and you refuse to provide us with information, that refusal may be communicated to the court.

### **Protected Health Information**

Protected Health Information (PHI) is:

- Information about your mental or physical health, related health care services or payment for health care services.
- Information that is provided by you, created by us, or shared with us by outside agencies.
- Information that identifies you or could be used to identify you, such as demographic information (age, year of birth, race, ethnicity, blood type), contact information, Social Security Number, dependents, and health history.

### **How LCFS Protects Your PHI**

Except as described in this Notice or otherwise specified by law, LCFS will not use or disclose your PHI. LCFS will use reasonable efforts to request, use and disclose the minimum amount of PHI necessary for treatment, continuity of care or billing purposes.

Whenever possible, we will de-identify or encrypt your personal information so that you cannot be identified. We have put physical, electronic and procedural safeguards in place to protect your PHI and comply with state and federal laws.

### **Your Rights**

You have the following rights with respect to your PHI:

**Obtain a Copy of This Notice** – You may obtain a copy of this notice at any time. If you have received an electronic copy of this notice, you are still entitled to a paper copy. This notice may be picked up from our office, printed from our website or you may call, and one will be sent to you.

**Request restrictions** – You may ask us to not use or disclose any part of your PHI. This request must be made in writing and include the restriction(s) you want and to whom you want them to apply. LCFS will review and grant reasonable requests, with respect to and within all state and federal laws

**Inspect and copy** – You have the right to receive copies of your PHI if we maintain the information. You must make your request in writing. LCFS has the right to deny your request. If your request is denied, you may ask LCFS to review the denial.

**Request amendment** – If you feel that your PHI is incorrect or incomplete, you may ask us to amend it. You must make this request in writing, and it must contain which specific information you would like amended and your reason for the amendment. LCFS may deny your request for amendment if it includes information that was not created by us or if we believe that the information on file is complete and accurate.

If we deny your request for amendment, you have the right to submit a statement of disagreement that will be placed on file with your records.

**Receive a list (an accounting) of disclosures** – You have the right to receive a list of disclosures (called an accounting) that LCFS has made of your PHI for a period of three years, prior to the date of the request. This list will not include disclosures that we are not required to track, such as disclosures for the purposes of treatment, payment, or health care operations; disclosures which you have authorized us to make, or disclosures made directly to you.

**Request alternative ways to communicate** – You have the right to request that we communicate with you in specific ways. For instance, you may ask that we only call you on your cell phone or send your mail to a specific address. These requests must be made in writing. We will accommodate all reasonable requests.

**Notification** – You have the right to be notified if any of your PHI is impermissibly released or disclosed, due to a breach, including theft, loss or other form of disclosure. We will notify all affected individuals in the event of a breach. We will use the most recent contact information on file.

#### **When LCFS May Use and Disclose PHI**

**Treatment** – To provide, coordinate or manage health care and related services to ensure that you are receiving appropriate and effective care. This includes contacting other health care providers or a third party, to consult with them about the services we are providing for you.

**Payment** – To obtain payment or reimbursement for services provided to you. For example, we may need to disclose some PHI to determine eligibility for treatment or claims payment.

**Health care operations** – To assist in carrying out administrative, financial, legal and quality improvement activities necessary to run our business and support the core functions of treatment and payment.

**Business Associates** – Our business associates perform some health care related administrative tasks for us. Our primary business associates are billing services and claims administrators. We require our business associates to sign agreements limiting how they might use or disclose PHI. By law, business associates are required to comply with all HIPAA regulations and requirements regarding the use and protection of PHI.

**Individuals involved in your care or payment for your care** – We may disclose your PHI to a family member, friend or any other person that you identify as being involved in your care or payment for your care.

**As required by law** – We must disclose PHI about you when required to do so by law. This includes the reporting of suspected abuse, neglect or domestic violence to an agency authorized to receive such information, such as law enforcement or county social services. Additionally, we are required to disclose pertinent PHI when the treating professional believes that it is necessary to prevent a serious threat to their health and safety or the health and safety of any other individual or the public.

#### **Your Written Permission**

We are required to get your written permission before using or disclosing your PHI for any purpose other than those listed in this Notice. If you do not want to authorize a specific request for disclosure, you may refuse to do so. If you change your mind, this permission may be withdrawn at any time. This request must be made in writing.

#### **You May File a Complaint**

If you believe that your privacy rights have been violated, you may file a complaint with:

Compliance Officer  
Lighthouse Child and Family Services  
160 3<sup>rd</sup> Avenue NW  
Milaca, MN 56353

Medical Privacy Complaint Division  
Office for Civil Rights  
200 Independence Avenue SW  
Room 509 F, HHH Building  
Washington, DC 20201