

NOTICE OF PRIVACY PRACTICES
(formerly referred to as Tennesen Notice)

You have privacy rights under the Minnesota Government Data Practices Act (Minnesota Statutes section 13.04, subdivision 2). This protects your privacy, but also lets us give information about you to others if a law requires it. We may tell you before we give information.

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 needed services
- To make reports, do research, do audits, and evaluate our programs
- To collect money from other agencies, such as insurance companies, if they should pay for your care
- To collect money from the state or federal government for help that 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. Federal law requires that you give us your social security number if you want assistance through Children's Mental Health Services/REACH, Inc.

What happens if you do not answer the questions we ask?

We need information about you to tell if you can get assistance through Children's Mental Health Services/REACH, Inc. Without the information, we may not be able to assist you.

With whom may we share the information about you?

We may give information about you to other agencies if:

- there is a report of child abuse/neglect under Minnesota Statute
- you have signed a consent for release of specific information
- it involves billing for services for you and your child

You have the right to information we have about you.

- You may ask if we have any information about you and get copies. You will have to pay for copies.
- You may give other people permission to see the copies of private data about you.
- If you do not understand the information, you may ask to have it explained to you.

CLIENT RIGHTS AND DATA PRIVACY OF YOUR HEALTH INFORMATION

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL, MENTAL HEALTH, AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. Disclosures for Treatment, Payment, and Health Care Operations

We may use or disclose your protected health information (PHI), for certain treatment, payment, and health care operations purposes with or without your consent. The following definitions are provided to help clarify these terms:

- **PHI** refers to information in your health record that could identify you.
- **Treatment** is when a therapist or another healthcare provider diagnoses or treats you. An example of treatment would be when a therapist consults with another health care provider, such as your family physician or another psychologist, regarding your treatment.
- **Payment** is when a service provider such as Children's Mental Health Services (CMHS) obtains reimbursement for your healthcare.
- **Use** applies only to activities within CMHS such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- **Disclosure** applies to activities outside of CMHS such as releasing, transferring, or providing access to information about you to other parties.
- **Authorization** means written permission for specific uses or disclosures.

II. Uses and Disclosures Requiring Authorization

Under Minnesota law, all mental health disclosures require written permission – authorization. We may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. In those instances when we are asked for information for purposes outside of treatment and payment operations, your therapist will obtain an authorization from you before releasing this information. You may revoke or modify all such authorizations (of PHI or psychotherapy notes) at any time; however, the revocation or modification is not effective until we receive it.

III. Uses and Disclosures with Neither Consent nor Authorization

We may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If we know or have reason to believe a child is being neglected or physically or sexually abused, or has been neglected or physically abused within the preceding three years, we must immediately report the information to the local welfare agency, police or sheriff's department, or county probation department.

a family member to know you are being seen at CMHS. Upon your request, CMHS will send your billing statements to another address.)

- *Right to Inspect and Copy* – You have the right to inspect and/or obtain a copy of PHI in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. CMHS may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, we will discuss with you the details of the request/denial process.
- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. On your request, we will discuss with you the details of the amendment process.
- *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, we will discuss with you the details of the accounting process.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of the notice upon request.

CMHS Staff Duties:

- We are required by law to maintain the privacy of PHI and to provide you with a notice of his or her legal duties and privacy practices with respect to PHI.
- CMHS reserves the right to change the privacy policies and practices described in this notice. Unless you are notified of such changes, however, we are required to abide by the terms currently in effect.
- If we revise any policies and procedures, we will send revised Notices by mail.

V. Complaints

- If you are concerned that we have violated your privacy rights, or you disagree with a decision made about access to your records, you may file a written complaint with this office. Forms are available on request.
- You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

Medical Privacy Complaint Division
Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Ave SW
Room 509F, HHH Building
Washington, DC 20201

VI. Effective Date, Restrictions, and Changes to Privacy Policy

The effective date of this policy is November 10, 2010.

We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. We will provide you with a revised notice by U.S. Mail.